Mulchand (UK) Limited

Clarewell Clinics

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

We have not previously inspected or rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and gave patients pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available 6 days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to continually improving services.

However, we found that:

- Room temperature checks were not completed where medicines were stored.
- Risks were not always identified, mitigated and documented on the service's risk register.
- There was not a systematic approach to audits within the clinic. They were performed on an ad hoc basis when risk was identified. They did not check up on their performance using audit. This meant that there was a chance that poor performance or risks could be missed.
- The service did not store pregnancy remains safely and securely.
- On the first inspection in April 2023, we found that the medicines room was not locked, and emergency medicines were not locked away. In October 2023, this had been addressed and the medicines were stored in a locked room and emergency medicines were locked away.
- In April 2023, we found that curtains had not been changed in the lesser used clinic room since February 2022, there were no fire escape signs in the main corridors and staff did not have access to an emergency call bell in the treatment rooms; all of these had been resolved by our visit in October 2023.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good 	We rated it as good see the summary above for details.
Termination of pregnancy	Good 	We rated it as good see the summary above for details.

Summary of findings

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Summary of this inspection

Background to Clarewell Clinics

Clarewell Clinics are a private specialist clinic dedicated to sexual and reproductive healthcare. The team of experienced experts understand that sexual health is an important aspect of overall wellbeing and human connection.

At Clarewell, they offer a comprehensive range of services tailored to meet the diverse needs of sexually active individuals. From the prevention and treatment of sexually transmitted infections, to genital dermatology, family planning and contraception. This includes pregnancy testing, unplanned pregnancy counselling, early medical abortion, early surgical abortion, abortion aftercare, sexually transmitted infection testing and treatment, contraceptive advice, and contraception supply.

The Birmingham clinic had recently commenced termination of pregnancy, both medical and surgical.

Regulated activities carried out by Clarewell Clinics were:

- Treatment of disease, disorder, and injury
- Termination of pregnancy
- Surgical procedure
- Family planning
- Diagnostic imaging.

The service had not been inspected or rated before this inspection.

The location has a manager registered with Care Quality Commission (CQC).

The main service provided by this service was outpatients. Where our findings on termination of pregnancy, for example, management arrangements also apply to other services, we do not repeat the information but cross-refer to the outpatient's service.

How we carried out this inspection

We inspected this service on the 12 April 2023 and 4 October 2023. We spoke with 8 members of staff, including the registered manager, consultants, advanced midwifery/nurse specialists and administrative staff.

We also spoke with 4 patients.

Can you add the number of records we looked at and what other things we may have looked at such as training records, governance records etc.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection

Summary of this inspection

Areas for improvement

Action the service SHOULD take to improve:

Outpatients

- The service should consider creating a programme of scheduled audits to drive improvement within the service.
- The service should ensure that audits completed have a clear action plan attached to drive improvements. (Regulation 17: Good Governance).
- The service should ensure that all risks are documented on the risk register with mitigations in place (Regulation 17: Good Governance).
- The service should consider taking notes for team meetings to ensure that all staff who did not attend are aware of the discussions had.
- The service should ensure that the room temperature is checked daily where medicines are stored. (Regulation 12: Safe Care and Treatment).
- The service should consider updating their policy to include the use of family and friends as interpreters as this is against best practice.

Termination of Pregnancy (Surgery)

- The service should ensure they store pregnancy remains safely and securely. (Regulation 12: Safe Care and Treatment).
- The service should ensure they use the WHO checklist or an equivalent record to prevent errors being made prior or during vasectomy procedures. (Regulation 12: Safe Care and Treatment).

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Good	Good	Good	Requires Improvement	Good
Termination of pregnancy	Good	Good	Good	Good	Requires Improvement	Good
Overall	Good	Good	Good	Good	Requires Improvement	Good

Good

Outpatients

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Requires Improvement

Is the service safe?

Good

We rated safe as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Training was completed electronically. This included infection prevention and control, fire safety, safeguarding training, basic life support and information governance. Managers monitored mandatory training and alerted staff when they needed to update their training. At the time of our inspection in October 2023, there was an overall compliance of 93% with 80% of staff at 100% compliance; the target was 100%. The manager monitored training compliance and discussed this at their annual check-in meetings. All staff we spoke with said they had been given time at work to complete the topics.

Medical staff were overseen by the manager who ensured they had received and kept up to date with relevant training; most of this training was completed in the NHS and clinicians provided certificates to show compliance.

The service provided basic life support and anaphylaxis training for all staff; 90% of staff had completed this training. The service were looking into providing immediate life support for all clinicians and aimed for all staff to be trained by the end of 2023.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. The service had safeguarding processes and procedures in place. Staff knew how to make a safeguarding referral and who to inform if they had concerns. There was a safeguarding policy which clearly described how to make a safeguarding referral and who to inform if they had any concerns.

Good

Outpatients

Safeguarding training was included in the service's induction and annual mandatory training. Clinical staff received mandatory safeguarding training to level 3 for adults and children and non-clinical staff received training to level 2 for adults and children; this was role dependent. We saw 100% of staff had completed safeguarding level 3 and 90% of staff had completed safeguarding level 2. The manager told us they were looking for an independent specialist who could provide ad hoc external safeguarding advice over level 3; this was not in place at the time of the inspection.

The service used a chaperone policy to meet the individual needs of patients. All staff were trained as chaperones and all patients were offered this service during consultations. The chaperones name was clearly documented in the patient notes. Posters were displayed in the clinic reminding patients of the chaperone service.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. This included female genital mutilation, child sexual exploitation and domestic violence. The service occasionally saw children between 15 and 18 years of age but did not see anyone under the age of 14. They had the appropriate policies including an under 16 policy which was in line with national guidance.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves, and others from infection. They kept equipment and the premises visibly clean.

All clinical and waiting areas were clean and had suitable furnishings which were well-maintained. Guidance was available for staff in the form of an infection prevention and control (IPC) policy. The policy detailed all protocols required to maintain a good level of cleanliness, infection control and hygiene. Cleaning records were up-to-date and completed daily. All staff had received mandatory training in infection prevention and control. Flooring and chairs were made from easy clean materials.

The service performed well for cleanliness. The staff cleaned all areas each evening and had regular deep cleans by an external cleaning company. Staff were also responsible for cleaning their own areas between patients and completed a cleaning checklist each morning. The service completed a daily audit to show compliance with the checklist; this was an ongoing audit. At the time of the inspection, for 2023, the overall completion rate was 93.14%. However, within the audit, it brought down the compliance when the clinic was closed. This meant the overall compliance percentage would be higher; the team were addressing this to amend the audit to be more accurate. The service did not perform any other IPC audits. The manager told us they did regular walk arounds and spot checks, but these were not formally documented as an audit. We found all the clinical areas were visibly clean whilst we were on site.

There had been no surgical site infections reported. Staff cleaned equipment after patient contact. All surgical equipment was single use only.

Staff followed infection control principles including the use of personal protective equipment. There was adequate handwashing facilities and hand gel throughout the centre for staff and patient use. We observed consistently good hand hygiene by staff. All staff we observed and spoke with were complying with 'arms bare below the elbow'. Spill kits were readily available to assist staff to safely clean any fluids from floors or work tops.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Good

Outpatients

The design of the environment followed national guidance. The ground floor comprised of a small waiting area, 2 treatment rooms, 2 toilets and a staff area which included a kitchen and storage facilities. The first floor was accessed by staff only and had 2 staff areas, a medicines room, a toilet, and a room with point of care testing facilities. Clinic spaces were compliant with Health Building Note 00-10 Part A Flooring. All flooring was laminated to ensure effective cleaning. There were handwashing basins in each clinical area and foot pedal operated clinical waste bins and domestic waste bins. Clinic and treatment areas were well maintained. There was sufficient storage space, and all areas were tidy and unobstructed.

The clinical areas were accessible by wheelchair using another entrance to the clinic.

Fire safety equipment was located at key points and had been regularly checked. However, 2 safety evacuation signs were missing at the time of inspection in April 2023; this was rectified in a timely manner.

The service had enough suitable equipment to help them to safely care for patients. All single use equipment checked was in date. All equipment was within service date and there were maintenance programmes in place; this included service agreements with the manufacturers of specialist equipment. All electrical equipment had been tested within the last 12 months. Staff carried out daily safety checks of specialist equipment. Staff checked resuscitation equipment daily when the clinic was open.

The provider completed an audit in May 2023 which looked at health and safety across all 3 of the service's clinics, including this clinic in Birmingham. The checks included legionella checks, curtain checks, emergency equipment, fire equipment, emergency lighting and alarm checks. There was no overall compliance outcome to the audit but there were comments such as curtains to be replaced; we saw these had been replaced. However, there were no formal action plans for each clinic or specific areas where compliance needed to improve.

The service had suitable facilities to meet the needs of patients' families. There was an area where patients accompanying patients could wait.

There was a supply of extra surgical equipment in the event items were damaged or contaminated. This reflected good practice and meant there would be no risk of procedure cancellation due to a lack of equipment.

Their procurement system was robust, and stock was managed well. The service was in the process of developing a stock management application which would be used by the end of October 2023. This involved photographing their stock and the application would calculate the stock levels for them. This meant that stock would be well managed and minimised errors and over or under ordering. They had also developed an innovative way to store their stock which was being trialled in 1 of the other clinics and due to be implemented within the Birmingham clinic during October 2023. This involved 3D printing of storage containers specific to each item. This meant that stock was displayed neatly, there was less time in undertaking stock take and clinicians found there was consistency with how items were placed within their trays between clinics.

Staff disposed of clinical waste safely. Waste was correctly separated, and clinical waste disposed of appropriately.

Assessing and responding to patient risk

Staff completed risk assessments for each patient and removed or minimised risks. Staff knew what to do when there was an emergency.

Good

Outpatients

Staff had the equipment and training to respond promptly to any sudden deterioration in a patient's health. The service had emergency equipment, including basic emergency medications on site which were stored appropriately in line with national guidance. The service had an emergency care escalation policy. This detailed the pathway for an emergency transfer of patients into the NHS if they became unwell. Staff told us in an emergency they would call 999. The nurse discussed an incident where they had called 999 at another clinic; they had shared the learning across the sites. They had a blood pressure machine and a pulse oximeter. Staff checked patients' blood pressure, pulse, respiration rate and oxygen levels prior to a procedure, such as a coil insertion, and post-procedure. All procedures were performed under local anaesthesia.

Staff shared key information to keep patients safe when handing over care to others. There were clear processes in place to refer patients with any concerns to other providers for further testing such as ultrasound scanning or counselling if required. The consultants wrote a letter where they shared information noted during their consultation leading to the referral for patients to take to another provider or their GP. Staff we spoke with were clear on the referral process into other providers including the NHS.

Documentation included all necessary key information to keep patients safe. All patients completed a comprehensive medical questionnaire prior to their initial appointment. They were sent information leaflets relating to their concern prior to their appointment; this meant they were well informed about the potential treatment that would be required. Informed verbal consent was taken for all procedures such as coil removal and implant insertion or removal.

The service completed sample testing, including bloods, on patients. Some of these samples were processed on site with their point of care testing equipment; this meant that results could be shared with patients promptly; the service aimed to have results with patients within 4 hours. For samples which could not be processed on site, these were sent to a laboratory. The service had found they were having concerns with some male test samples recorded as inadequate. Following investigation, they decided to change laboratories and the concern had since been resolved. If abnormal results were detected, these would be shared with the consultant who would suggest the best line of treatment or if unable to treat on site, they would be referred to their GP or a specialist. They provided a 'drop and go' clinic for patients known to the service to drop in specimens and samples for testing and same day results without the need for an appointment.

The manager told us that they occasionally completed practice emergency scenarios. They had performed a scenario with a new consultant where a patient collapsed; we were told they responded well. The staff also completed an annual mandatory fire drill as part of their training.

Patients were given advice about potential side effects after treatment verbally and in writing. They were told who to contact if they became unwell or had any concerns. Patients could ring the clinic between 9am and 6pm Monday to Friday and 10am to 2pm on Saturday. Out of hours, they were advised to email if it was not urgent. For all urgent concerns out of hours, they were asked to attend their local NHS service.

Staff knew about and dealt with any specific risk issues. All treatments and procedures were documented fully on the service's website, and frequently asked questions for patients to refer to. It also included the time a patient might need to take off work and the expected time of the procedure.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

Good

Outpatients

The service had enough nursing and support staff to keep patients safe. The service was fully staffed for all roles. There were 3 clinical staff and 1 clinical support worker who worked at the clinic across a variety of days; this included 1 midwife and 2 genitourinary medicine nurses. The service was fully staffed at the time of inspection. All staff received a comprehensive induction; this included mandatory training as well as role specific training.

The service had no vacancies, low staff turnover rates and low sickness levels. The service did not use agency or bank nurses. However, if needed, the service would use their own staff to cover shifts including staff who were based in other clinics. There was an online portal where staff could request to swap shifts or arrange cover. We were told this worked well; managers were alerted when changes had been arranged.

The service employed 3 consultants, including the registered manager, who were trained in genitourinary medicine; 2 of these consultants also worked within the NHS. The service collected pertinent information about medical staff such as references and appraisals prior to them working at the clinic; all consultants had their own individual indemnity insurance. The registered manager monitored their practice through outcomes, feedback, and appraisal documentation.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. Patient notes were all electronic apart from a few checklists; these were scanned onto the patient record if required. The electronic record was specifically designed for the clinic and had specific templates for the different consultations and procedures. It was adaptable to suit the changing needs of the patients and clinic. For example, in April 2023, we saw that the records for chaperones only contained the first name; this meant it was difficult to decipher who they were if needed. We saw that in October 2023, a list of staff's full names had been added onto the chaperone section of the electronic record. We reviewed 4 sets of records. We found they were all complete.

Medicines

The service used systems and processes to safely prescribe, administer and record medicines. However, not all medicines were stored in line with national guidelines.

Staff followed systems and processes to prescribe and administer medicines safely. Medicines prescribed during the procedure such as local anaesthetic were given by the treating clinician. Medicines records were completed with appropriate detail. All medicines were prescribed electronically on the patient's file prior to them being given. The clinical staff had all completed their prescribing course; this meant they were able to run clinics without the presence of a doctor.

Staff completed medicines records accurately and kept them up-to-date. This was evident when reviewing patients records.

Staff mostly managed all medicines and prescribing documents safely. However, when we inspected in April 2023, not all emergency medicines were locked away, the medicines room was not locked, and medicines were stored on the floor. This meant that untrained staff could access the medicines. In October 2023, we saw all medicines were locked

away and stored neatly on shelves. Medicines were stored in a pharmacy room, accessed via a keypad; only clinical staff were aware of the code. The service had a fridge for medicines only which was in the back corridor; this was a staff only area. However, we saw that the fridge was open and could be accessed by non-clinical staff; this was locked when we checked again later. All medicines we checked were in date.

Staff recorded the fridge temperature where medicines were stored daily. However, they did not check the room temperature where medicines were stored. This meant that if the room temperature was out of range for prolonged periods of time, the medicines proposition could be compromised. We raised this with the manager who said they were awaiting probes to be delivered which would electronically monitor the room temperature; this was not on the risk register and there was no interim management for ensuring the medicines were stored correctly. Following the inspection, we were told this had been addressed and room temperatures were checked daily.

The staff prescribed and gave patients medicines to take home. These were clearly labelled with instructions on how and when to take the medicine and a space to write the patients name.

Staff learned from safety alerts and incidents to improve practice. The managers were aware of the yellow card mandatory reporting where adverse reactions occurred with medicines; the staff had submitted 2 yellow card submissions since 2019.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy; managers received alerts on the online portal when incidents were inputted. Incident forms were electronic. There was a good incident reporting culture. The service had a lead for incidents, who was based in another clinic, who reviewed all incidents and cascaded learning to all staff via the service's communication applications.

The service had no never events in the last 12 months.

Staff reported serious incidents clearly and in line with the service's policy. Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. The staff could explain the process they would undertake if the needed to implement the duty of candour because of an incident, which was in line with the requirements. No incidents we reviewed required the duty of candour process to be followed.

Managers investigated incidents. Incidents were discussed at meetings and via their online communications. The staff received weekly updates via email of any learning that needed to be shared or changes made following an incident. For example, the service had a case where 2 partners wanted their results to be emailed to each other. However, the results were not as expected, and this caused some friction between the partners which they had not been prepared for. Following this, the service developed a consent form which detailed the risks of sharing results with their partner and how the results could cause upset and the specific email address for the results to be sent to; this was now signed if patients wanted to share their results.

Good

Outpatients

Managers received weekly patient safety alerts and acted upon them when required. Staff submitted an incident form if an alert, such as a medical device, affected the equipment within the clinic and acted appropriately.

Is the service effective?

Good

We have rated effective as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Polices and processes were developed and implemented. Guidance was obtained from best practice guidelines from organisations, such as the Royal College of Gynaecology and National institute for Health and Care Excellence.

Staff were aware of policies, and they could be accessed through the service's online system. The manager was responsible for ensuring policies, risk assessments and standard operating procedures were kept up to date and they monitored updates and changes. Staff were made aware of updates to policies via the service's communication application and verbally. Policies we checked were up to date and within review date.

Staff completed ad hoc audits based on risk. These mostly had associated actions and made improvements to the service.

Nutrition and hydration

Staff gave patients enough drink to meet their needs.

Staff would make sure patients had enough to drink when needed. They did not provide patients with food. This was not necessary, due to the outpatient service they provided.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, if needed, and gave pain relief in a timely way.

Staff assessed patients' pain verbally and gave pain relief in line with individual needs and best practice. For example, following a coil change or insertion, the patients are asked about their level of pain. They have recently introduced gas and air for patients who have difficult coil insertions or speculum examinations; they also offered it for patients with needle phobia. We saw feedback from patients where they detailed that the gas and air had changed their experience of having a coil inserted. Pain relief was not routinely prescribed for patients who were seen in the clinic. Staff monitored the patient's pain throughout any procedures and gave advice on over-the-counter pain relief if required.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. However, audits were not always documented or completed to monitor compliance; they were completed in response to potential risk and/or patient feedback.

Managers and staff used the results to improve patients' outcomes. The staff completed audits based on risk and made improvements based on the results. However, they were not always documented or completed regularly and there was no annual audit programme for the service. Audits were completed in response to potential risk and/or patient feedback. For example, the nurse had completed an audit of the coil fitting service over a period of 18 months (June 2021 to November 2022). The triggers for completing the audit were that it was a new service, they had received a couple of potential complaints and they had concerns about adequate pain relief during coil fitting. Whilst the results of the audit showed the overall experience was good, they had 3 recommendations to improve the service. These included acquiring an ultrasound scanning machine, improve access and usage of gas and air and to come up with 10 tips for safer and better coil fitting experience. We saw feedback on the internet where a patient had used gas and air for pain relief during their coil fitting, which they had previously found very painful, and had a pain free experience. The service were in the process of carrying out audits on the effectiveness of certain treatments; these included the management of monkeypox virus and scabies.

There was a 'delay in communicating results to the patient' audit. This was completed by reviewing a cohort of 21 patients who had issues with their test results between August 2020 and January 2021. This resulted in a few recommendations. This included staff training, the end of day check to be completed to ensure all results were sent on time and to monitor delays in the results from the laboratory. Since this audit, staff told us there were rarely delays in results and the end of day checklist was audited and found to be filled in most of the time; when it was not completed, managers received a notification and were able to discuss this with the staff.

The service collected patient feedback and used this to monitor patient outcomes. They used this to make improvements to the service. They mostly encouraged patients to submit feedback via an open forum on a search engine. They found that previously paper-based feedback surveys were not completed and changed these to an email being sent to the patient after their procedure. Due to the nature of the service being provided, all patients were asked prior to their appointments if they opted in or out of providing feedback.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff had a good understanding and knowledge of current practice in sexual health. Staff had completed additional training that was relevant to their roles. This included training in intrauterine devices and removal, emergency contraception and long-acting reversible contraceptive implant placement and removal.

The service ensured that the relevant recruitment checks had been completed for all staff. These included Disclosure and Barring Service checks prior to appointment along with occupational health clearance, references and qualification and professional registration checks; we looked at 3 staff records and saw these were all complete.

Managers gave all new staff a full induction tailored to their role before they started work. The provider had a detailed programme for new staff, which included competency checks, training, and support. Each induction period was tailored to individual need and was role specific.

Managers encouraged staff to attend team meetings. However, staff who could not attend did not have access to the minutes of these meetings when they could not attend because minutes were not taken. Managers told us that they discussed issues as they arose and shared immediately with staff via their communications application and therefore did not feel they needed to minute their meetings. Staff were very positive about the training provided by the service.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. Staff told us they were allocated time to do online training.

Staff had the opportunity to discuss training needs and managers supported staff to develop their skills and knowledge through yearly, constructive appraisals of their work. The non-clinical manager carried out 'check-ins' for non-clinical staff members and the registered manager carried out appraisals for clinical staff. Check-ins included staff self-assessments, objective and goal setting and personal development plans. We saw 89.47% of staff had an appraisal or 'check-in' within the last 12 months. Staff told us they were meaningful, and they felt the managers wanted to develop their skills. For example, a clinical support worked had been trained in venepuncture to assist the clinical team.

The managers set challenges for staff via their communication platforms including 'spot the equipment' questions for different topics such as sexually transmitted infection testing and vasectomy. They undertook these to challenge the staff and check their knowledge.

Consultants were managed by the registered manager who was a clinician. They ensured the consultants were competent within their specialty. They monitored each consultant, reviewed their appraisals, and looked at the feedback received. The manager stated that they were very selective with the consultants that they employed and they needed to be the right fit for the company.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

The team worked well together and communicated effectively for the benefit of the patients. This included the registered manager, nurses, support workers, and consultants.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Managers told us that they regularly met with their staff, mostly virtually, and they worked well together as a team. Staff made referrals to other agencies when necessary, such as counselling or ultrasound services.

Staff were working towards a 'one stop shop' for patients. If patients came into the service for 1 intervention, such as contraception, then smear testing may also be discussed with them and provided if possible.

We observed positive staff working relationships which prompted a relaxed environment and helped put the patients at ease. All staff reported that they worked well together as a team. They had a communications application which was sectioned into different clinical groups including consultants, clinical team, and operations team. We were told that staff could message on a group and get support promptly. For example, a nurse could message the consultant group with a query, and this would be answered very quickly. They found this to be an effective form of communication to share messages, support and learning across the 3 clinics.

Seven-day services

Key services were available 6 days a week to support timely patient care.

The service was open Monday to Friday 9am to 6pm. They also opened on Saturday from 10am to 2pm. The service did not need to provide out of hours support. Patients were able to access support and advice remotely from staff via telephone during clinic opening times.

Good

Outpatients

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support in patient areas. This included information regarding safe sex and information about health checks. Patients were educated by their clinician about safe sex, appropriate vaccinations depending on the patient group and education about high-risk transmission of many sexually transmitted infections. The provider's website contained information about sexual health and symptoms and treatment available including the services provided by the clinic.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff understood how and when to assess whether a patient had capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. Consent was implied for non-surgical outpatient procedures. Staff gained verbal and implied consent throughout appointments, particularly when carrying out procedures such as coil insertion.

Staff received consent training within their safeguarding mandatory training module. The compliance rate for the training was above 90%. Staff spent time with patients explaining their options, to support them to make a choice. There was a consent policy.

Staff clearly recorded consent in the patients' records. We saw this on medical records; all 4 records we checked had completed consent forms. The service completed an ad hoc audit of their consent forms. Staff looked at 10 consent forms for each procedure they completed. Data from 2022 to 2023 showed that 100% of consent forms had been completed for implant removal, hyfrecation (a minor surgical procedure that works by burning off unwanted skin lesions) and coil replacement.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. The consent policy clearly outlined these requirements and was easily accessible for staff should they require further support or guidance. Patients that required extra support for their mental health or were unable to consent were referred to the appropriate clinics or back to their GP. This ensured these patients had appropriate support from suitably qualified staff.

Staff gained verbal consent from young patients for their care and treatment in line with legislation and guidance. They understood Gillick Competence and Fraser guidelines and supported young patients, between ages 16 and 17, who wished to make decisions about their treatment. The staff said they would give sexual health advice to patients over the age of 14 and were aware of Fraser guidelines. These were specific to providing contraceptive and sexual health advice to a child under 16 years of age. This was clearly documented within their consent policy. There was also a supplementary under 16 policy which had clear guidelines to follow for consent for patients under the age of 16. All staff had received training on this within their emergency contraception training and Safeguarding level 2 training.

Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards; 90% of staff had completed this training. The nature of the clinic meant the Deprivation of Liberty Safeguards was not directly relevant to staff roles.

Good

Outpatients

Is the service caring?

Good

We rated caring as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff had a positive attitude towards patients, and a person-centred approach towards their care. The staff were passionate about ensuring there was a strong and positive patient-centred culture at the clinic.

Patients said staff treated them well and with kindness. We received feedback from 4 patients during and after the inspection, and this was overwhelmingly positive about staff. They told us staff were friendly, kind, respectful and helpful. Staff provided information in a way they understood and made them feel comfortable in what were often difficult circumstances. We saw a review where a patient had written that they had planned to have their coil removed, but following advice from the nurse, they did not need it at the time and felt that this was explained in a considerate way; they said the nurse was warm and professional and felt the care was person-centred.

Staff followed policy to keep patient care and treatment confidential. Mostly, there was only 1 patient waiting for treatment. Whilst we were there, the receptionist identified the patient by their date of birth rather than their name; this maintained patient confidentiality. The staff kept all information secure with password protection on electronic patient records to ensure patients' confidentiality was always maintained. Staff ensured that conversations with patients about care and treatment were held in areas of the clinic that were private and not overheard.

Emotional support

Staff provided emotional support to patients to minimise their distress. They understood patients' personal needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. The service was person centred, and staff had discussions and interactions with patients that demonstrated the patient's needs had been considered. We were told specific concerns of patients, and if there were particular actions that staff could take to address this. For example, if patients were afraid of needles, they would be offered gas and air to make the blood taking more comfortable.

We saw that telephone contact details were included on the Clarewell discharge instructions for patients to ring should they have any clinical concerns.

We saw feedback from a patient who had struggled with pain during their coil removal and insertion previously. They said "the nurse was so welcoming and approachable and let me pour my heart and frustrations out before attempting the procedure. They offered me gas and air to help and waited until I was ready. It was the first positive experience I have ever had. I was made to feel at ease and felt no pain whatsoever'.

Good

Outpatients

Managers told us that patients often had high anxiety levels with sexual health related conditions. They offered acute support to these patients and referred them for counselling at 1 of their partner clinics. They were able to respond to acute management of anxiety and prescribed medicines to reduce this; they stocked anti-anxiety medication on site. They recommended patients speak to their GP if they had prescribed them new medication.

Understanding and involvement of patients and those close to them

Staff supported patients to understand their condition and to make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Staff communicated with patients effectively during appointments and provided patients with treatment options. The service offered a free of charge call back after a patients' appointment if they needed further reassurance or information.

Staff supported patients to make informed decisions about their care. We spoke with 2 patients who told us they were fully informed about their care and treatment and had time to think about and discuss with others if they wished.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff told us patients were able to provide feedback through search engine reviews and social media. Staff encouraged patients to provide feedback to improve care.

Patients gave positive feedback about the service. We saw lots of positive feedback with comments including: "I honestly can't thank you enough. You treated me with great kindness and took responsibility for my wellbeing when others didn't and for this I will be eternally grateful", "The staff have been very supportive and done a great job. The consultant was very patient and tried every method to sort out my complicated case. The chaperone was holding my hands and giving me comfort and courage. Can't thank them more" and "had an absolutely amazing experience here for fitting my coil. The staff were extremely knowledgeable, experienced, personable, willing to talk through absolutely anything and really put you at ease.". Managers shared patient feedback with staff members individually. These positive reviews drove a caring and positive attitude within the clinic across the whole team. Staff told us they put the patients first and this was reflected in the feedback received from patients.

Is the service responsive?

Good

We rated responsive as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

Managers planned and organised services so they met the changing needs of the local population. The service was open 9am to 6pm on Monday to Friday and 10am to 2pm on Saturdays. If they saw someone who needed a treatment that the service could not provide, they would refer them to the appropriate service. The service could offer an appointment mostly within 24 to 48 hours. They often had on the day appointments for patients who needed urgent treatment.

Good

Outpatients

The service had a quick turnaround of results; most results were available within 1 to 4 hours. The service had 2 patients where they did not receive their results within the 4 hours. They audited their overall performance, made changes, and found this was no longer an issue.

They had a "drop and go" service for patients who had regular sexual health check-ups and were known to the service and needed to provide samples only. They were able to drop off the samples and did not need to be seen by a consultant or nurse; they received their results within hours.

There was a proactive approach to understanding the needs and preferences of different groups of patients and to delivering care in a way that meets these needs, which was accessible and promoted equality.

Facilities and premises were appropriate for the services being delivered. The service was accessible, private, and met patients' needs.

Managers monitored and took action to minimise missed appointments. They had found that patients who did not fill in their pre-appointment questionnaires were less likely to show up. They therefore changed to the process so that only patients who had completed the questionnaires could book an appointment; they found this had reduced missed appointments.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

The service provided private care and did not undertake appointments on behalf of the NHS or other private providers.

Facilities and premises were appropriate for the services being delivered. There was plenty of parking available on the road. The clinic was accessed via 2 steps up to the front door. However, there was an alternative access around the back of the clinic for wheelchairs. There was enough seating in the waiting area.

The service did not have information leaflets available in languages spoken by the patients and local community. However, they were able to use an online translation platform to translate if required. Staff told us about a patient who had hearing loss and they were given a longer appointment to help the staff to communicate effectively and ensure the patient had full understanding of their treatment.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. We were told that friends and family were used to interpret where required. This meant there was a chance that information was not always portrayed to the patient properly. However, managers told us they would use a search engine for interpretation if required.

The service encouraged sex workers to come to the clinic and supported them to have regular sexual health checks for their benefit. They provided drop and go services to make it more accessible for regular appointments and reduce the time needed to be within the clinic.

Access and flow

People could access the service when they needed it and received the right care promptly.

Good

Outpatients

Managers made sure patients could access services when needed. Patients were given the first available appointments; this was mostly within 24 to 48 hours of the request and tests were mostly performed at the time of the appointment. They would see walk-in patients if it was felt that it was an emergency.

Managers worked to keep the number of cancelled appointments to a minimum. Patients mostly did not cancel their appointments but if they did, they would make a note of it on their profile. Due to the nature of the service provided, patients were not chased if they missed an initial appointment. However, they were asked to cancel within 24 hours of the appointment, or they would incur a charge. The service followed the patients up if a patient had missed a results appointment. The service had a did not attend rate of 6.4% for 2023, this data included missed follow up phone calls.

Patients could book their appointments via email or telephone call. They were sent all the information about their treatment, and a medical questionnaire, in advance of their appointment.

The staff were proactive at ensuring that clinics ran on time. They ensured that each appointment was given more than enough time; staff told us they rarely ran over and rarely had delays.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Patients knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in the waiting room; the service's website also contained this information. The manager told us they had 3 formal complaints within the last 12 months, and all were resolved promptly. Managers told us they shared feedback with the staff and learning was used to improve the service. For example, they had a patient who did not get their results quickly as the sign off for their complex results had taken longer than expected. They had since created a 'complex scenario' communications group with all consultants where results could be shared and signed off much quicker.

Staff understood the policy on complaints and knew how to handle them. The staff acted promptly on complaints and called the complainants to discuss their concerns and find a resolution where possible. For example, they had a patient who was unhappy with the placement of their coil. They asked the patient to reattend, scanned the patient and they had a second opinion with another consultant. They offered the patient a refund, however they did not take it as they were happy following the consultation. They had also had a number of verbal complaints from patients waiting outside the door for long periods of time as the staff did not hear the buzzer; they installed a new buzzer system which sounds throughout the clinic and this had improved the response times.

Managers shared feedback from complaints with staff and learning was used to improve the service. Whilst the service did not have official monthly team meetings, staff told us that they constantly communicated via a private communications application and learning was shared on there. They had weekly feedback emails which had learning shared from complaints if applicable.

Is the service well-led?

Requires Improvement

We rated well-led as requires improvement.

Good

Outpatients

Leadership

Leaders generally had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.

Clarewell Clinics was a small service run by 1 director who was also the registered manager. They also had a clinical lead on site. There was a leadership structure in place and clear roles for staff within the clinic which supported the manager. Each team had a team 'point' who was the leader and they fed information into the manager. The manager was aware of the service's performance, limitations and challenges it faced.

Staff told us that the managers were friendly and approachable. Staff felt confident to discuss any concerns they had with them and were able to approach the managers directly, should the need arise.

Regular communication took place between the registered manager and staff. They had a communication application which created a platform for staff to have open conversations about incidents, patients or requesting support within their day; this could also be accessed via a mobile phone which meant consultants were able to participate in conversations when they were not on site. The application had different groups for staff depending on their role within the company; this meant that information was shared with the appropriate groups and not always the whole company.

Staff had regular meetings virtually; minutes of these meetings were not taken. We were told that due to the nature of the clinic and its small size, all incidents, complaints, risks, and actions were discussed as they arose and did not wait until a meeting occurred. The meetings were used to update staff and ensure they had regular communication with each other but not used as the main tool to inform staff.

In the event of the registered manager being off site, staff could contact them by telephone.

Vision and Strategy

The service had a vision for what it wanted to achieve and an informal strategy to turn it into action. The vision was focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.

Staff were passionate about providing a high standard of care at the clinic. They were focused on the needs of the patients, and this was evident with the care that the patients received.

The vision was to provide the patients with exceptional care in an unhurried manner and all in 1 place. They wanted to become a centre of excellence by focusing on reflective practice demonstrated by research and teaching material. They also wanted to have optimum usage of up-to-date digital technology. They felt that information technology was at the core of innovation, and they wanted to lead on this.

There was no documented strategy for the service and how it planned to develop over the next few years. However, the managers told us that they wanted to develop the research within the clinic and to continue to provide educational material for patients and sexual health providers via their internet page. They wanted to enhance their performance using technology to improve care for the patients and also improve the experience for staff within the clinics. For example, the service stock had to be managed by the clinical staff. They had developed a new software that was able to count and manage stock levels for them visually; this also involved printing 3D containers specific to the need of the stock level. This would increase the productivity of staff and reduce the time needed to manage the stock.

The manager held a 'cyber circle' meeting every 6 weeks where all staff from all clinics were invited to attend. This was a team building exercise where discussions were not related to clinical matters. They discussed the vision and any action that needed to be taken and they involved the staff in the vision for the service.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients and staff could raise concerns without fear.

Staff felt supported, respected, and valued. Staff worked together as a team to identify and address concerns to continually improve.

Staff felt positive and proud to work at the organisation. The culture was centred on the needs and experience of patients and staff consistently demonstrated passion towards putting patients first. The culture encouraged openness and honesty. The leaders encouraged incident reporting including near misses. They understood the importance of staff being able to raise concerns without fear. Staff felt listened to. We were told that improvement ideas were taken seriously and implemented following discussions. For example, staff wanted to trial a new blood taking device for patients who feared needles; the managers had agreed and started to trial this at 1 of the other sites .

Staff were often working clinically alone within their clinics. There were always other staff members on site including a clinical support worker who could chaperone if required. They said they felt supported within their clinics as they could use the communication application to seek support and guidance where required.

The service was committed to the wellbeing of the staff and staff felt managers were supportive to their needs. We were told of a situation where the managers had been supportive when staff had difficult home life experiences.

Governance

Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. However, we found that the governance processes were not always effective.

The service had a process to version control policies and procedures. Records showed policies were regularly reviewed and updated. The manger said any changes to policies were shared by email. Staff told us that due to having a small team, changes were also discussed verbally.

The staff completed audits; however, they were not always documented or completed regularly. There was no annual audit programme for the service. Audits were completed in response to risk or ad hoc and results were shared through email. For example, the nurse had completed an audit of the coil fitting service as it was a new service in 2021. They had also audited consent forms for their different procedures with a sample of 10 consent forms for each procedure; they were all 100% compliant. The manager told us that staff completed checklists daily which showed compliance against infection control and health and safety. The manager did visual spot checks of the environment when they were in the clinic and raised concerns where needed, however this was not documented as a formal audit. The lack of formalised audits meant there was a risk that safety and quality concerns would not be identified and responded to in a prompt manner.

Staff told us the team was small and updates were shared daily with staff as required. The registered manager attended the clinic at least once a week. We were told the leaders worked closely with the staff. This enabled effective 2 way communication channels for raising concerns and providing feedback. The registered manager held regular virtual

meetings, but these were not formalised with an agenda or meeting minutes. We were told feedback, incidents and learning were discussed and an email or document was sent after meetings; we did not see these. Managers told us that mostly new information was not shared at these meetings and if staff were not able to attend, they did not miss out on learning from themes or actions required. These were mostly discussed when they occurred via the weekly updates and daily via the communication application; we looked at the application and saw evidence of discussions between staff regarding incidents and near misses and updates for all staff to be aware of. There were different groups set up within the application. These included coil, sexual health, consultant groups and all staff groups; staff told us this was an effective way of communication. Managers were able to assign tasks to staff to complete and were able to track these; we saw evidence of these being completed.

Staff at all levels were clear about their roles and understood what they were accountable for, and to whom.

There were service level agreements (SLA) in place for the maintenance of equipment and the building. These were regularly reviewed to ensure the contracts in place were providing the service agreed. The manager told us they had calendar reminders for servicing or maintenance that was required, and they were also reminded by the companies providing the SLA.

Management of risk, issues and performance

Leaders used systems to manage performance, but this was not always effective. They had plans to cope with some unexpected events. However, risks were not always recognised and managed effectively.

Senior staff monitored staff performance through check-ins and feedback from incidents and patients. Managers told us they regularly received positive feedback from patients and this was shared with the staff.

Staff working under a regulatory body were required to demonstrate an up-to-date knowledge of their clinical practice.

The service did not have a robust system in place to manage risk. They did not effectively use audits to make improvements or complete risk assessments to monitor the quality and safety of the service. The service mostly managed risk through incident reporting. They had an incident reporting system that captured incidents, complaints and near misses. It included action to take, an action owner, completion date and any learning. Learning was shared weekly via an update email to all staff. Staff also used a secure messaging application to share any immediate learning from incidents.

The service had a risk register which took account of potential risks when planning services such as disruption to staffing and possible effects of transport strikes for example. But we found there was no risk owner, date of completion and the assessments lacked detail. But also found the risk register did not have all relevant risks in place. For example, the service did not check the room temperature where the medicines were stored. This meant that there was a risk that if the room temperature went out of range, the medicines would not be stored safely. The staff were aware of this and said they were in the process of getting temperature probes fitted; this risk was not on the risk register and there were no mitigations in place to reduce the risk until the probe arrived. The manager described their top 3 risks as staffing as they found it hard to get good quality staff, supplies of equipment due to issues with suppliers and information technology risks including the systems going down. Whilst the staffing risk was on the risk register, equipment supply issues and information technology risks were not on the risk register and we were not aware of the mitigations in place to reduce these risks. Not all staff we spoke to were aware of the risk register and the risks within the clinic. Following our inspection, the service submitted further data. This showed they had moved their risk register to their online compliance system. This meant it could be monitored closely and kept updated. We saw evidence that the clinic had applied to sponsor overseas workers or students to assist in their recruitment and mitigate their staffing risks. The

service showed mitigations in place to ensure that the systems would not go down. This included registering with the UK Power Network. This ensured that if there was a power supply issue to the area, the power supply to the clinic would be maintained. However, this was still not on the updated risk register. Therefore we were not assured there was a robust oversight of the management of risks.

The service did not have a systematic approach to performance related audits. They did not check up on their performance using audit. These were carried out on an ad hoc basis rather than through a programme of audits. We did not see any regular scheduled audits for infection prevention and control, record keeping or health and safety. This meant there was a chance that poor performance or risks could be missed. It also made it difficult for the service to demonstrate good performance and compliance to policy. However, the service did perform checks within the service which were ad hoc by the managers and not documented. They created audits when they wanted to check that a procedure was being performed well, such as the pain audit for insertion of coils.

The service had policies and procedures for patients which were clear and detailed and in line with guidance.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed to make decisions and improvements. The information systems were integrated and secure. Data or notifications were submitted to external organisations as required.

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable information. Records and data management systems were in line with data security standards.

Records were electronic, password protected and stored securely.

The service use information technology at the forefront of their work. They used a number of different platforms to communicate, process and receive their information. They told us that one challenge of the small clinic is staff do not always work at the same time and they believe their digital platform ensures communication across all staff groups. The systems they use allow queries to be answered promptly and in real time.

They have a cloud-based management system which allows documentation of all tasks and task assignment to an individual or team. This allowed collaboration, communication and monitoring remotely. We were told this was a transparent platform and all staff could see what was going on within their clinic.

The service had a data protection policy and 100% of staff had completed training in information governance. Terms and conditions of the treatment patients received were found on the service's website and all patients were given a copy of this.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service gathered and acted on patient's views and experiences to shape and improve their services. Staff routinely monitored feedback to look for trends and themes in both positive and negative feedback. We saw staff had implemented changes when areas of improvements were highlighted.

The service had a secure communications application which all staff were engaged with and used daily to ensure they were well informed about the clinic. The service also sent out weekly updates with key information for staff.

They had a monthly virtual call with all staff from the service and the other 2 sites within the business. This meant there was shared learning across the sites and good engagement with staff.

The staff ensured there was an open and inclusive culture to enable a positive patient experience. They actively engaged with each other and the managers so that their views were reflected in the planning and delivery of services. They worked autonomously within their clinics and were proud of what they did for the patients.

The provider's website offered a lot of information about the treatment and services that were provided. There was also a learning platform called 'Clarewell Academy' for medical professionals. The manager had recorded some webinars on different conditions and wanted to create a community to better the understanding of problems affecting the sexual and reproductive health system. The forum contained feedback from doctors who had watched the learning materials and included comments such as "I gained confidence in counselling patients with Herpes. The manager is [a] very knowledgeable confident clinician with very good teaching skills" and "I really enjoyed the interactive education session. The learning from this session will definitely help me improve [the] care of my patients".

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

The manager was very passionate about the service and ensuring high quality care for their patients. They had a passion for teaching other clinicians and wanted to improve sexual healthcare for others. They had won the Best Sexual Health Clinic in the Midlands in 2019, 2020 and 2021.

The service have participated, presented and published research into sexual health. Their most recent research was presented at the British Association of Sexual Health and HIV annual meeting in 2022.

The service felt they had shown innovation in their use of pain relief for coil management. They had introduced the use of gas and air for patients and found that this had reduced the pain patients had felt.

The service adapted to new information to improve the service. For example, the manager told us they had recognised an increase in the number of cases of scabies in May 2023. They had noticed their complexity and resistance to usual medicines prior to it being announced by specialist organisations. The clinic addressed this by stocking a new medicine in their clinic to ensure timely treatment for the patients. They monitored the results and uploaded a new standard operating procedure and guidance for the staff. They had also recently diagnosed a new form of shingles within the genitalia and had 2 cases within September 2023; they were sending information out to their wider colleagues to make them aware of this.

The service were keen to continuously improve their information technology use within the clinic. They were trialling a digital stock taker within another clinic which utilised a 3D printer that printed bespoke storage devices for stock management; this meant that stock take could be done very quickly and efficiently and reduced over and understock of equipment; they were due to use this within the clinic in October 2023.

Good

Termination of pregnancy

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Requires Improvement

Is the service safe?

Good

We rated surgery as good.

Mandatory training

Please see this section within the outpatients report for details of findings.

Safeguarding

Please see this section within the outpatients report for details of findings.

Cleanliness, infection control and hygiene

Please see this section within the outpatients report for details of findings.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff did not always manage clinical waste well.

Staff did not store all clinical waste safely. Pregnancy remains were stored within the back corridor of the clinic in a red box whilst awaiting collection; the collection was ad hoc and might not occur for a few weeks. This corridor was accessed by staff only, but the box was not secure. The manager told us they were awaiting permission from the landlord to create a locked secure storage area for clinical waste, and they would keep pregnancy remains within this store until they were collected. The storage of the remains was not in the policy at present; the manager told us they would update this. This was not recorded as a risk on the service's risk register. However, the service was not currently carrying out surgical or medical TOP's; they had suspended the service since April 2023. Following the inspection, we were told they had created a designated area for storage of pregnancy remains as an interim arrangement whilst the outside locked storage was being arranged.

The service used single use equipment for all surgical procedures.

Please see this section within the outpatients report for further findings.

Good

Termination of pregnancy

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

In April 2023, the service performed termination of pregnancy (TOP) surgery and vasectomy surgery within their outpatient treatment room. They undertook both medical and surgical terminations of pregnancy. The service had an exclusion criteria for women who could not undergo a termination at the clinic. This included patients under the age of 16, gestation of 10 weeks or greater, underlying medical problems and patients considered to be at higher risk of complications after a medical assessment; these patients would be signposted to larger centres for appropriate provision of care. Each patient was risk assessed and scanned prior to their termination to ensure they were under 9 weeks and 6 days gestation. These procedures were all performed by a consultant who practiced full time within the NHS.

When patients had undergone a TOP, they were discharged with a phone number where they could access support 24 hours a day 7 days a week. When we continued our inspection in October 2023, the service was no longer providing surgical TOP.

All patients when they attended for surgery had their observations taken. This included blood pressure, heart rate and oxygen levels. All surgery was performed under local anaesthetic without sedation; there was gas and air on site if the patient required this for pain relief. Patient's observations were taken post-surgery and they were discharged when they were clinically well. The service had a policy for patients undergoing a TOP. This included information about the pathway for the emergency transfer of patients. If a patient became acutely unwell whilst on site; they would call the emergency services and transfer the patient to an NHS facility. They had a direct link to the on call medical registrar at the local women's specialist hospital; this meant the consultant could do an effective handover prior to transfer. The pathway was similar for patients who underwent a Vasectomy, but they were transferred to an appropriate NHS service.

The TOP policy stated that the decision to transfer a patient was based on a simple and rapid assessment of the patient using national early warning scores (NEWS2). However, the service did not routinely use the NEWS2 scoring. They took patients observations, but these were not translated into a NEWS2 score. The patients underwent the surgery under local anaesthesia so this was appropriate, however it was not reflective of their policy.

The service completed a World Health Organisation (WHO) checklist for TOP surgery. The service was not using the WHO checklist or an equivalent record to prevent errors being made prior or during vasectomy procedures.

Patients who underwent a vasectomy were given a QR code which gave them information about post operative care. They were given the details of how to send a semen sample and when to do this; this was sent directly to the laboratory. All patients received a call at 2 weeks post-operatively to ensure they were recovering well.

The service had access to counselling and mental health support. If staff were concerned about a patient's mental health, they were able to make a direct referral or contact the patients GP.

Please see this section within the outpatients report for further findings.

Nurse staffing

Please see this section within the outpatients report for details of findings.

Good

Termination of pregnancy

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service employed a consultant who undertook the termination of pregnancy and vasectomy surgery. They were employed full time within the NHS and this was their speciality.

The managers ensured the consultant had an up-to-date appraisal, training and indemnity insurance.

Please see this section within the outpatients report for further findings.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive and all staff could access them easily. The records contained relevant information regarding the patients surgery. For patients who had undergone a TOP, the records contained information about how they wished their pregnancy remains to be disposed of

The service completed the legal notification forms for TOP within the timeframe required. We looked at 2 sets of TOP records and found these had been completed within the required 14 days.

Medicines

Please see this section within the outpatients report for details of findings.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Managers ensured that actions from patient safety alerts were implemented and monitored.

There were no incidents reported related to the surgical service within the last 12 months. However, staff were aware of the incident reporting procedure.

Please see this section within the outpatients report for further findings.

Is the service effective?

Good

We rated effective as good.

Evidence-based care and treatment

The service followed the Royal College of Gynaecologists and National Institute for Clinical Excellent guidance for termination of pregnancies and the British Association of Urological Surgeons for Vasectomy guidance.

Good

Termination of pregnancy

There was a policy for certification under the Abortion Act 1967. This was detailed and in line with legal requirements.

Please see this section within the outpatients report for details of findings.

Nutrition and hydration

Please see this section within the outpatients report for details of findings.

Pain relief

Please see this section within the outpatients report for details of findings.

Patient outcomes

Staff monitored care and treatment.

The service had completed 2 terminations of pregnancy and had not done any more since we visited the service in April 2023. They intended to collect evidence including failure rates and audit the process once they had undertaken more procedures. Managers told us this service was new and was not being marketed on their website at the time of the inspection.

The service had performed 2 vasectomies within the last 12 months.

The service completed the notifications required for patients who had undergone a TOP in line with the legal and national guidelines. These included the HSA1: grounds for carrying out an abortion form and HSA4: abortion notification; we saw these were completed within the 14 day timeframe post TOP. There was a policy for certification under the Abortion Act 1967 which detailed the completion, retention, submission and processing of the HSA1 and 4 forms.

Please see this section within the outpatients report for details of findings.

Competent staff

Please see this section within the outpatients report for details of findings.

Multidisciplinary working

Please see this section within the outpatients report for details of findings.

Seven-day services

There was 24 hour 7 days a week helpline for patients who had undergone a termination of pregnancy. This meant that they could access support from a dedicated team out of hours if required.

Please see this section within the outpatients report for further findings.

Health promotion

Please see this section within the outpatients report for details of findings.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Good

Termination of pregnancy

The service ensured that patients consented for all surgical procedures by the consultant. They did vasectomies and terminations of pregnancy (TOP) only. They completed an audit of the consent for vasectomy notes and found that this was completed 100% of the time.

Patients seen at the clinic for surgical procedures had capacity to consent to their own treatment. Consultants ensured that patients understood the risks, benefits and outcomes of the surgery. They also ensured that patients who wanted to undergo a TOP were given information about all of the options that were available including adoption, birthing the baby and termination.

Staff gained verbal consent from young patients for their care and treatment in line with legislation and guidance. They understood Gillick Competence and Fraser guidelines and supported young patients, between ages 16 and 17, who wished to make decisions about their treatment.

All patients were offered a chaperone for their procedure; all staff had completed chaperone training. There was a chaperone poster displayed in the waiting area.

Please see this section within the outpatients report for further findings.

Is the service caring?

Good

We rated caring as good.

Compassionate care

Please see this section within the outpatients report for details of findings.

Emotional support

Please see this section within the outpatients report for details of findings.

Understanding and involvement of patients and those close to them

Please see this section within the outpatients report for details of findings.

Is the service responsive?

Good

We rated responsive as good.

Service delivery to meet the needs of local people

Please see this section within the outpatients report for details of findings.

Good

Termination of pregnancy

Meeting people's individual needs

All patients who were undergoing a TOP or Vasectomy were given time to think about their decision. They were given information about contraception, different options and the procedures themselves. This ensured that patients were well informed prior to making the decision. The service offered post-operative support for these patients if they required it; this included signposting them to counselling.

All patients were given post operative information leaflets digitally. These included sex after a vasectomy, aftercare and post-vasectomy pain syndrome.

Please see this section within the outpatients report for details of findings.

Access and flow

Please see this section within the outpatients report for details of findings.

Learning from complaints and concerns

There were no formal complaints for the surgical service within the last 12 months of this inspection.

Please see this section within the outpatients report for details of findings.

Is the service well-led?

Requires Improvement

We rated well-led as requires improvement.

Leadership

Please see this section within the outpatients report for details of findings.

Vision and Strategy

Please see this section within the outpatients report for details of findings.

Culture

Please see this section within the outpatients report for details of findings.

Governance

Please see this section within the outpatients report for details of findings.

Management of risk, issues and performance

Please see this section within the outpatients report for details of findings.

Information Management

Please see this section within the outpatients report for details of findings.

Engagement

Please see this section within the outpatients report for details of findings.

Good

Termination of pregnancy

Learning, continuous improvement and innovation

Please see this section within the outpatients report for details of findings.