London IVF and Genetics Limited

London IVF and Genetics

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?	Requires Improvement
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

This is the first time we rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. The registered manager had training in key skills. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well.
- Staff provided good care and treatment and gave patients enough to drink. The registered manager monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care. Key services were available six 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 patients, 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.
- The registered manager ran services well using reliable information systems. 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 to plan and manage services and all staff were committed to improving services continually.

However:

- At the time of our inspection, the clinic's safeguarding policy was not comprehensive and did not reference female genital mutilation (FGM), although the lead doctor did have knowledge in this area. Following inspection, the provider submitted evidence they had adapted the safeguarding policy to include information on FGM.
- The team of medical secretaries had not received any safeguarding training at the time of our inspection. Following our inspection, the provider told us they had arranged for these secretaries to have level one safeguarding adults training.
- The chairs in the leased clinic room were not wipe clean, presenting an infection prevention control risk.
- At the time of inspection, the doctor did not have access to the cleaning records of the external cleaner to demonstrate all areas were cleaned regularly. Following our inspection, the provider met with the building management and put into place an assurance process regarding cleaning of the leased clinic room.
- There was no assurance process in place to ensure the defibrillator was in working order. Following our inspection, the provider met with the building management and put into place an assurance process regarding defibrillator checks.
- Within the leased room there were disposable items used by other services who used the same space that were out of date. There was no checklist in place to indicate which items were specifically for this service. Following our inspection, the provider introduced such a checklist.
- The sharps bin was stored on the floor and the temporary closure was not in use. Following our inspection, the sharps bin was moved to a secure location.
- The clinic did not have a formally documented admission policy that set out a safe and agreed criteria for the types of patients that were able to be treated. Following inspection, the provider submitted evidence they had drafted an admission policy.
- The response rate of formal patient feedback questionnaires was low. However, the completed feedback form and thank you cards and emails from the previous 12 months were consistently positive about the clinic.

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- A chaperone was offered for all intimate examinations and the lead doctor told us they would ask an agency nurse to come in should the patient wish. However, this was not formally documented anywhere.
- The service did not have a formally documented vision or strategy.
- There was no formal risk assessment document to minimise risks associated with lone working. There was an informal arrangement with the clinic next door in case of any issues whilst seeing patients, but this was not documented. Following our inspection, the provider drafted a formal risk assessment regarding lone working at the clinic.
- The ultrasound machine was the property of the building that the leased clinic room was in. On the day of inspection, the doctor did not have access to evidence that the manufacturer maintained and serviced it annually. Following inspection, the lead doctor met with the building management and put into place an assurance process regarding the maintenance of the ultrasound machine.
- There was no formal drafted policy regarding frequent scanning.
- There was no audit or peer review of ultrasound images and reports to check their quality.
- Scans were stored on the ultrasound machine but there was no system to store these images separately or to delete or archive these.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic imaging	Good 	This is the first time we rated this service. We rated it as good because: • The service had enough staff to care for patients and keep them safe. The registered manager had training in key skills. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well. • Staff provided good care and treatment and gave patients enough to drink. The registered manager monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care. Key services were available six 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 patients, 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. • The registered manager ran services well using reliable information systems. 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 to plan and manage services and all staff were committed to improving services continually. However: • The ultrasound machine was the property of the building that the leased clinic room was in. On the day of inspection, the doctor did not have access to evidence the manufacturer maintained and

Summary of findings

serviced it annually. Following inspection, the lead doctor met with the building management and put into place an assurance process regarding the maintenance of the ultrasound machine.
- There was no formal drafted policy regarding frequent scanning.
- There was no audit or peer review of ultrasound images and reports to check their quality.
- Scans were stored on the ultrasound machine but there was no system to store these images separately or to delete or archive these.

Diagnostic imaging is a small proportion of service activity. The main service was outpatient services. Where arrangements were the same, we have reported findings in the outpatient section.

Outpatients

Good 

This is the first time we 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. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well.
- Staff provided good care and treatment and gave patients enough to drink. The registered manager monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care. Key services were available six 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 patients, 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.
- The registered manager ran services well using reliable information systems. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear

Summary of findings

about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

However:

- At the time of our inspection, the clinic's safeguarding policy was not comprehensive and did not reference female genital mutilation (FGM), although the lead doctor did have knowledge in this area. Following inspection, the provider submitted evidence they had adapted the safeguarding policy to include information on FGM.
- The team of medical secretaries had not received any safeguarding training at the time of our inspection. Following our inspection, the provider arranged for these secretaries to have level one safeguarding adults training.
- The chairs in the leased clinic room were not wipe clean, presenting an infection prevention control risk.
- At the time of inspection, the doctor did not have access to the cleaning records of the external cleaner to demonstrate all areas were cleaned regularly. Following our inspection, the provider met with the building management and put into place an assurance process regarding cleaning of the leased clinic room.
- There was no assurance process in place to ensure the defibrillator was in working order. Following our inspection, the provider met with the building management and put into place an assurance process regarding defibrillator checks.
- Within the leased room there were disposable items used by other services who used the same space that were out of date. There was no checklist in place to indicate which items were specifically for this service. Following our inspection, the provider introduced such a checklist.
- The sharps bin was stored on the floor and the temporary closure was not in use. Following our inspection, the sharps bin was moved to a secure location.
- The clinic did not have a formally documented admission policy that set out a safe and agreed

Summary of findings

criteria for the types of patients that were able to be treated. Following inspection, the provider submitted evidence they had drafted an admission policy.

- The response rate of formal patient feedback questionnaires was low. However, the completed feedback form and thank you cards and emails from the previous 12 months were consistently positive about the clinic.
- A chaperone was offered for all intimate examinations and the lead doctor told us they would ask an agency nurse to come in should the patient wish. However, this was not formally documented anywhere.
- The service did not have a formally documented vision or strategy.
- There was no formal risk assessment document to minimise risks associated with lone working. There was an informal arrangement with the clinic next door in case of any issues whilst seeing patients, but this was not documented. Following our inspection, the provider drafted a formal risk assessment regarding lone working at the clinic.

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Summary of this inspection

Background to London IVF and Genetics

London IVF and Genetics Centre is a private clinic in London. It provides consultations and ultrasound scans prior to fertility treatments, as well as post-fertility treatment follow-up appointments. Patients seen at the clinic go on to be seen at another facility that provides fertility treatments to assist a person/s in becoming pregnant, which falls under the scope of regulation by the Human Fertilisation and Embryology Authority (HFEA). The service primarily serves private patients over the age of 18 from London, but also accepts patient referrals from outside this area, including international patients. The clinic consists of one consultation and scanning room, leased by the hour. There was a shared patient reception and access to a toilet.

We have never inspected this service before. It was registered in 2015 and the registered manager has been in post since opening. The registered manager was the sole clinician working at the service, with support from a team of medical secretaries to manage bookings and patient contact.

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

How we carried out this inspection

The inspection was undertaken using our comprehensive inspection methodology. We gave the service 24 hours' notice that we were coming to ensure the service was open and staff were present. We carried out the site visit on 18 January 2022. During the inspection, we visited the leased clinic room. We spoke with two staff, who were the registered manager and a medical secretary. We reviewed 10 sets of patient records and spoke with five patients over the telephone.

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.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

- The service must ensure that all medical secretaries are compliant with the required level of safeguarding training. (Regulation 13)
- The service must ensure there are continuous assurance processes in place regarding the environment and equipment provided by the building management. (Regulation 15)
- The service must ensure that images currently stored on the ultrasound machine are stored in line with information governance requirements. (Regulation 17)

Action the service SHOULD take to improve:

Summary of this inspection

- The service should ensure that all furniture in the leased clinic room is compliant with infection prevention control standards. (Regulation 12)
- The service should ensure there is a formally drafted policy regarding frequent scanning. (Regulation 12)
- The service should ensure there is a formally documented chaperone policy. (Regulation 12)
- The service should consider introducing a peer review or audit system to check the quality of scans performed at the service.
- The service should consider how to increase the response rate to the formal patient feedback questionnaire.
- The service should consider introducing a formal vision and strategy document.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Requires Improvement	Inspected but not rated	Good	Good	Good	Good
Outpatients	Requires Improvement	Inspected but not rated	Good	Good	Good	Good
Overall	Requires Improvement	Inspected but not rated	Good	Good	Good	Good

Good

Diagnostic imaging

Safe	Requires Improvement
Effective	Inspected but not rated
Caring	Good
Responsive	Good
Well-led	Good

Are Diagnostic imaging safe?

Requires Improvement

This is the first time we rated this service. We rated safe as requires improvement.

For mandatory training, safeguarding, staffing, medicines and incidents, please see Outpatients.

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.

Staff correctly cleaned and stored equipment such as probes used for intimate ultrasound investigations (for example, transvaginal investigations).

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. However, there were limited assurance processes in regard to the leased clinic room and maintenance of equipment.

The ultrasound machine was the property of the building that the leased clinic room was in. On the day of inspection, the doctor did not have access to evidence the manufacturer maintained and serviced it annually. Following inspection, the lead doctor met with the building management and put into place an assurance process regarding the maintenance of the ultrasound machine.

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

Good

Diagnostic imaging

The doctor described what actions they would take if they found unusual findings on an ultrasound scan and how this information would be shared. The service ensured the right person got the right scan at the right time, by asking patients to confirm their identify and date of birth. This evidenced staff followed best practice and used the British medical ultrasound society's (BMUS) 'pause and check' checklist. The doctor reported they had not had patients who requested frequent scans.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care. However, images were stored on the ultrasound machine and there was no system to store these images separately or to delete or archive these.

The ultrasound machine was owned by the building. Scans were stored on this machine, but no patient identifiers were stored alongside the images. The machine was always kept in the locked clinic room. However, there was no system to store these images separately or to delete or archive these. This meant there was a potential risk of a data breach.

Patients having all types of scans would receive a report written by the doctor at the time of the scan in hard copy, or via email, to add to their NHS notes. Where appropriate, and with consent, the doctor would also send a copy of the scan report to the patient's GP or another relevant healthcare professionals when making a referral. A copy of the scan report was present in patient records we looked at on the day of inspection.

Are Diagnostic imaging effective?

Inspected but not rated

This is the first time we rated this service. We do not rate effective for this type of service.

For pain relief, competent staff, multidisciplinary working, seven-day service and consent, Mental Capacity Act and Deprivation of Liberty Safeguards, please see Outpatients.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

The service followed as low as reasonably achievable (ALARA) principles outlined by the Society and College of Radiographers. The doctor told us frequent scans did not occur and scans were time limited. However, there was no formal drafted policy documenting this because the lead doctor was the only clinician performing scans.

Nutrition and hydration

Staff gave patients enough to drink to meet their needs.

Patients had access to drinking water in the reception area. The service offered water to patients who were required to have a fuller bladder at the time of their scan.

Good

Diagnostic imaging

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The provider told us they did not perform formal audits of ultrasound images and reports as any patients seen at the service would go on to receive IVF treatment where any imaging results would be confirmed. If any discrepancies were noted, a referral would be made at this point to an independent sonographer, but this had never been required. If the lead doctor identified any unusual or abnormal images, they told us they would call the patient's GP or make an onwards referral as appropriate.

Are Diagnostic imaging caring?

Good

This is the first time we rated this service. We rated caring as good.

For compassionate care and understanding and involvement of patients and those close to them, please see Outpatients.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. The lead doctor described how they would explain distressing findings to the patient following a scan, with sensitivity and the appropriate level of detail and following guidance from the Association of Early Pregnancy units (AEPU). They explained they would flag any abnormal results but not confirm any suspected cause or diagnosis, and would refer the patient for further investigations or a repeat scan. As the number of pregnancy scans performed at the service was low, this had not happened in the last 12 months.

Are Diagnostic imaging responsive?

Good

This is the first time we rated this service. We rated responsive as good.

For service delivery to meet the needs of local people, meeting people's individual needs and learning from complaints and concerns, please see Outpatients.

Access and flow

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

Good

Diagnostic imaging

Between December 2020 and November 2021, a total of 276 ultrasound scans, 17 pregnancy scans and 23 Hysterosalpingo Contrast Sonography (HyCoSy) scans took place at the service.

Are Diagnostic imaging well-led?

Good

This is the first time we rated this service. We rated well-led as good.

For leadership, vision and strategy, culture, management of risk, issues and performance, engagement, information management and learning, continuous improvement and innovation, please see Outpatients.

Governance

The registered manager operated effective governance processes throughout the service, but not with all partner organisations. Staff were clear about their roles and accountabilities.

There was no audit or peer review of ultrasound images and reports to check their quality. The provider told us they did not perform formal audits of ultrasound images and reports as any patients seen at the service would go on to receive IVF treatment where any imaging results would be confirmed.

Good

Outpatients

Safe	Requires Improvement
Effective	Inspected but not rated
Caring	Good
Responsive	Good
Well-led	Good

Are Outpatients safe?

Requires Improvement

This is the first time we rated this service. We rated safe as requires improvement.

Mandatory training

The registered manager was the only member of clinical staff. They completed mandatory training in key skills.

Staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. There was one clinician working at the service and we saw evidence they had completed training in resuscitation, infection prevention and control, moving and handling, fire safety, duty of candour, equality and diversity, information governance, prevent and safeguarding.

Safeguarding

The registered manager understood how to protect patients from abuse and the service worked well with other agencies to do so. The registered manager had training on how to recognise and report abuse and they knew how to apply it. However, the team of medical secretaries working remotely had not received any safeguarding training had not received any safeguarding training at the time of inspection.

Medical staff received training specific for their role on how to recognise and report abuse. There was one doctor working at the service who was also the safeguarding lead, who had level three children and adults training. The lead doctor knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. They knew how to make a safeguarding referral and who to inform if they had concerns.

The team of medical secretaries did not have any face-to-face contact with patients. At the time of our inspection, they had not received any safeguarding training. Following our inspection, the provider told us they had arranged for these secretaries to have level one safeguarding adults training.

At the time of our inspection, the clinic's safeguarding policy was not comprehensive and did not reference female genital mutilation (FGM). However, the doctor had received training on FGM and was able to describe how they would escalate any concerns regarding this. Following inspection, the provider submitted evidence they had adapted the safeguarding policy to include information on FGM.

Good

Outpatients

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.

Clinical areas were visibly clean and had suitable furnishings which were clean and well-maintained, apart from the chairs in the leased clinic room were not wipe clean, which presented a potential infection prevention control risk. The overall deep cleaning of the leased clinic room was completed by the premises provider's contractor, with additional cleaning in between patients performed by the doctor. The doctor did not have access to the cleaning records of the external cleaner to demonstrate all areas were cleaned regularly. However, the doctor knew how to report and escalate any concerns with cleanliness appropriately. Following our inspection, the provider met with the building management and put into place an assurance process regarding cleaning of the leased clinic room.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service took appropriate measures to reduce the risk of COVID-19 transmission. This included screening of patients coming in for appointments, social distancing within the clinic, and use of appropriate PPE.

Environment and equipment

The design and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well. However, there were limited assurance processes in regard to the leased clinic room and maintenance of equipment.

The design of the environment followed national guidance. The service had enough suitable equipment to help them to safely care for patients. Due to the nature of the service they did not require a resuscitation trolley, but they did have access to a first aid box and defibrillator within the building. However, the provider did not regularly check this was in working order. Following our inspection, the provider met with the building management and put into place an assurance process regarding defibrillator checks.

Disposable equipment was easily available, in date and appropriately stored. However, within the leased room there were disposable items used by other services who used the same space that were out of date. There was no checklist in place to indicate which items were specifically for this service. Following our inspection, the provider introduced such a checklist.

Staff disposed of clinical waste safely. The correct bins were readily available in all clinical areas. The sharps bins had been signed and dated in line with the Health Technical Memorandum. However, this was stored on the floor and the temporary closure was not in use. Following our inspection, the sharps bin was moved to a secure location.

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

The doctor knew how to respond promptly to any sudden deterioration in a patient's health. The clinic had arrangements in place for the transfer of acutely unwell patients or those requiring escalation to nearby NHS and independent hospitals which were better equipped to care for such patients. There had not been any unplanned transfers in the previous 12 months. The doctor received life support training appropriate to their role.

Good

Outpatients

The clinic did not have a formally documented admission policy that set out a safe and agreed criteria for the types of patients that were able to be treated. However, there was only one doctor working at the service who was able to describe how each patient was assessed on an individual basis and which patients could be treated at this location. Following inspection, the provider submitted evidence they had drafted an admission policy.

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. The registered manager ensured that medical secretaries had a full induction.

The lead doctor completed all consultations and scans. The service did not use bank or agency staff unless a woman requested a chaperone for intimate examinations. Clinics were planned around the doctors' availability and the service had not cancelled any appointments in the last 12 months.

A team of medical secretaries from a company who specialised in healthcare services took patient calls and managed bookings under a service line agreement. There was a formal induction process for new medical secretaries, which we saw documented. Cross cover arrangements for this team were agreed in house.

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.

We reviewed 10 sets of patient notes on the day of our inspection. Patient notes were comprehensive, and all staff could access them easily. Records were stored securely. Records were paper based, but the provider was working on making all records electronic at the time of inspection. Once all paper records had been archived electronically, the provider intended to destroy all paper records in a secure manner. The clinic conducted an annual documentation audit and we saw evidence any omissions were addressed by staff and actions had been taken where documentation fell below the expected standard.

Medicines

The service used systems and processes to safely prescribe and record medicines.

The service did not store or administer any medicines. The doctor used an electronic prescription to prescribe any medicines and a copy was kept of this in patient records we viewed on the day of inspection.

Incidents

The service knew how to manage patient safety incidents, but none had been reported in the 12 months prior to inspection. Staff recognised incidents and near misses and reported them appropriately. The registered manager investigated incidents. When things went wrong, staff apologised and gave patients honest information and suitable support. The registered manager ensured that actions from patient safety alerts were implemented and monitored.

There had been no incidents at the clinic in the 12 months prior to our inspection, but the lead doctor knew what incidents to report and how to report them. The service used a paper-based reporting system, with forms available in the clinic. The lead doctor would be responsible for handling investigations into all incidents. Any incidents would be discussed in depth at the lead doctor's annual appraisal to identify any areas for learning.

Good

Outpatients

The lead doctor understood the duty of candour and had received training in this. They knew about being open and transparent and giving patients and families a full explanation if and when things went wrong.

Are Outpatients effective?

Inspected but not rated

This is the first time we rated this service. We do not rate effective for this type of service.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Most policies we sampled included appropriate references to national guidance, except those mentioned under other report headings. They were all within their review date.

Nutrition and hydration

Staff gave patients enough to drink to meet their needs.

Staff made sure patients had enough to drink, with refreshments offered to patients whilst they waited for appointments.

Pain relief

Staff checked to ensure that patients were comfortable during their appointments.

Staff did not formally assess pain levels of patients as appointments did not include any intervention that typically caused physical pain. However, staff checked frequently with patients that they remained comfortable during the course of their appointments.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The lead doctor carried out some repeated audits to check improvement over time. This included an annual documentation audit and an audit of patient outcomes relating to IVF treatment, reported as per Human Fertilisation and Embryology Authority (HFEA) requirements. This information was used to improve care and treatment.

Contact details for the lead doctor were given to patients following discharge, along with instructions to contact the service at any time should any complications or questions arise. We saw evidence of patient follow-up in records and all patients we spoke with were happy with the follow-up care offered by the service.

Competent staff

The service made sure staff were competent for their roles.

Good

Outpatients

The lead doctor was experienced, qualified and had the right skills and knowledge to meet the needs of patients. We saw their annual appraisal which discussed scope of practice and competencies, as well as any continuing professional development undertaken. The lead doctor had professional colleagues she could contact within the organisation she held practising privileges with to perform IVF treatment to discuss interesting or challenging cases.

There were arrangements in place for supporting new secretarial staff, including an induction document.

Multidisciplinary working

Staff worked together as a team to benefit patients. They supported each other to provide good care.

There was one lead doctor working at the service. The medical secretaries who booked in patients remotely spoke positively about the working relationship with the lead doctor and the support they received from them.

In the patient records we saw evidence patients were asked whether they consented to their information being shared with their GPs. The service ensured where the patient had consented for their information to be shared, GPs received a copy of the consultation record by post or electronically.

Seven-day services

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

The service's physical opening hours depended on patient demand as the clinic room was leased by the hour. A set clinic usually operated each Friday 2pm until 7.30pm for consultations, with other appointments scheduled on Mondays, Wednesdays and Saturdays in line with patient bookings.

Patients could contact the service at any time after being accepted for treatment as they had the lead doctor's contact number. The medical secretaries worked 9am to 5pm, Monday to Friday to pick up calls and book in patients.

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 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. Staff clearly recorded consent in the patients' records. Consent forms were comprehensive and signed in all patient records reviewed on the day of inspection. The lead doctor reported they had never had an incident of a patient lacking capacity to consent and this was unlikely due to the nature of the service.

Are Outpatients caring?

Good

This is the first time we rated this service. We rated caring as good.

Good

Outpatients

Compassionate care

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

As there were no appointments taking place on the day of our inspection, we were unable to observe clinical care directly. We spoke with five patients over the telephone who were positive about the care and treatment they had received, telling us it was "a really good experience" and that it had been "seamless". Patients said staff treated them well and with kindness. Although the provider did hand out formal feedback questionnaires to patients, they told they had not received many completed forms due to the COVID-19 pandemic and how this had affected the number of face-to-face appointments. The completed feedback form and thank you cards and emails from the previous 12 months were consistently positive about the clinic.

Staff followed policy to keep patient care and treatment confidential. All conversations during and after an appointment took place in the private clinic room. Patients were greeted at the reception and taken through to the clinic room by the lead doctor. A chaperone was offered for all intimate examinations and the lead doctor told us they would ask an agency nurse to come in should the patient wish. However, this was not formally documented anywhere.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. For example, the secretarial induction document contained information on care of trans patients.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. The lead doctor was able to describe how they provided reassurance and support for nervous and anxious patients. Formal emotional support was offered to those who went on to have IVF treatment with the lead doctor at another centre. One patient we spoke to had previously had a miscarriage and commented on the emotional support and care she received from the lead doctor throughout her time at the service. Patients we spoke with told us they felt reassured by the information they were given before their appointment and reported it helped them prepare for their appointment. Patients were given longer appointments than necessary so as not to rush them.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff talked with patients in a way they could understand. Patients were given clear information and preparation instructions via email before their appointment, as well as clear instructions as to how to arrive to the clinic. All five patients we spoke to told us they felt well informed and prepared before coming for their appointment and had ample time to ask questions whilst at the clinic. Patients were able to ring the service at any time, with any issues triaged by the secretarial team who would ask the lead doctor to call them back to discuss any concerns or issues. Patient feedback from the last 12 months was positive, with one patient commenting the service was 'very informative and provided all the facts'.

Patients could give feedback on the service and their treatment and staff supported them to do this. Staff encouraged each patient to complete a feedback form following their appointment, although the return rate of the patient feedback forms was low due to the reduced frequency of face-to-face appointments during the COVID-19 pandemic.

Good

Outpatients

All costs were clearly stated in a fees leaflet provided to patients and these were confirmed with the patient prior to an appointment being booked. We saw evidence of discussion of costs in patient records.

Are Outpatients responsive?

Good

This is the first time we rated this service. 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 patients. It also worked with others in the wider system.

The registered manager planned and organised services, so they met the needs of patients, offering a choice of appointments and referrals to other providers where appropriate. The registered manager ensured that patients who did not attend appointments were contacted. Facilities and premises were appropriate for the services being delivered. The clinic's location was close to public transport links.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments where possible to help patients access services and referred them to other providers when this was not possible.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The lead doctor had completed an equality and diversity course as part of their mandatory training. Any enhanced patient needs would be ascertained at the time of booking to ensure suitable arrangements were in place. If their needs could not be accommodated, patients would be referred elsewhere. For example, there was no wheelchair access to the clinic as it was on the second floor and there was no lift access, but the lead doctor could arrange to see patients at another location where required.

The lead doctor made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service ensured an interpreter was booked for any consultations where consent was required.

Access and flow

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

Between December 2020 and November 2021, a total of 172 initial consultations and 223 follow-up consultations took place at the clinic. All procedures were booked in advance at a time to suit the patient. The service did not operate a waiting list. Patients we spoke with confirmed being able to access the clinic in a timely manner and there were rarely times they had to wait to be seen. As a result of COVID-19, patient appointments had been spaced out to ensure social distancing within the service. Remote consultations were also offered.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service had a process to investigate complaints.

Good

Outpatients

In the 12 months prior to our inspection, the provider had received no formal complaints. Patients we spoke with knew how they would complain or raise concerns. The lead doctor understood the policy on complaints and knew how to handle them. They described an informal verbal complaint that had been raised and how this was managed, with learning points such as ensuring a medical interpreter be booked for all patients with a perceived language barrier. The service was signed up to an independent review service for resolution of formal complaints.

Are Outpatients well-led?

Good

This is the first time we rated this service. We rated well-led as good.

Leadership

The registered manager 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.

The registered manager was also the CQC nominated individual and lead doctor. The registered manager demonstrated an understanding of the challenges to quality and sustainability for the service, managing these on a day-to-day basis. For example, face-to-face appointments during the COVID-19 pandemic had been reduced and remote consultations had been introduced. Secretarial staff told us they felt well supported by the registered manager, who they could contact at any time for support or guidance.

Vision and Strategy

The service did not have a formal vision for what it wanted to achieve, or a formal strategy to turn it into action.

The service did not have a formally documented vision or strategy due to the small scale of the clinic. Prior to the COVID-19 pandemic, the lead doctor had been thinking about expanding the service and was currently considering whether this was something they wanted to take forward.

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 positive about working at the clinic. Staff we spoke with said they felt their concerns were addressed and there was a 'no blame' culture when things went wrong. Patients told us they were very happy with the centre's services and did not have any concerns to raise. They felt they were able to raise any concerns without fearing their care would be affected.

Governance

The registered manager operated effective governance processes throughout the service, but not with all partner organisations. Staff were clear about their roles and accountabilities.

Good

Outpatients

There was no system for managing and monitoring service level agreements with external companies or third parties. For example, the registered manager did not have processes in place to gain assurance about the cleaning or maintenance of the building or equipment. Following our inspection, the registered manager asked for assurances to be put into place.

There was an effective system to review and update policies, with all policies in date at the time of our inspection. An annual audit looked at the treatment provided by the service to monitor the quality and safety of the service.

The service did not have team meetings as the lead doctor was the only clinician. They would share information with the team of medical secretaries via phone or email and had daily calls set up with the lead secretary on days when the clinic was operational.

The lead doctor was registered with the General Medical Council and had indemnity insurance. Practising privileges documentation was in place for onwards referral of patients to other registered locations.

Management of risk, issues and performance

The registered manager used systems to manage performance effectively and identified and escalated most relevant risks and issues.

The service had a risk management strategy, setting out a system for continuous risk management. The registered manager was able to articulate what the main risks to the service were. There were risk assessment documents in place for common risks and an annual review of any risks to identify any trends. However, there was no formal risk assessment document to minimise risks associated with lone working. There was an informal arrangement with the clinic next door in case of any issues whilst seeing patients, but this was not documented. This meant the lead doctor was at increased risk of being exposed to violence and aggression from difficult patients. Following our inspection, the provider drafted a formal risk assessment regarding lone working at the clinic.

Information Management

The service collected reliable data and analysed it. The registered manager could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The lead doctor had completed information governance training and ensured the medical secretaries understood their roles and responsibilities in this area. The service had access to the CQC secure portal to send data and notifications safely.

Engagement

The registered manager engaged with patients and staff to plan and manage services.

As there was only one staff working clinically at the service, there were no team meetings or staff survey. Daily calls took place on operational days between the lead doctor and medical secretaries. The secretaries told us they would be happy suggesting improvements directly to the lead doctor.

The service had an easily accessible website where patients were able to leave feedback and contact the service. This showed patients were able to engage with the service online and verbally.

Good

Outpatients

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

There was some evidence that feedback and audits were used to make improvements to the service. Throughout our inspection, the registered manager responded positively to feedback. They assured us improvements would be made at once following our feedback and demonstrated this following the inspection. This showed a culture of openness and willingness to learn and improve.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment Within the leased room there were disposable items used by other services who used the same space that were out of date. There was no checklist in place to indicate which items were specifically for this service. The registered manager did not have access to the cleaning records of the external cleaner to demonstrate all areas were cleaned regularly. There was no assurance process in place to ensure the defibrillator was in working order. The ultrasound machine was the property of the building that the leased clinic room was in. On the day of inspection, the doctor did not have access to evidence the manufacturer maintained and serviced it annually.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The team of medical secretaries did not have any face-to-face contact with patients but did talk to patients over the phone and book them in for appointments remotely. At the time of our inspection, they had not received any safeguarding training.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Scans were stored on the ultrasound machine which was property of the building from which the clinic room was leased, but there was no system to store these images separately or to delete or archive these.