

Somerset Partnership NHS Foundation Trust

RH5

Community health (sexual health services)

Quality Report

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Date of inspection visit: 27,28 February and 1, 2
March 2017
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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RH5H6	Contraceptive and Sexual Health Service	Millstream House	TA1 4AS

This report describes our judgement of the quality of care provided within this core service by Somerset Partnership NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Somerset Partnership NHS Foundation Trust and these are brought together to inform our overall judgement of Somerset Partnership NHS Foundation Trust.

Summary of findings

Ratings

Overall rating for the service	Good	●
Are services safe?	Good	●
Are services effective?	Good	●
Are services caring?	Good	●
Are services responsive?	Good	●
Are services well-led?	Good	●

Summary of findings

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Summary of findings

Overall summary

We rated sexual health services as Good overall because:

- During this inspection we found the service had addressed the issues that had caused us to rate responsive and well-led as requires improvement following our September 2015 inspection. The ratings for safe, effective and caring all remained unchanged from 2015 (good). The ratings for responsive and well-led have changed from requires improvement to good.
- We found strong safeguarding procedures were in place which staff adhered to and followed to protect children, young people and vulnerable adults. The trust encouraged staff to report incidents. Staff we spoke with were confident in this system and said they received feedback following reported incidents of the action taken and lessons learnt were shared amongst the staff team.
- The care and treatment provided to patients was planned and delivered in line with current evidence based guidance, standards, best practice and legislation. Staff liaised with other professionals, both within the organisation and with professionals outside of the organisation to provide a service to patients.

- Staffing levels were appropriate and there were no vacancies in the last 12 month period. The majority of staff we spoke with were content in their role and felt motivated to provide an excellent service.

However:

- The provision to cater for bariatric patients (people with a high body weight) was limited. Patients who fell into the bariatric category will have to travel across the region to access a clinic that had suitable equipment such as examination couches.
- The limited phone service available to patients was criticized by the patients themselves, often calls were abandoned or callers found the line engaged for long periods. This has been identified by SWISH and a more suitable system is being sourced.
- Patients stated they found the reception areas of some of the clinics a little exposed and felt as though they could be overheard when talking to reception staff.

Summary of findings

Background to the service

Somerset Partnership NHS Foundation Trust was registered to provide sexual health services under the following regulated activities: Treatment of disease, disorder or injury; diagnostic and screening; and family planning. The registered location is Millstream house, Taunton, which was the main 'hub' for services. Other clinics, or 'spokes', were provided at other locations across the county of Somerset. The service we inspected was called Somerset Wide Integrated Sexual Health, or 'SWISH'

During the inspection we spoke with seven patients who were attending clinics. We also received 72 comment cards which had been completed by patients prior to our visits. Comments made were very positive about the staff and the treatment they had received. We spoke with 25 members of staff including managers, doctors, nursing, reception and administrative staff. We also spent time reviewing records documentation.

Our inspection team

Our inspection team was led by:

Team Leader: Gary Risdale, Inspection Manager (Mental Health), Care Quality Commission.

The sexual health team included a CQC inspector and a specialist advisor in sexual health.

Why we carried out this inspection

We undertook this inspection to find out whether Somerset Partnership NHS Foundation Trust had made improvements to their sexual health services since our last comprehensive inspection of the trust in September 2015.

When we last inspected the trust in September 2015, we rated sexual health as requires improvement overall.

We rated the core service as requires improvement for responsive and well-led and good for caring, effective and safe.

Following the September 2015 inspection, we told the trust to make the following actions to improve sexual health services:

- Equipment used in the delivery of care and treatment should be maintained and checked in accordance with the manufactures guidelines and trust policy.
- Patient records should be consistently completed in full.

- The trust database which identified mandatory training completed by staff was not kept up to date and did not provide an accurate record.
- Emergency medication and equipment should be clearly labelled for use in an emergency.
- The staffing levels and skill mix of the service should be reviewed to ensure a consistent and timely service can be provided to patients. The main booking line should be accessible to patients when they telephone.
- The provider should ensure that patients with mobility requirements are provided with the means to access the service.

These related to the following regulations under the Health and Social Care Act (Regulated Activities) Regulations 2014:

Regulation 12 Safe care and treatment

Regulation 17 Good governance

Summary of findings

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting Somerset Partnership NHS Foundation Trust we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit on 27 February and 1 and 2 March 2017. During the visit we

talked with people who use services. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who use services. We did not carry out an unannounced visit.

During the inspection we spoke with seven patients who were attending clinics. We also received 72 comment cards which had been completed by patients prior to our visits. Comments made were very positive about the staff and the treatment they had received. We spoke with 25 members of staff including managers, doctors, nursing, reception and administrative staff. We also spent time reviewing records documentation.

What people who use the provider say

During the inspection we spoke with seven patients who were attending clinics. We also provided the clinics with comment cards for patients to complete prior to the inspection.

We received 72 completed comment cards, of which 70 contained positive comments. These included:

- "Really helpful staff that went above and beyond to help despite short notice."
- "The website is informative and the staff really helpful."

- "Staff are knowledgeable, respectful and with great facilities."
- "I could not ask for a better service."
- "Staff were caring, respectful and non-judgmental."
- "This service is incredible! I have been to a number of different clinics and nowhere has shown me the same respect, friendliness and cooperation as SWISH."

The two negative comments were:

- "The nearest clinic is a long way from home."
- "I don't feel the waiting room is particularly discreet."

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider MUST or SHOULD take to improve

The provider should:

- Consider how the privacy and dignity of service users in sexual health services' clinic waiting areas can be maintained.
- Continue to improve the booking system for sexual health services.
- Consider the further provision of appropriate bariatric examination couches in key locations around the county.

Somerset Partnership NHS Foundation Trust

Community health (sexual health services)

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated sexual health services as good for safe because:

- There were procedures in place which staff followed to safeguard children, young people and vulnerable adults.
- The trust encouraged staff to report incidents. Staff we spoke with were confident in this system and said they received feedback of the action taken.
- Staff understood their responsibilities in relation to the duty of candour regulation.
- Medicines were stored and managed in a way that patients safe.
- Records were stored securely and the majority were complete. Electronic records were concise and always available.
- Premises were clean and tidy, and infection prevention and control measures were in place and being followed.
- The majority of staff were up-to-date with mandatory training.
- Risk based assessments were undertaken and available for staff to reference.
- Safeguarding was embedded in daily working.

- There was adequate staffing to ensure services ran safely.

Incident reporting, learning and improvement

- The trust had an electronic incident reporting system, which was available to staff in all the main clinics of the sexual health services, and many of the remote locations.
- Staff understood how to use the system and many staff we spoke with described how to report an incident.
- In the reporting period January 2016 to January 2017 there had been 16 incidents reported. We saw investigations were undertaken, actions taken and lessons learned. For example, where a staff error in managing the booking system caused delays to a patient's appointment the staff member underwent further competency training to ensure they were more confident with the system.
- Managers told us information about incidents was cascaded to individuals for learning. Minutes of senior management meetings demonstrated discussions about the process of reporting incidents.

Are services safe?

- Staff told us they received acknowledgement of receipt of a reported incident and would receive feedback from investigations.
- In the reporting period January 2016 to January 2017 there were no never events reported for this service. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death, but neither need have happened for an incident to be a never event.

Duty of Candour

- Staff we spoke with were aware of the Duty of Candour legislation. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was introduced in November 2014. This regulation requires the trust to notify the relevant person that an incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology. This regulation requires staff to be open, transparent and candid with patients and relatives when things go wrong.
- Staff we spoke with gave examples of when duty of candour would be used, although none had had cause to use it.

Safeguarding

- Staff we spoke with demonstrated good knowledge and awareness of the trust safeguarding policies and procedures in relation to vulnerable adults, children and young people.
- All staff had completed the mandatory safeguarding vulnerable adults and children training. Clinicians were required to complete level three safeguarding training, receptionists and administrators completed level two.
- Staff were able to provide examples of when they had completed a safeguarding alert or referral, or raised concerns to the safeguarding lead nurse. Further action taken by the safeguarding lead nurse or consultant in the sexual health team was identified in the electronic patient record. This included communication and working with other professional bodies. For example, the appropriate local authority safeguarding department.
- A safeguarding assessment was carried out for children under the age of 16, and young people under the age of 18, who attended contraception and sexual health

clinics. This assessment prompted staff to identify issues related to family relationships, sexual relationships, and signs of exploitation, consent, risk of conception, risk of sexually transmitted infection, and drugs or alcohol issues. Information which highlighted a risk to the child was escalated to the lead children's safeguarding nurse or consultant in the service.

- If a patient had multiple tests in a short period of time the screening laboratory system highlighted this. The patient's results were sent, and the screening nurse rang to check their reason for so many screens and to consider any safeguarding concerns. If anything of concern was raised through these checks it was referred appropriately.
- In conversations with staff, a good knowledge and understanding was female genital mutilation (FGM) and child sexual exploitation (CSE).
- All staff we spoke with were aware they must inform the safeguarding team if they suspected any patient had been subject to, or were at risk of, female genital mutilation and that they had to complete an electronic incident form. The electronic safeguarding template included a prompt for staff regarding female genital mutilation.

Medicines

- Staff had access to policies and procedures which provided information regarding the use of medicines. Staff we spoke with demonstrated where to access the policies and procedures. Medicines training was part of the mandatory training which staff completed.
- Medicines were supplied from the community pharmacy or a local NHS acute trust pharmacy where a clinic was attached. Staff did not report any issues with the service from these suppliers.
- Medicines were stored securely in locked cupboards in the consulting rooms at Millstream House. Clinics in other locations around the county had systems in place to ensure access to securely stored medicines.
- We observed staff in the college clinic had access to medicines which were stored in locked filing cabinets. Staff who worked in the clinics held the keys and made arrangements for them to be stored at their base away from the campus, ensuring no unauthorised staff could gain entry to the medicines.
- We observed staff in the college clinic ensuring the contraception and sexual health medicines were secured both during and after the clinic opening times

Are services safe?

- We were told there were no controlled drugs used within the sexual health service and at the time of our inspection we did not identify any controlled drugs.
- Medicines used in an emergency were stored in treatment rooms in locked cupboards where staff using the room had the key. For example, adrenaline, which is a medicine used to treat anaphylactic shock and which is required to be available following some procedures, was stored securely.
- Several nurses had a further qualification that allowed them to be non-medical prescribers. This meant they were able to prescribe and administer limited medicines without a doctor present. Other nurses were able to supply and/or administer specific medicines to patients without the need for a prescription as directed within written Patient Group Directions (PGDs).

Environment and equipment

- The medical devices department of the trust maintained a register of all medical equipment in the trust and arranged for equipment to be serviced and calibrated as necessary. We were able to cross reference equipment from other sites over the course of this inspection and all were found to be in date and on the register.
- Some patients had commented on the waiting room at Millstream House being mixed sex. This had been previously discussed in both staff and management meetings but changes were limited by the structure of the building.
- Clinical waste bins were clearly labelled and waste was segregated in line with best practice. Waste disposal notices highlighted appropriate disposal of waste.
- Sharps bins were available throughout the service for staff to dispose of used needles safely. At the college clinics these were stored securely when the clinic was closed behind two locked doors.
- Bariatric equipment was not available for heavier patients in some clinics. Patients requiring bariatric equipment would be given appointments in Millstream House where bariatric couches were available that supported up to 225kg (35 stone).
- Disabled toilets were available and accessible. At South Petherton hospital the clinic had a toilet with a specimen hatch through to the testing area was available, promoting privacy for the patient.
- Remote clinics did not have panic buttons; however, staff attended the clinics in pairs or greater and were aware of the lone worker standard operating procedure.

Quality of records

- We reviewed nine sets of electronic patient records for a number of different treatments. Inputted data identified the care and treatment provided, consent, medicines prescribed and/or administered and the offer of other diagnostic screenings.
- Patients' records were mostly electronic with password protected access. We observed staff maintained paper records if hampered with IT issues. Staff were aware of who they needed to contact to address any IT issues. Paper records were stored securely in locked cupboards in each of the clinic bases.
- The sexual health service had carried out an audit of the standard of completion of electronic patient records in January 2017. This had identified a number of areas where improvement was required. For example, all records should record the patient's full sexual history at the first appointment and the record should show that a Chlamydia Screen has been offered to all patients 25 years and under. It was noted that the name, date of birth, patient number, address, postcode, and telephone number were recorded in the majority of records, whereas gender, ethnicity and country of birth were recorded in 100% of records. A clinical records audit action plan was in place to address the findings within the audit.
- All staff had a secure email account to enable secure sending of electronic confidential data.

Cleanliness, infection control and hygiene

- All clinics we attended were in locations which were observed to be clean and hygienic in appearance. At the time of our inspection an external audit was being undertaken at Millstream House by the external cleaning company to ensure the service was providing a high level of cleanliness.
- Most remote clinics were located within larger buildings where cleaning services were managed by the host organisations. Day to day management of spillages and general tidiness was the responsibility of the trust staff.
- Handwashing facilities and sanitising hand gel was available in the clinics for staff and patients to use. Protective personal equipment, such as gloves and aprons, were available to staff and we observed these being used and disposed of appropriately

Are services safe?

- Records were in place in each clinic that showed that equipment was cleaned and checked weekly, daily, and after each clinic where appropriate, with a signature to identify which member of staff was accountable for this.
- Staff we spoke with were aware of the system for disposing of clinical waste; we observed bins were labelled to ensure waste was disposed of appropriately.
- The trust provided staff with a policy and procedures for infection control. This was available on the trust intranet and staff we spoke with were able to demonstrate where to find it.
- Hand wash audits carried out across the region showed 100% compliance.

Mandatory training

- The trust had a suite of mandatory training courses for staff. Where staff worked within the contraception and sexual health service this included: basic life support, anaphylaxis, infection control, consent, dementia awareness, prevention and management of violence and aggression, equality and diversity, information governance, safeguarding of vulnerable adults and children, manual handling, medicines management, fire and information governance.
- The trust kept an electronic database which was accessible by staff to enable them to monitor their training needs. At the time of inspection there was a 94% compliance with mandatory training, which was just below the provider's target of 95%.
- Staff spoke positively about the standard and style of the training provided to them. They were encouraged to update their training when necessary and were provided with the time in which to do this.

Assessing and responding to patient risk

- Integrated sexual health services meant female and male patients could access clinics for advice, guidance and treatment for all sexual health issues from contraceptive services to treatment of sexually transmitted diseases.
- We saw a triage form for female, male and transgender patients to allocate the patient to the appropriate health professional for asymptomatic (without symptoms) and symptomatic treatment.
- We observed a member of staff using a risk based patient assessment tool embedded in the electronic template to assist in identifying medical and social risk factors.

- There was a violence and aggression policy and procedure in place that was accessible to staff on the trust intranet. Staff we spoke with were aware of this policy and procedure and how to access it. Reception staff told us they had received conflict management training specifically developed for reception staff. The training matrix revealed 90% of staff were up to date with their prevention and management of violence and aggression training.
- Emergency equipment, such as medicines and a defibrillator, was available in Millstream House. Where a clinic shared premises with a community hospital, they used the hospital's emergency equipment.
- Where a clinic was based in the college the services offered were advice and contraception and any medical incidents would be managed by the campus and calling 999.

Staffing levels and caseload

- Nurses providing clinics understood which were the busiest requiring more staff. Plans were in place to increase the size of some of these clinics; however, this was reliant on staff availability.
- Staff covered the majority of sickness and vacancies in most areas by working additional hours.
- The sexual health service maintained a duty rota which reflected which staff were on duty in which clinic. The staffing levels were reviewed monthly. The data provided showed that clinics were staffed with an appropriate mix of skills and staff numbers.
- The manager and trained nurses were knowledgeable about the skill mix required for specific clinics. When members of staff were not available for their clinic the skill mix was considered and amended. For example, if no doctor was available the preferred option would be to cover the clinic with a non-medical prescriber to enable patients to receive the treatment they required.
- The service did not use bank or agency staff due to the specific skills and knowledge required by staff. However, a number of the staff worked on a part time basis and were flexible about working additional hours to cover staff shortages.

Managing anticipated risks

- Protocols existed at each location in respect of staff and patient safety. These included lone worker risk assessments, questions to consider when lone working, and chaperone systems.

Are services safe?

- Staff were given training in management of violence and aggression and a policy was available on the intranet.
- The trust had a major incident policy and procedure which was accessible to staff on the trust website.
- The sexual health service had a business continuity plan. The trust had classed sexual health as an

important service. This ensured that the business continuity plan identified how in the event of a major incident at one of the providers locations, the service could be reintroduced elsewhere within three days.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary

We rated sexual health services as good for effective because:

- The care and treatment provided to patients was planned and delivered in line with current evidence based guidance, standards, best practice and legislation.
- Staff liaised with other professionals, both within the organisation and with professionals outside of the organisation to provide an effective multidisciplinary service to patients.
- Patients received a service from staff that were trained and competent to provide the required care and treatment.
- Patients had access to a full range of information about their care and treatment, including the provision of leaflets and electronic advice and support.
- Technology was used to support the delivery of effective care.
- There were clear consent processes in place, including the documentation of consent.

However:

- Staff were unable to use electronic records when working in school because of issues accessing the Wi-Fi networks.

Evidence based care and treatment

- The trust provided us with data which demonstrated they referred to, and operated within, nationally recognised guidelines and standards.
- Guidelines produced by the National Institute of Health and Care Excellence (NICE) were followed. These included long acting reversible contraception; one to one interventions to reduce the transmission of sexually transmitted infections, including HIV; and reducing the rate of under 18 conceptions, especially among vulnerable and at risk groups of patients.
- We were provided with evidence that guidelines and standards produced by the Department of Health were

followed. For example, the best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health 2004.

- The trust was part of the national chlamydia screening programme and staff were aware of, and operated within, the standards provided by the national programme.
- Standards for sexual and reproductive healthcare were available to staff and incorporated into the working practices of the service. The Faculty for Sexual and Reproductive Health Service guidelines were also followed regarding reporting sexual and reproductive health activity data to the Health and Social Care Information Centre.

Pain relief

- Clinicians had pain relief available for patients who required this during or after any clinical procedure.
- Staff were knowledgeable about procedures which were likely to cause patients to require pain relief, and the medicines that were available to them.
- Nursing staff who worked within the clinic were either non-medical prescribers or used Patient Group Directives to provide pain relief to patients.

Technology and telemedicine

- The trust had developed software to enable a mobile app to run on smartphones and tablets which provided patients with information on sex, contraception, pregnancy and relationships. This also provided patients with information on clinic locations and times
- Staff who provided clinics at the colleges had experienced difficulties in accessing the electronic system through the college Wi-Fi. These staff used paper records, which were filed on return to the main site.
- The service used text messages to update or remind patients of booked appointments.
- The chlamydia screening service provided results by text or email to patients who had attended clinics. The preferred option was by text to ensure confidentiality for

Are services effective?

the patient. If a patient had received a positive result they were not advised of the outcome by text but asked to telephone the department about their result. A nurse would be available to discuss their options with them.

Patient outcomes

- Audit plans for 2016 and 2017 demonstrated a low number of audits were completed. The trust explained this was due to the challenge of the implementation phase of the integrated service.
- The completed audits included BASHH national audit on the management of pelvic inflammatory disease in health services, which was 100% compliant. Other local audits were also completed, including an integrated patient records audit, which identified weaknesses in compliance with form completion and an action plan had been developed.
- The service collected and submitted data to Public Health England in line with the mandatory obligation required by the government. This included the Sexual and Reproductive Health Activity (SRHAD) and Genito-Urinary Medicine (GUMCAD) data sets. Information on these was reviewed and we could see from key performance indicators where changes had been made to improve service delivery, such as improvements to the online patient information template.
- A strategy was in place to retain patients who may be at risk to themselves or an infection risk to others via a recall system which consisted of text message, phone calls, GP letter.

Competent staff

- Annual appraisals were in place for nursing staff and included a personal development plan.
- While a policy was in place for supervision and manager one to ones, some staff were unclear of the process for ongoing formal one to one meetings with managers. Some senior clinicians raised concerns that clinical supervisions were not occurring regularly.
- Non-medical prescribers (nurses prescribing medicines) received detailed training resources to demonstrate and update competencies. Easy to access, up to date guidelines were available for medicine management and prescribing.
- Prior to the integration of the service, staff had specialised in either contraceptive services or

genitourinary medicine (GUM). This meant some staff had to retrain in order to be able to deliver advice, guidance and treatment across all aspects of sexual health.

- Staff had awareness of their role and boundaries within the service. Healthcare assistants described their roles as having administrative and clinical responsibilities and felt prepared for the care they provided. However, some staff wanted further development and wished to expand their skill set. This was encouraged within the appraisal process.

Multidisciplinary working and coordinated care pathways

- Somerset Partnership NHS Foundation Trust provided HIV screening, and select treatment services. The service maintained close links with their local acute trust who provided the ongoing testing and treatment for HIV patients.
- The trust participated in the national chlamydia screening programme. Communications took place between the programme lead, the children and young person's nurse lead and a midwife employed by the acute trust who had responsibility for pregnant young women and young mothers. The service was represented at the chlamydia screening steering group which held quarterly meetings. These were attended by a number of organisations, such as acute trusts, public health and GPs.
- Staff had referral processes in place to request scans or X-rays and were aware of how to refer to other relevant organisations.
- The service demonstrated effective relationships with multi-agency teams within local authority funded services for young people.
- Systems were in place to identify and assess risks to young people who attended clinics. Health advisors were involved when young people engaged with the service and staff worked with social services to plan pathways of care for vulnerable young people.

Referral, transfer, discharge and transition

- Patients who received care and treatment for contraception were not discharged from the service because they re-attended.
- SWISH could make referrals for psychosexual counselling.

Are services effective?

- The service had a referral procedure for the Child and Adolescent Mental Health Service (CAMHS). All staff were familiar with the service.

Access to information

- Staff had access to patient information on electronic records which identified previous visits and care and treatment within the service.
- Where the electronic system was not accessible, for example in college clinics, staff maintained paper records. The paper records were stored securely and available for staff to access each time the patient attended a clinic. The information contained on paper records was transferred to the electronic patient record when the clinician returned to Millstream House.
- Staff were able to access the Trust intranet where access to guidelines and procedures were available.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- The trust provided staff with a policy and procedure regarding consent. Staff were aware of this and demonstrated an understanding of both Gillick competency and Fraser guidelines.
- We observed that verbal consent was gained from patients prior to any care and treatment being provided. Consent was then recorded within the patient electronic records. This was in line with Faculty of Sexual and Reproductive Healthcare guidelines.

- Before an invasive procedure, for example the insertion of a coil, the patient was required to attend a pre-treatment meeting. The treatment was explained and an electronic record completed to show the discussion was held. When the patient attended for the treatment a reminder for the clinician was flagged on the electronic system, which made sure the pre-treatment meeting had been held and that the patient had understood the process and given their verbal consent.
- Verbal consent was obtained prior to the provision of emergency contraception in line with the Faculty of Sexual and Reproductive Health guidelines.
- We saw nine sets of electronic records which showed that consent had been obtained in line with the Faculty of Sexual and Reproductive Healthcare guidelines.
- Staff were aware of, and knowledgeable about, Fraser guidelines and Gillick competency for young people who were under the age of 16. The Gillick competence identifies children and young people under the age of 16 with the capacity to consent to their own treatment. Fraser guidelines refer to the provision of contraceptive advice and treatment for children and young people without their parents' consent. Young people who attended clinic with their parents and/or carers were seen on their own by the clinician in private and then, if the young person agreed, the parent or carer would be called to the consulting room.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary

We rated sexual health services as good for caring because:

- we found people were supported, treated with dignity and respect and were involved as partners in their care.
- Patients we spoke with were all complimentary about the staff and told us staff were friendly and sensitive to their needs. Young people told us they felt included and valued as an individual. We saw evidence of staff approaching youngsters in a friendly yet professional manner to discuss sexual health promotion.
- We observed receptionists talking to patients in a respectful way.
- Patients told us nursing staff and doctors explained clearly what options were available to them.

However:

- In some locations the reception desk was open, which compromised confidentiality. Patients giving their details to the reception staff could be overheard.

Compassionate care

- The Trust used the NHS Friends and Family Test to seek the views of people using the service. The outcomes of the Friends and Family tests from April 2016 through to January 2017 showed that 98% of patients said they would recommend the service to their family or friends.
- Patients were treated with dignity and respect at all times. Staff were polite and helpful during conversations. Staff ensured patient confidentiality.
- We spoke with seven patients when they had received care and treatment at the clinics. All spoke positively about their experiences at the clinics. Comments of note were: “always a professional and friendly manner” and “I felt safe and respected each time I attended”.
- In some locations the reception desk was open, which compromised confidentiality. Patients giving their details to the reception staff could be overheard. A digital booking in service had been trialled that allowed the patient to enter details on a screen. The only vocal exchange that could then be overheard was between

the patient and receptionist confirming the names of those visiting the clinic. This was not in all centres, however the trust were aware of the issue and hoping to install the consoles as soon as practically possible.

Understanding and involvement of patients and those close to them

- Patients spoke of having a full discussion with the doctor regarding their treatment options available to them. They said this made them feel listened to and part of the whole process.
- Patients spoke of how approachable and reassuring the nursing staff had been during their treatment.
- Staff were seen to go through the provided patient information leaflet with a patient to answer any questions they may have.
- Patients were asked how they would like to receive test results. Most opted for text because it was the most convenient.

Emotional support

- There was a policy and procedure on chaperoning in place, which was available to staff and patients on the trust website. Information on the chaperone service was displayed in waiting areas. Healthcare assistants (HCAs) took on the allocated role of chaperone duties and guidance for this role was available on the intranet.
- The chlamydia screening programme had a system in place that when a positive result was identified, a text message was sent which requested the patient to telephone the office where a clinician was available to discuss the course of options and provide emotional support. If the patient failed to contact the service a clinician would continue to contact the patient.
- We observed patients often attended clinics with friends or relatives. Staff respected patient wishes to have their friends with them in consulting rooms for support.
- Staff requested support and advice from adolescent mental health services when required for emotional support for patients.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary

We rated sexual health services as good for responsive because:

- The service had addressed the issues that had caused us to rate responsive as requires improvement following the September 2015 inspection.
- Staff received training on equality and diversity. The trust had an equality and diversity policy which staff could access via the trust intranet.
- An interpreter system and face to face interpreters were available if required.
- We observed flexible clinic closing times and clinics running in response to identified needs of the community.
- Patients were able to access services locally to them, and waiting times were within recommended standards.

However:

- Clinic lists filled quickly, which reduced availability for emergency treatments such as coil or implant problems, and emergency oral contraception.
- The Millstream House single phone line was often problematic for service users who said there were frequent answering delays, as well as a number of abandoned calls. This was on the risk register and work was ongoing to improve the booking system.

Planning and delivering services which meet people's needs

- A single booking line enabled patients to be provided with information about walk-in clinics or appointments, based on their requirements and location. Clinics were held across Somerset in order to provide patients with services close to the area in which they lived. The booking line had been identified by service users as an issue because there were delays in answering and a number of calls were abandoned. In a recent audit this issue had been identified and further investigation into a more suitable phone system was ongoing.
- A smartphone and tablet application had been created which provided patients with information on sex, contraception, pregnancy and relationships.

- The trust website gave patients information on timelines and expected waiting times for various procedures.
- Services included contraceptive, family planning services, and services for screening and treatment of sexually transmitted infections.
- Patients who required appointments, such as emergency contraception, were given an appointment the same day if this was possible.

Equality and diversity

- Staff were provided with equality and diversity training, and supported by an equality and diversity policy. Training compliance was at 98%.
- The trust provided an interpretation and translation service. The trust's policy informed staff how to access this and the languages available.
- Posters were displayed regarding specific support groups in other languages for patients attending clinics.

Meeting the needs of people in vulnerable circumstances

- Services for children and young people under the age of 18 were available in all of the clinics when required. Staff told us the walk in clinics on a Monday and Friday afternoon were popular with young people and children.
- Support offered to younger people and children who attended clinics took the form of a follow up telephone call to identify further support or guidance based on information provided at the clinic.
- People who had limited mobility were able enter the clinic and use the lift when at Millstream House. All the other service locations we visited had provision for those with limited mobility in the form of same level access and automatic doors and ramps.
- Support group information and help lines were displayed in clinic waiting rooms. These included: domestic abuse/healthy relationships, rape/sexual abuse help line, and female genital mutilation help and advice line.

Are services responsive to people's needs?

- Clinicians entered the waiting room and asked for their next patient by their first name only. Reception staff would inform the clinicians on the electronic booking form if two patients with a similar name or the same first name were in the waiting room.
- At risk and hard to reach groups, such as substance misuse patients and young people, were targeted through liaison with voluntary services and other bodies. They provided testing and information in community settings and encouraged engagement of these people with clinic services.
- SWISH delivered services such as the C-Card (a community condom distribution service) for people younger than 19 years of age.
- The telephone booking line was operated by one person who also provided reception duties to patients attending the clinic. At busy times this could be extended to a second call handler to manage telephone traffic.
- Staff and patients mentioned that at times they could wait for long periods of time for the telephone to be answered, or that it was seemingly engaged for a long period of time. We raised this as a concern while we were on inspection.
- Since our inspection the trust have confirmed this issue is on the risk register and forms part of the quality improvement plan. They told us the issues had arisen due to a delay introducing an online booking system. As a result of our feedback and the ongoing delay, the trust told us that from 1 April 2017 they will be extending the opening hours of the booking line by two hours a day.

Access to the right care at the right time

- The number of patients who could be seen during a walk in clinic varied and depended on the number and skill mix of staff working in the clinic.
- We noted some patients were waiting for up to seven weeks for appointments at the Glastonbury clinic. Staff believed this was due in some part to the reduction in clinic availability at this location. When we spoke with management about this, we were told it was due to the building owner of the shared premises not having the space or time slots available for the SWISH service.
- The Faculty for Sexual and Reproductive Health standards state the maximum waiting times for patients who attend walk in clinics should be two hours. The standards also say appointments should be provided within two working days for non-specialist and non-urgent consultations. Patients we spoke with said they had never had to wait from more than 45 mins in several clinics we visited.
- Patients did not wait longer than two hours and most were seen within 30 minutes at walk in clinics. The electronic booking system allowed for instant auditing of waiting times. On arrival at the clinic patients were requested to identify themselves and to book onto the system. The record then indicated the time they were called to their consultation and when the session ended.
- Current waiting times were not displayed for individual clinics. However, reception staff advised patients at the time of booking.

- Outlying clinics offered a walk in service to accommodate the local population.
- The service took part in the national chlamydia screen programme but was not meeting the national targets set for obtaining positive results. An action plan was in place which focused on recruiting an additional screening nurse to support the young people team, targeting all GP's, pharmacies and other clinic venues and targeted work in poor uptake areas and hard to reach communities.

Learning from complaints and concerns

- We found leaflets which informed patients of the trust complaint procedure in the clinic waiting rooms. However, in the college where a clinic was provided we could see no such information. This meant young people attending these clinics may not have been aware of the process to raise a complaint or concern.
- Prior to the inspection the trust provided us with information which stated there had been no formal complaints made regarding the service within the previous 12 months. This was confirmed by the manager during the inspection. Any small issues that did emerge were responded to personally by the manager, logged and monitored.
- Staff understood how to support people who wished to make complaints. All staff described the desire to provide patients with the best experience they could.

Are services responsive to people's needs?

Staff gave out feedback forms to patients to comment on the service. Staff told us they would attempt to resolve complaints locally, but would refer to a manager for further support and advice.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary

We rated sexual health services as good for well led because:

- The service had addressed the issues that had caused us to rate well led as requires improvement following the September 2015 inspection.
- The service had a clear vision and strategy, and staff were aware of these.
- Risks within this integrated service were well monitored and risks that arose were dealt with appropriately and in a timely manner.
- The trust had both short and long term plans for year two of SWISH, which looked at developing staff and reaching deeper into the region.

Service vision and strategy

- The trust had integrated the sexual health service into 'SWISH' (Somerset Wide Integrated Sexual Health). At the time of inspection the service was coming to the end of its first full year since the service integrated. Plans had been developed to complete the first full annual audit of the service and to manage benchmarked targets as part of a review for the second year of development.
- The trust vision and strategy was visible at all locations we visited. Staff knew about the trust vision and values and all staff we spoke with could tell us about them.
- SWISH and the trust had set both long and short term plans for year two of the sexual health service. These included how it can better reach deeper into the hard to reach areas of the county, further develop staff and increasing awareness of the service through digital engagement of young people.

Governance, risk management and quality measurement

- The service maintained a local risk register which was reviewed monthly by the local management team. The divisional and trust risk manager had access to the risk register and they had responsibility for raising issues to the corporate risk register and ultimately to the board of the trust.

- Managers attended trust governance meetings every six to eight weeks and held SWISH governance group meetings attended by clinical leads, managers and specialists. Copies of the meeting minutes demonstrated details of an audit plan, risks for the service and safeguarding. Staff we spoke with knew of governance arrangements but had minimal involvement.
- Key performance indicators were well monitored and where areas of weak performance were found an action plan was created to improve results, such as increased audit schedules.
- Systems and processes were in place to monitor demand and project future service demands. A year two comprehensive action plan was due for release soon.

Leadership of this service

- The trust had a Chief Executive who had been in post for the last twelve months. Staff we spoke with said he was a visible member of the management team who was keen to listen to staff.
- The trust management team communicated with staff via monthly newsletter, which was sent out by email. We saw evidence of this and staff were aware of the newsletter.
- We spoke with senior staff, such as divisional leads and senior managers who understood the challenges presented in the region to deliver the service, but were also aware of the opportunities Somerset had.
- Managers felt supported by the executive team and their own management team.
- Clinical staff spoke positively about the visibility of managers within the service area. Some staff told us following the integration they were clear who their managers were.
- Staff spoke of raising concerns and changes happening as a result. An example of this was the allocation of extended appointment times.

Are services well-led?

Culture within this service

- Staff we spoke with told us they were happy to work within the integrated service and felt it provided a positive service for patients and the region.
- All staff were committed to providing a great service for patients, despite the initial challenges of the integrated service model.
- Staff spoke enthusiastically about their team and colleagues. Although there had been some apprehension in the initial stages of becoming SWISH, these had been resolved. Staff told us they worked together well to the benefit of the patients.
- Staff were enabled to raise and report concerns and felt listened to by their managers and senior staff.
- The teamwork across all areas of the service was good. All staff worked together and helped each other. We saw staff working across the region on different days in different clinics so all staff knew each other and built good working relationships.

Public engagement

- The trust sought feedback from patients using the compliments, comments, concerns and complaints form. We saw these displayed in the waiting areas. Feedback from patients at Millstream House included the mixed sex waiting room. As a result, staff tried to separate by gender in a sideroom when numbers were low. However, due to constraints within the building, at busy times all patients did have to wait together.
- The service used health promotion events to raise public awareness of SWISH and sexual health around the region
- Plans were ongoing for a dedicated bus to get to hard to reach communities and deliver the service further.

Staff engagement

- Staff spoke of the visibility of management and that they felt involved with the future of the service.
- Patient feedback from friends and family was communicated to staff via email and hand written cards.
- We saw evidence from minutes of a locality meeting in which staff discussed subjects such as mandatory and essential learning, sample labelling, results management and daily handovers
- Managers told us how proud they were of the staff and the way they had developed their roles.
- Due to the large area covered by the SWISH clinics staff sometimes found it hard to see their manager or other colleagues but managers maintained contact via email and phone calls in busy periods of remote working.

Innovation, improvement and sustainability

- The trust had developed an App for use with smart phones and tablets, which provided patients with information on sex, contraception, pregnancy and relationships. It included sections on local services, regular and emergency contraception and also had the ability to find a clinic or issue point for free condoms using GPS technology, linked to a popular web-based map programme which provided turn-by-turn directions.
- The service's website had been developed and an "ask SWISH" section introduced. This allowed people to directly message the service with questions or concerns.
- The trust had appointed a specialist sexual health nurse lead to support young people's work in sexual health with a focus on child sexual exploitation.