

Metro Centre Ltd

METRO Woolwich

Inspection report

1st Floor - Equitable House
7 General Gordon Square
London
SE18 6FH
Tel: 02083055000
www.metrocharity.org.uk

Date of inspection visit: 11 January 2023
Date of publication: 13/03/2023

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

We rated it as good because:

- We rated the service as good for all key questions.
- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- 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, families and carers.
- All four service users we spoke to were very positive about the Pitstop Clinic and the staff that worked there. Patients expressed gratitude that this type of service was available in their local area.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. However, it did not collect information regarding any physical or mental health conditions that may impact a member of staff's ability to carry on, manage or work for the purposes of, the regulated activity. During the inspection period, the provider shared a form with us that they planned to use to collect this information in the future.
- The service did not have a system in place to ensure it collected feedback from people using the service on an ongoing basis. At the time of the inspection, the service had only collected limited feedback from patients attending the Pitstop Clinic.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health (sexual health services)	Good 	

Summary of findings

Contents

Summary of this inspection

Background to METRO Woolwich

Page

5

Information about METRO Woolwich

5

Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

Summary of this inspection

Background to METRO Woolwich

METRO Woolwich is provided by METRO Centre Ltd.

METRO is an equality and diversity charity. It provides health, community and youth services across London and the South East and participates in national and international projects. The charity aims to promote health, wellbeing and equality through youth services, mental health and wellbeing services, sexual and reproductive health and HIV services. METRO works with anyone experiencing issues related to gender, sexuality, diversity or identity.

The regulated activity that METRO provides is diagnostic and screening procedures. At the time of inspection, the service was not providing the regulated activity treatment of disease, disorder and injury.

The Pitstop clinic is a free HIV and sexual health screening clinic for gay men, bi-sexual men and trans people. The clinic offers HIV, hepatitis B, syphilis, gonorrhoea and chlamydia testing. The clinic served men. As the clinic was open access, it was possible that patients under the age of sexual consent could present at the clinic. In the period from 1 January 2022 to 1 January 2023, there were no patients seen under the age of 18.

METRO Woolwich has been registered with the CQC for the regulated activities of diagnostic and screening procedures and treatment of disease, disorder and injury since 16 January 2019. The service has a CQC registered manager. It provides services via its 'Pitstop Clinic'.

The Pitstop Clinic operates a drop-in service on Wednesdays between 17:00 and 19:00 at Equitable House Woolwich. There were approximately 20 service users attending the clinic in the reporting period of October 2022 to December 2022.

The clinic is staffed by a sessional sexual health and HIV nurse in addition to a clinic lead and two support staff. The clinic also has an online portal where patients obtain test kits and obtain information and support.

The service has not previously been rated by the CQC.

What people who use the service say

We spoke to four people as part of the inspection. Patients told us that the atmosphere is relaxed and welcoming. They also told us that staff are never judgemental and are happy to listen to any concerns. Patients described staff as knowledgeable and gave examples where they were signposted to other services. Everyone that we spoke to told us that they found the timings of the clinic helpful as they were outside of normal work hours.

How we carried out this inspection

The inspection was led by a CQC inspector with another inspector and a specialist advisor with sexual health experience.

During the inspection visit to the service, the inspection team:

Summary of this inspection

- checked the safety, maintenance and cleanliness of the premises
- spoke with six members of staff
- reviewed seven patient care and treatment records
- spoke to four patients
- reviewed two employment records
- reviewed information and documents relating to the operation and management of the service

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

These questions therefore formed the framework for the areas we looked at during the inspection.

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 trust **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 SHOULD take to improve:

- The provider should ensure it collects information regarding any physical or mental health conditions that may impact a member of staff's ability to carry on, manage or work for the purposes of, the regulated activity.
- The provider should seek formal feedback from patients using the clinic more frequently to inform service development.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health (sexual health services)	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Community health (sexual health services)

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

Are Community health (sexual health services) safe?

Good 

This service had not been rated before. We rated it as good.

Mandatory Training

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

Staff confirmed they had undertaken mandatory training and that they were up to date with this. At the time of the inspection, all staff were 100% compliant. Training modules included safeguarding adults, safeguarding children, information governance and fire safety. Staff also attended training that was specific to their position. For example, staff received training in chemsex (sexual activity whilst under the influence of drugs), local county lines (the transportation of illegal drugs), high risk behaviours, sexual assault, and harmful sexual behaviours with young people. The sexual health nurse that led the weekly sexual health clinics received all their training from their NHS employer. The registered manager had up-to-date information on their training compliance to ensure they were suitably qualified.

Managers checked compliance with mandatory training during staff supervision and annual appraisal. The registered manager maintained a training record that identified the training staff had attended and the date it was completed.

Safeguarding

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

There was a separate safeguarding policy for adults and children and young people. Both the policies had been reviewed in January 2022. The safeguarding policy was available to staff via the intranet. The safeguarding policy included a flow-chart which staff could follow when they suspected abuse.

There was a nominated safeguarding lead for the charity as a whole and a deputy safeguarding lead to whom staff and volunteers could escalate concerns and seek advice. Non-clinical staff told us they would approach the safeguarding lead if they had any concerns.

Community health (sexual health services)

Staff received training in safeguarding adults and children. At the time of inspection, clinical staff demonstrated 100% compliance with safeguarding adults and children and young people level 3. All non-clinical staff were trained in level 2 safeguarding for adults and children and young people. All staff we spoke to demonstrated effective understanding of their responsibilities in relation to safeguarding and were confident in making safeguarding referrals.

The sexual health nurse who ran the clinics received regular safeguarding supervision. The most recent safeguarding supervision session they attended was in November 2022. Safeguarding supervision was also available once a week for staff employed by the provider.

Staff worked closely and, where appropriate, shared information, with the local authority. For example, the sexual health nurse was part of the local borough's domestic violence steering panel and would refer patients to the domestic violence forum if they had concerns. In most cases safeguarding referrals would be made with the patient's consent.

Staff told us that if a patient indicated that they had not consented to sex, or appeared to lack understanding of consent, relevant safeguarding procedures would be followed and with the patient's consent referrals would be made to the police and relevant local safeguarding authorities.

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. Staff kept equipment and their work area visibly clean.

The sharp disposal bin in the treatment room was appropriately labelled and signed and not overfull.

The provider had a policy on infection prevention and control (IPC) which staff read as part of their induction.

Staff we spoke with were knowledgeable about IPC procedures, including what to do in the event of a spillage and how to dispose of clinical waste.

The clinic room had a cleaning schedule. We saw these had been signed by staff once the cleaning and checks had been carried out.

There were adequate handwashing facilities and hand sanitiser available in the clinic room.

Staff followed infection control principles including the use of personal protective equipment (PPE).

Environment and equipment

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

Equipment was maintained safely. Electrical appliances and sockets underwent portable appliance testing annually and were labelled accordingly.

The fridge in the clinic room was used to store adrenaline. Adrenaline is used to treat several conditions, including allergic reaction anaphylaxis. The temperature of the fridge was recorded daily.

Community health (sexual health services)

Fire alarms for the building were tested regularly and regular fire risk assessments were undertaken. Fire extinguishers were located throughout the floor and were in date.

Environmental risk assessments were regularly carried out. The most recent assessment was in January 2023. As part of this risk assessment, workplace cleanliness and electrical safety was assessed. First aid kits were reviewed as part of the assessment and several items were found to be out of date. The out of date items were immediately removed by the office manager and replacements were ordered. In response, managers implemented a new schedule to ensure that the first aid kits were checked regularly.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

The service had comprehensive and effective risk management arrangements in place.

As part of the inspection we reviewed seven patient care and treatment records. All the records we looked at contained risk information, such as number of sexual partners, drug and alcohol use and vaccination status. The questions patients were prompted to answer included questions about their health history. The service did not provide treatment to patients. Patients would be contacted by the clinic and referred to other services if a positive result was returned. Referrals would only be made with the patient's permission.

Staff were aware of the risk associated with operating a clinic outside working hours. A minimum of three staff would be present when the clinic was in operation. The entrance to the building was locked. A member of staff was present at the entrance to the building. Staff would use a walkie-talkie to communicate with staff upstairs in the clinic. The member of staff near the entrance would notify when they were escorting a patient up to the clinic. Staff reported feeling safe during the clinics.

The provider would contact partners of patients who tested positive for sexually transmitted infections only with the patient's permission. This was done anonymously via text message which notified the person and advising them to go for testing, providing links to support services whilst maintaining patient confidentiality. This system helped prevent further transmission of sexual health disease and enabled partners to access treatment.

In the event of a medical emergency, staff would dial 999 for an ambulance to take the patient to accident and emergency.

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. Managers regularly reviewed and adjusted staffing levels and skill mix.

There were three members of substantive staff employed to support the work of clinic. In addition, there was a sessional sexual health nurse who saw patients at the clinic between 5pm and 7pm on a Wednesday. This member of staff was employed by a local NHS trust. If the sessional sexual health nurse was unavailable, then the clinic would not operate. If the clinic was not in operation, patients would be signposted to the online testing service if they were not symptomatic. If patients were symptomatic, they would be signposted to other services.

Community health (sexual health services)

The clinic employed a medical consultant. The consultant did not have direct clinical involvement with patients but provided clinical advice and support. The consultant worked in sexual health services within a local NHS trust. Staff told us that the consultant was approachable and was easy to contact via telephone or email.

The sexual health nurse had access to electronic records and the intranet. Where handover information was required between clinic sessions, this could be communicated via email.

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.

As part of the inspection we reviewed seven patient care and treatment records. Staff used an electronic recording system. Patient notes were comprehensive, and all staff could access them easily.

The clinic had a nominated Caldicott guardian. A Caldicott guardian is responsible for overseeing all procedures affecting access to person-identifiable health data. This created a greater security of records and meant that staff could consult the Caldicott guardian regarding information governance.

When patients transferred to a new team, there were no delays in staff accessing their records. Test results would be shared with NHS treatment services via secure email. At the time of the inspection staff were in discussions about how to gain access to the NHS recording system. This would allow information to be shared more easily and treatment appointments could be booked for NHS services.

Medicines

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

The only medicines stored on site was emergency adrenaline. The adrenaline was stored correctly.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

All staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy.

If an incident occurred staff completed an entry on the clinical incident report spreadsheet. This spreadsheet included a full description of the incident, the immediate action taken and lessons learnt following the incident.

Staff understood the duty of candour. They were open and transparent and gave patients a full explanation if and when things went wrong. For example, an apology was given when a patient felt they were not fully informed about what a type of result meant.

Community health (sexual health services)

Staff met to discuss the feedback and look at improvements to patient care. Serious incidents were discussed during the bi-monthly clinical management meeting. These meetings were minuted so that staff that were unable to attend could receive important updates. The two non-clinical staff and clinic lead met weekly. Feedback would also be discussed at this meeting.

There was evidence that changes had been made as a result of feedback. The service took part in a direct monitoring approach call with CQC in October 2022. Following this call areas for improvement were identified. For example, the service did not assure themselves through documentation that the consultant and nurse had received supervision, training and appraisal. All the necessary documentation had been received and put in place by the time of the inspection. The registered manager had also set up a schedule, so the information held was regularly refreshed.

Due to the nature of the service, serious incidents were rare. Managers told us if there was a serious incident then staff would debriefed and supported after any serious incident.

Are Community health (sexual health services) effective?

Good 

Evidence-based care and treatment

The service provided care based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.

The service provided a wide range of testing for sexually transmitted infections (STI). The service did not provide treatment for sexually transmitted infections.

Prior to the Covid-19 pandemic, the service had been operating primarily as a walk-in clinic twice a week. As in-person clinics were stopped during the pandemic, the service had a large increase in sending out test-at-home STI kits. The clinic was reintroduced in August 2022.

The service had previously run promotions to try and increase the number of patients ordering test at home STI kits. Patients would be entered into a prize draw if they completed a test kit within a timeframe.

All clinical staff had training, clinical supervision and appraisal to ensure that they were confident and had the right skill set to test and advise patients with sexual health issues.

The service was able to recognise and respond to different sexual health needs such as those related to gender, sexual orientation, ethnicity and age.

Patient outcomes

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

Community health (sexual health services)

At the time of the inspection, the provider was not providing any treatment. Test samples taken within the clinic and at patients' homes would be sent to an independent pathology laboratory. Staff told us that there were no significant delays with getting test results and the current arrangement was working well. We were told that occasionally there would be issues with results not being received. The clinic lead had contact details for the pathology service which received and assessed the samples. Staff would meet with the pathology service if there were any issues.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers used information from the audits to improve care and treatment. For example, patient records were audited to monitor if a referral had been made and that contact had been attempted a minimum of 3 times with a patient that was difficult to engage with. These audits had been recently introduced following the re-introduction of the clinic. These audits were also being rolled out to patients who accessed testing via test-at-home kits.

Managers shared and made sure staff understood information from the audits. Results and learning from audits was shared during team meetings.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Most staff that we had spoken to had been working with the provider for many years and were highly experienced in sexual health.

Managers gave all new staff a full induction tailored to their role before they started work. The induction included mandatory and role-specific training, and competencies in key areas. The induction also provided protected time for staff to read the appropriate policies and procedures. Staff told us that the induction was detailed and informative.

All staff had annual appraisals which was a two-way process to plan future training and development needs. Nurse revalidation was carried out by the main employer of the sexual health nurse. The provider had suitable assurance that nurse revalidation was in place. This ensured that the nurse was up to date, fit to practice and able to provide a safe level of care. Managers also had sufficient oversight that nursing staff had regular, constructive clinical supervision of their work.

The clinical educators supported the learning and development needs of staff. Training would be offered by the clinical lead or sexual health nurse.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff told us that they would discuss training needs during regular supervision.

Managers identified poor staff performance promptly and supported staff to improve.

Multidisciplinary working

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

Community health (sexual health services)

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Clinical management meetings had recently been re-introduced following the re-opening of the clinic. The most recent clinical management meeting was in December 2022. The meeting was attended by the clinical lead, the clinic lead, the registered manager and the sexual health nurse.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff employed by the service in a sessional capacity also worked within other sexual health services in the borough, this helped integrate with other agencies.

Staff referred patients for mental health support when they showed signs of mental ill health. The service could also refer patients to counselling sessions within the charity.

The clinic lead regularly attended a panel with the police where important information was shared.

Health promotion

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

The service had relevant information promoting healthy lifestyles. For example, there was information on the METRO website about smoking cessation.

Staff assessed each patient's health and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff obtained verbal consent prior to carrying out testing, or onward referral to an external agency.

The provider sought consent from all patients through the online request to agree to the terms and conditions of the service.

Staff were provided with a policy and procedure regarding consent, including the Fraser Guidelines and Gillick competence. Fraser guidelines refer to a legal case which found that doctors and nurses can give contraceptive advice or treatment to under 16 year olds without parental consent. The Gillick competence is used in medical law to establish whether a child (16 years or younger) can consent to their own medical treatment without the need for parental permission or knowledge. Staff told us it had been many years since a patient under the age of 16 had attended the clinic.

Staff were aware of and had made referrals to external advocacy services. They used these for patients who attended clinic with limited capacity to make decisions and did not have friends or relatives to support them.

Are Community health (sexual health services) caring?

Community health (sexual health services)

Good 

This service had not been rated before. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Staff treated patients with kindness, respect and compassion. We spoke with 4 people who attended the drop-in clinic. All 4 patients told us that they had been treated with respect, dignity, with professionalism and encouraged to ask any questions. All patients told us the service was convenient, as the drop-in clinic was outside 9-5 working hours.

The service respected patients' privacy and dignity. Staff recognised the importance of people's dignity and respect. Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs. Consultation and clinical rooms offered privacy and afforded dignity to patients.

Staff followed policy to keep patient care and treatment confidential. There was a radio in the waiting area. The sound of the radio meant conversations taking place between staff and patients could not be easily overheard.

Staff told us the service had an open culture and that they would feel able to raise concerns about disrespectful, discriminatory or abusive behaviour and attitudes.

Emotional support

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

Patients were given appropriate and timely support and information to cope emotionally with their care, treatment or condition. They were also advised how to find other support services.

Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. The service gave patients timely support and information such as information leaflets and details of other organisations that could provide additional support. The wider METRO charity offered counselling services. Clinic staff and volunteers could refer patients to the counselling services. In addition, staff told us that they would refer patients to drug or alcohol counselling services where appropriate.

Understanding and involvement of patients and those close to them

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

Community health (sexual health services)

Staff and volunteers told us that through extensive experience of working in the clinic and personal experience, they were able to recognise patients who required additional emotional support when accessing the service.

Staff communicated with people in a way that they could understand.

Due to the nature of the service family involvement was less common. Staff told us that they would allow partners to be seen together when appropriate.

Are Community health (sexual health services) responsive?

Good 

This service had not been rated before. We rated it as good.

Planning and delivering services which meet people's needs.

Services were tailored to meet the needs of individual people and were delivered in a way that ensured flexibility, choice and continuity of care.

There were free condoms available to patients to take away in the waiting area.

Staff told us that they had service users that had attended the Pitstop Clinic for many years.

The service was commissioned to provide sexual health testing for non-symptomatic patients above the age of 16. Staff told us that they tended not to see patients under the age of 18.

Meeting the needs of people in vulnerable circumstances

There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs. This included people with protected characteristics under the Equality Act and people who were in vulnerable circumstances or who had complex needs.

Senior staff told us that equality was at the centre of the charity's vision, having been founded as a campaign for gay rights. Staff we spoke with had a clear understanding of equality and diversity.

Staff told us that they knew how to access the telephone interpretation service and had experience in doing so. The clinic lead also told us that they used to have volunteers that could speak other languages. The clinic lead was keen to recruit more volunteers.

Staff had identified that the disabled access bathroom was regularly used by patients when carrying out their tests. Staff placed information on the back of the toilet door that patients could read whilst carrying out the tests. For example, alerts were displayed about local areas where violence and hate crime against homosexual men had been reported. Health alerts had also been displayed, for example, information regarding Mpox.

Community health (sexual health services)

The METRO website provided advice on homophobic, biphobic and transphobic bullying and the support services patients could contact if experiencing any of these. There was also information on support for patients transitioning gender. There was information on a person's sexuality and helplines patients could contact if they needed advice.

Access to the right care at the right time

People could access the service when they needed it and received the right care in a timely way.

The clinic operated a drop-in system for appointments between advertised hours. This allowed patients to walk into the clinic at a time most convenient to them. There were no fixed appointments. Patients that we spoke with told us that they found this convenient.

Test samples were collected every Thursday morning to ensure there were no delays to results.

Services were provided for people who were asymptomatic. If a person attended and had symptoms, staff referred them to other local sexual health services. For example, we reviewed a record of an individual who attended the clinic who was symptomatic. They met the sexual health nurse who referred them to a local NHS service and were seen the following day.

The service had increased its online offer during the Covid-19 pandemic. Various social media sites were used to promote the service. Videos had been developed to support testing and sample giving for online testing.

There were no significant delays to online tests being sent out; the testing kit delivery was managed by another provider.

A new process had recently been introduced to ensure that patients attended the treatment services they had referred to. Staff would contact patients two weeks after the referral to check that they had successfully commenced treatment.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

There was an organisation-wide complaints policy. This had been reviewed in line with specified review dates. The policy stated that all complaints should be responded to within seven days in the first instance and dealt with by a local manager. Serious complaints could be escalated to the chief executive for an initial response within 10 days. Where the complainant was not satisfied with the response to that complaint, it would be escalated to the board of trustees.

Leaflets on how to complain were available in the waiting room. Patients were also able to raise a complaint through the provider's website.

The policy made it clear that the service viewed complaints as an opportunity for learning and improvement within the service. Learning was shared at meetings and through emails between senior leadership and staff. There had been no complaints in relation to the Pitstop Clinic in the reporting period, from January 2022 to January 2023.

Community health (sexual health services)

Are Community health (sexual health services) well-led?

Good 

This service had not been rated before. We rated it as good.

Leadership

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

The service had a board of trustees and the registered manager was the CEO. At the time of inspection, the strategic plan was being reviewed and was going out for consultation.

The registered manager was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the provider had adapted its practice during the Covid-19 pandemic.

The registered manager was visible and approachable. They worked closely with staff and others. All staff that we spoke to felt that the managers were approachable and personable.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

There was a clear vision and set of values. The service had four core values: integrity, insight, innovation and investment. Staff that we spoke to were aware of these values and explained how they applied to their roles.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

There was a positive culture throughout the service. All staff and volunteers we spoke with described a supportive and friendly working environment. All staff we spoke to were passionate about the work they were carrying out.

Staff and volunteers spoke of excellent teamwork and a supportive leadership, both within the clinic and within the charity as a whole.

Staff felt able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Community health (sexual health services)

There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff employed by the service received regular annual appraisals in the last year.

The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. The provider had an equalities and dignity at work policy in place. The policy highlighted the service's aim to ensure that it was available to all sections of the community. The policy was in place also to ensure that METRO Charity did not discriminate directly or indirectly.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

We reviewed a wide range of policies and procedures including infection control, safeguarding and information governance. All policies were regularly reviewed and up to date. They were disseminated to staff through staff meetings, supervision, training and by email.

The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. However, it did not collect information regarding any physical or mental health conditions that may impact a member of staff's ability to carry on, manage or work for the purposes of, the regulated activity. During the inspection period, the provider shared a form with us that they planned to use to collect this information in the future.

Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

Staff understood the arrangements for working with other teams, both within the provider and external, to meet the needs of the patients.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

There was a central risk register for the charity. It identified risks across METRO's activities across the country. At the time of the inspection, there were no risks identified in relation to the clinic. Staff we spoke with were aware of the risk register and how to escalate risks for consideration for inclusion on the register. In addition, there was a flow chart available to staff on the intranet detailing the process.

Community health (sexual health services)

A clinical incident log had recently been created for staff to use. Staff would log incidents on the spreadsheet. These incidents would then be discussed at the clinical governance meeting. Between August 2022 and January 2023, five incidents had been raised in relation to the sexual health service. The reviews of these had identified learning in 4 out of 5 incidents. These lessons were disseminated to staff through team meetings.

Information Management

The service collected reliable data and analysed it. Staff 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 a range of policies and procedures related to data management, which were accessible to all staff on the shared drive.

The service regularly submitted data to commissioners. For example, the service reported the number of patients seen in the Pitstop Clinic, the borough in which they were living and their ethnicity. Staff told us that, since the clinic had moved, they were now seeing a much higher percentage of patients from Greenwich. The latest report provided to local commissioners showed that 93% of patients were from Greenwich.

The provider employed a sexual health data officer who was able to provide support to staff to collect and analyse the data.

The service submitted data or notifications to external organisations as required. At the time of inspection, there had been no notifiable incidents in the previous 12 months.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Staff and volunteers were encouraged to engage with METRO's charitable campaigns and fundraising, and several staff we spoke to told us that they had done so.

Regular patient forums were held by the provider. These forums provided a space for feedback, discussion and a social space for patients, staff and volunteers to meet across the METRO charity. Twenty-two staff, patients and volunteers attended the patient forum in October 2022.

At the time of the inspection feedback from patients using the clinic was limited. Staff told us that gathering feedback could be difficult due to the nature of the service. The registered manager told us they were currently reviewing how to send out requests for feedback alongside the test results. They hoped this would improve the volume of feedback received.

Learning, continuous improvement and innovation

Community health (sexual health services)

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

The service had quickly adapted during the Covid-19 pandemic. The service became a remote service where tests were sent to patients' homes. Staff were proud of this quick transition. Staff were also happy to have restarted the in-person clinic work as they had identified home kits didn't suit the whole patient group.

There were systems to support improvement and innovation work. The clinical governance meeting followed a set agenda. As part of this agenda service development was routinely discussed.

The contract to provide testing was up for tender again in late 2023. Senior leaders were waiting for that date before adapting and possibly expanding what the Pitstop Clinic offered.