

Plymouth Community Healthcare CIC

1-271962340

Community health (sexual health services)

Quality Report

Local Care Centre
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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)
1-297634914	Cumberland Centre	Sexual Health Service	PL1 4JZ

This report describes our judgement of the quality of care provided within this core service by Plymouth Community Healthcare CIC, also known as Livewell Southwest. 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 Plymouth Community Healthcare CIC and these are brought together to inform our overall judgement of Plymouth Community Healthcare CIC

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 found the service provided by the community sexual health service to be good because:

- Risk was managed and incidents were reported and acted upon with feedback and learning provided to staff. Staff adhered to infection prevention and control policies and protocols.
- Treatment and care were effective and delivered in accordance with best practice and recognised national guidelines. There was excellent multidisciplinary team working within the service and with other agencies.
- Patients were at the centre of the service and the priority for staff. Innovation, high performance and the high quality of care were encouraged and acknowledged. Patients were respected and valued as individuals. Feedback from those who used the service had been exceptionally positive. Staff went above and beyond their usual duties to ensure patients received compassionate care.
- Care and treatment was delivered in a compassionate, responsive and caring manner. Patients spoke highly of the approach and commitment of the staff who provided the service.
- Patients received excellent care from dedicated, caring and well trained staff who were skilled in working and communicating with patients.
- Staff understood the individual needs of patients and designed and delivered services to meet them.

- There were clear lines of local management in place and structures for managing governance and measuring quality. The leadership and culture of the service drove improvement and the delivery of high-quality individual care.
- All staff were committed to patients and to their colleagues. There were high levels of staff satisfaction with staff saying they were proud of the unit as a place to work. They spoke highly of the culture and levels of engagement from managers.
- There was a good track record of lessons learnt and improvements when things went wrong. This was supported by staff working in an open and honest culture with a desire to get things right.

However:

- Clinical supervision was not being provided on a regular three-monthly basis in line with the organisation's policy.
- Administration staff did not have any written advice about how to manage clinical telephone queries during periods when a clinician was not on site to deal with the caller.
- There was no formal system in place to follow up patients and those considered to be particularly at risk if they missed their appointments.

Summary of findings

Background to the service

Plymouth Community Healthcare CIC provides community contraception and sexual health services in Plymouth. It is known by its trading name of Livewell Southwest.

The services provided include:

- Emergency contraception
- Full range of contraceptive methods
- Sexual health advice
- Chlamydia screening
- Smear tests
- Pregnancy tests
- Pre-conceptual counselling
- Help with unplanned pregnancies
- Free condoms
- Referral to other services, i.e. Pregnancy Advisory Service.

It is a free service and sees both male and female clients of all ages. Services are mainly delivered at the Cumberland Centre with some clinics dedicated for people under the age of 25 being held at the 4U drop-in service at The Zone.

Day and evening appointments are available at the Cumberland Centre; however, appointments are not needed for drop-in clinics at The Zone. There is also a genitourinary medicine (GUM) clinic held at the Cumberland Centre one afternoon a week.

During the inspection we visited the Cumberland Centre and The Zone. We spoke with 12 members of staff including nurses, doctors, health care assistants and administration and reception staff and observed clinic sessions. We spoke with six patients and looked at care and treatment records.

Our inspection team

Our inspection team was led by:

Chair: Andy Brogan, Executive Director of Mental Health, Deputy Chief Executive and Executive Nurse, South Essex Partnership University NHS Foundation Trust

Head of Hospital Inspections: Pauline Carpenter, Care Quality Commission

Team Leader: Nigel Timmins, Care Quality Commission

The team included two CQC inspectors and a consultant in Genitourinary Medicine and HIV (Sexual Health)

Why we carried out this inspection

We inspected the sexual health service as part of our comprehensive community health services inspection programme.

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, 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 between 21 and 24 June 2016. During the visit we talked to a range of staff who worked within the

Summary of findings

service, such as nurses, doctors, health care assistants and administrative, and reception staff. We talked with people who used the services and observed how they were being cared for. We reviewed care or treatment records of people who used services.

What people who use the provider say

We spoke with six patients who used the service during our visit. We also provided the clinics with comment cards for patients to complete prior to the inspection.

Most were complimentary about the care and professionalism of the staff that provided the services. We were told staff were respectful, caring and compassionate and were positive and supportive when dealing with stressful situations.

One patient told us “The service has been fantastic.” Another explained that “I was really worried but everyone’s been very kind and that helped a lot.” There was one negative comment about wanting to be seen by a different clinician which had been “dealt with very efficiently.”

Good practice

- Frontline staff were passionate about providing a high quality service for patients with a continual drive to improve the delivery of care.
- There was excellent local leadership of the sexual health service. The service manager was strong and committed to the patients who used the service and also to their staff.
- There was excellent development and management of administration processes.
- There was an outstanding example of responsiveness with the work of the service manager who had been instrumental in devising an educational pack in the form of an easy read guide for patients with learning disabilities.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

Action the provider **SHOULD** take:

- To have a formal system in place to follow up patients, particularly those considered to be at risk, when they did not attend a booked appointment.
- To have a written flow chart for administration staff to follow when managing telephone calls about clinical queries, particularly in the absence of a clinician to take the call. Advice should include details about the actions to take depending on the urgency of the symptoms, for example make a routine appointment; a clinician will call as soon as possible, or go to A & E.

Plymouth Community Healthcare CIC

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 have rated the safety of the sexual health service as good because:

- There were systems in place for recording and learning lessons from incidents. Staff knew how to report incidents using the electronic reporting system and were encouraged to report incidents. Staff received feedback following incidents and learning was shared with them.
- Staff we spoke with were knowledgeable about safeguarding processes and were clear about their responsibilities.
- Systems were in place for the safe storage and administration of medicines.
- Patient records had been completed appropriately and in line with each individual patient's needs.
- Staff adhered to infection prevention and control procedures and staff had completed the appropriate training. Equipment was correctly serviced and maintained.

- Mandatory training was monitored and most staff were up to date with their training.

Detailed Findings:

Incident reporting, learning and improvement

- Staff were open, transparent and honest about reporting incidents. There were systems to make sure incidents were reported and investigated appropriately. A policy set out the processes for reporting, investigating and managing incidents. The policy described the investigation process and the roles and responsibilities of staff involved in the process. All staff were responsible for making themselves aware of the contents of the policy and undertaking the parts of the process for which they were involved as and when required
- Staff were encouraged to report incidents and this was seen as a way to promote learning and improvement. All staff said they would have no hesitation in reporting incidents and were clear about how they would report them. All staff received training on incident reporting.

Are services safe?

- All incidents were reported using an electronic system. Once reported, incidents were reviewed by the service manager and where necessary investigated.
- Staff said they were provided with feedback on incidents they reported. Verbal feedback was available through one to one discussions with the service manager and followed up with a confirmation email. Learning was also discussed at team meetings. Staff told us about an example of an incident involving the removal of a deep implant where the patient had jumped off the couch. The incident had been investigated and reviewed at a team meeting.
- There was also a framework for the management of serious incidents in line with the expectations of the National Patient Safety Agency. An investigation panel reviewed reports and investigations in detail and produced a report summarising serious incidents, together with comments, recommendations, identifying any trends or learning and disseminating this across the organisation.
- There had been no serious incidents affecting patients in the sexual health service in the last 12 months. No never events were reported. A never event is a serious, wholly preventable patient safety incident that has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- The results and reports including lessons learnt from such investigations were discussed at the quality and governance committees, and analysed to assess trends and ensure appropriate actions were taken. We saw minutes of meetings where incidents had been discussed and changes in practice made as a result.

Duty of Candour

- All staff demonstrated an understanding of Duty of Candour responsibilities. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was introduced in November 2014. This Regulation requires organisations to be open and transparent with a patient when things go wrong in relation to their care and the patient suffers harm or could suffer harm which falls into defined thresholds. We saw information about the Duty of Candour was available through the incident reporting system and policy with an appendix

Safeguarding

- There were policies, systems and processes for safeguarding and protecting vulnerable people and children. The policy clearly described the roles and responsibilities for staff in reporting concerns about patients. The policies included explanations of the meaning of abuse and the responsibilities and duties of staff to report any suspicions for vulnerable people.
- Staff we spoke with were knowledgeable about the safeguarding policy and processes, and were clear about their responsibilities. They were able to explain their role in the recognition and prevention of abuse. They described what actions they would take should they have safeguarding concerns about a patient. Staff recognised how abuse could be physical, but also emotional or neglectful and could also include child sexual exploitation. Staff told us about a couple of examples where they had raised safeguarding concerns and the actions they had taken which involved liaison with other agencies.
- Staff were trained to the appropriate level relevant to their role and responsibilities. Records indicated that safeguarding training to level three was up-to-date for all clinical staff.
- Staff had attended an education session regarding female genital mutilation (FGM). This provided instruction for staff on when they were legally required to report any identified or suspected risk from FGM to women and children and how to make such reports.
- Staff were also provided with domestic abuse training to ensure they were able to recognise warning signs in order to safeguard patients.
- Information was also contained in the policy on the government's Prevent strategy, which is part of the government's overall counter-terrorism strategy aiming to reduce the threat to the UK from terrorism. Safeguarding concerns were monitored and reviewed by the safeguarding committee and a safeguarding report was presented to the organisation's board meeting on a quarterly basis. An integrated safeguarding committee met monthly and was chaired by a non-executive director with membership of staff from other

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organisations such as social care, mental health services, the executive team, locality managers and service managers. Learning was cascaded to staff at team meetings.

Medicines

- Staff had access to a medicines management policy which defined the policies and procedures to be followed for the management of medicines. This included obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines. Staff were knowledgeable about the policy and told us how medicines were ordered, recorded and stored.
- We looked at the medicines storage audits, storage security, medicines records, and supply and waste-disposal processes. All medicines were ordered from the local NHS hospital and were usually delivered the next day. On receipt of an order, a health care assistant who had been trained by the service manager was responsible for putting the stock in the cupboards, checking the dates on a monthly basis and for rotating the stock. During our inspection we found all medicines stored securely, and were only accessible to authorised staff. All cupboards were locked and the stocks were well organised and in date. Medicine stock and expiry dates were checked every Saturday by a health care assistant at The Zone. A key to the medicine cupboard was kept in a key holder that could only be opened with a password.
- There were no stocks of controlled drugs.
- Online prescription templates were available for use. We saw clear and detailed documentation including details of any allergies and IUD) batch number, expiry date, type and model.
- A robust system for monitoring the use of prescription pads was in place where 10 prescriptions were issued at a time to individual doctors. A record sheet was signed by the doctor and kept in the clinic room. The efficiency and effectiveness of the system had been praised by external auditors.
- There were patient group directives (PGDs) in place.
- An emergency contraception clinical policy was in place for the administration of the two emergency contraception medicines available: oral emergency hormonal contraception (EHC) and emergency intra-uterine device (IUD).
- The sexual health service antibiotics policy and procedure followed the British Association of Sexual Health and HIV (BASHH) guidelines and were regularly reviewed to ensure compliance with these national guidelines.
- The Medicines Governance Group provided governance arrangements for medicines management. This included providing a forum for clinician engagement in the formulation and implementation of medicine related policies, Patient Group Directive procedures, guidelines, development of adequate responses to safety alerts and ensuring these were implemented. Medicine management action plans were also reviewed and responses to medication related incident reports were monitored.
- An outreach service medication policy provided guidelines to staff working in locations away from the main clinics, such as patients' homes or drug / alcohol centres outreach on how medication should be prescribed, dispensed, stored, delivered, returned or destroyed and recorded.
- The British National Formulary March 2016 was used to provide clinicians with up to date information about the selection, prescribing and administration of use of medicines.

Environment and equipment

- Facilities and premises within the sexual health service were designed in a way that kept people safe. Systems were in place to ensure the safe use and maintenance of equipment.
- A medical devices and equipment management policy was in place to cover the whole life cycle of medical devices and equipment. It included procurement, inventory, training, use, decontamination, maintenance, storage, adverse incident reporting and disposal. An electrical safety policy contained details of the control & safe use of electrical equipment.
- Equipment was maintained according to manufacturer's instructions and tested for electrical

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safety. We saw up-to-date maintenance logs for all the equipment we looked at. Staff said there was a quick response when faults were reported. Staff liaised with the on-site support service staff to check if equipment could be repaired, or if a replacement was available elsewhere in the organisation. If not, new equipment was purchased.

- There were monthly environmental and equipment audits with consistently good results during the last year.
- Resuscitation equipment was available and accessible for use in the minor injuries unit (MIU) on the ground floor. Staff in the MIU were responsible for checking the equipment. An oxygen supply was available on the unit. This was checked every month and an annual check was carried out by the supplier.
- Consulting rooms were well-equipped and contained facilities appropriate to the specialty, for example gynaecological equipment. Staff told us they had access to the equipment they needed for the care and treatment of patients. Staff also told us they were trained in its use where necessary.
- Panic alarms were provided in the consulting rooms and staff were aware of the process on hearing the alarm.
- Drop-in sessions were held at The Zone, a multifunctional charity for young people. The premises were not managed by Plymouth Community Health although they had been assessed to ensure they were safe to use. There was a communal waiting room, two clinic rooms with couches and one room for consultations.

Quality of records

- A records policy outlined the processes that were followed for the management of health records.
- There was a bespoke electronic system which provided a record of care. The system was separate from the main patient administration system in accordance with the standards for comprehensive sexual health services. The system used was not accessible to staff members outside of the sexual health service, ensuring patient confidentiality.

- We looked at seven electronic records. Information was up-to-date, clear and concise with details of what was happening now, the long term goals, how they would be achieved and clear review dates.
- The system automatically recorded the time, date and person accessing the system. A full history was taken at the initial consultation and updated every time the patient visited. Staff were unable to move through the screen until this had been completed. All telephone conversations were logged on the system to ensure full records were maintained.
- There was an extra screen to complete for patients under the age of 16 and issues such as safeguarding concerns were flagged on the screen.
- Paper clinic outcome sheets and laboratory results were scanned onto the system and filed in the appropriate notes. Paper copies were then securely destroyed.
- Paper records were used by staff visiting patients at home and transferred onto the electronic system when staff returned to the unit. During occasional periods when the electronic system was not available paper records were used and information transcribed when the system was running. These paper records were also securely destroyed.

Cleanliness, infection control and hygiene

- The clinics were well-maintained, organised and visibly clean. We observed all staff washing their hands regularly and using anti-bacterial gel. Hand sanitisers were readily available and clearly visible. Personal protective equipment was available, such as aprons and gloves.
- We observed meticulous cleaning of equipment and environments between appointments and clinics. All staff, as required, were bare below the elbow when working in the unit.
- Disposable items of equipment were discarded appropriately, either in clinical waste bins or sharp instrument containers. Nursing staff said these were emptied regularly and none of the bins or containers we saw were unacceptably full.
- The design of the unit facilitated good infection prevention and control practices, and had the quality

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and design of finishes and fittings that enabled thorough access, cleaning, disinfection and maintenance to take place. Waiting area furniture was clean and in good condition and fully wipe able.

- We saw daily and weekly cleaning work schedules which recorded items such as cupboards, sinks, equipment, furniture, fittings and the frequency and those responsible for the task.
- The infection prevention and control team was responsible for delivering, managing and developing the organisation's infection prevention and control service. Audit results were kept for three years and relevant documentation including minutes of meetings was held in folders and files on the network drive.
- Staff were aware of the importance of good hand hygiene. Practical assessments, such as ultraviolet based hygiene training products were used regularly and staff were reminded of policies and procedures to maintain awareness. There were weekly checks and spot checks. Poor practice and behaviour was challenged. There was daily liaison with cleaning staff and issues were quickly targeted and resolved.
- Systems specific to the service were developed in conjunction with the infection prevention and control team and meetings were attended at the organisation's headquarters at Mount Gould Hospital every three months. Feedback from the meetings was delivered at team meetings.
- Staff were aware of and could easily access the organisation's infection prevention and control information and guidelines were displayed on a staff notice board. Details at the time of our visit included guidelines for cleaning of bodily fluid; infection prevention and control liaison practicalities, roles and responsibilities; handwashing posters; the hand hygiene audit before and after patient contact; staff training; policies, procedures and guidelines; and sharps handling and disposal.

Mandatory training

- A programme of mandatory training was provided for staff which included diversity, infection prevention and control, safeguarding, fire awareness, information governance, customer care and manual handling.

- Electronic staff training records were monitored to review attendance and expiry dates, thereby ensuring compliance with mandatory training. A mandatory training matrix was maintained by managers to monitor attendance and analyse training needs. E-mail reminders were sent to staff when required. Most staff told us they were up to date with their mandatory training or had dates booked to attend training in the near future. During the inspection we saw a local record of the current training compliance which showed that all staff had attended training. This meant that staff remained up-to-date with their skills and knowledge to enable them to care for patients appropriately.
- Staff told us training was delivered to meet their needs and they were able to access training as they needed it. All learning was identified within personal development plans Training was provided through a mixture of e-learning and face-to-face modules.
- There was specific sexual health training available as an e-learning module. Staff also had access to the free training courses provided by a local independent organisation who provided information and support about sexual health.
- Staff told us they were encouraged to share knowledge and experience with colleagues and funding was available for external courses as part of their continuing professional development.
- Staff had protected study leave called 'Supported Professional Activity' and this time was built into their contracted weekly hours.

Assessing and responding to patient risk

- Staff assessed and responded well to risk. Risk assessments were completed and evaluated and actions were put into place to manage these risks. Staff had undertaken training in completing risk assessments and we saw that where risks were identified, staff documented these on the electronic record system. All staff had access to the shared records and staff felt they were able to co-ordinate care effectively.
- Emergency equipment was available within the centre to provide treatment to patients who became unwell.
- Clinical staff were aware of the risks of certain procedures and the action to take should a patient become unwell following the procedure. Protocols for

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the provision of basic life support or a medical emergency were contained in the Community Contraceptive and Sexual Health Service Policy. The handbook contained the protocol for dealing with cervical shock associated with the insertion of an IUD).

Staffing levels and caseload

- There were adequate nurse staffing levels to safely meet the needs of patients. The team consisted of one whole time equivalent (WTE) nurse consultant, 5.7 WTE nurses, 1.4 WTE chlamydia screening officers and 1.6 WTE health care assistants.
- The band six nurses had lead roles in policy updating, cytology, outreach and mentoring for students. There were two independent prescribers. One nurse was about to complete the course and another was starting it shortly.
- Two nurses undertook an outreach service, offering approximately eight hours a week to visit patients at home who were unable to visit the clinic.
- Protected time to support professional activity had been built into contracted hours. This enabled nurses to cover any absences and to complete study leave and professional development. This meant there was flexibility to meet any fluctuations in demand.
- There was one student nurse on placement who said it had been “a memorable placement... I achieved all my portfolio competencies... and my learning outcomes.”
- There were also adequate medical staffing levels to safely meet the needs of patients. The medical team within the sexual health services consisted of four doctors including one clinical lead who oversaw training for doctors including GPs and three associate specialists. Staff told us the medical team was adequately staffed to ensure the smooth running of the service. Medical staff were available six days a week when clinics were open and worked on a sessional basis with a whole time equivalent (WTE) of 1.1.
- The administration and reception team totalled 4.3 WTE and provided cover for all clinics at the Cumberland Centre and The Zone.

- Sickness was managed in line with the organisation’s policy. The average absence rate for the period from 1 February 2015 to 31 January 2016 was 0.17%.
- There were currently no vacancies in the nursing, medical and administrative teams.

Managing anticipated risks

- Staff managed and recognised risks. They were provided with information and guidance in the organisation’s risk management policies which guided staff to be proactive with the safety of patients and to the safety of colleagues and themselves.
- The organisation had a lone working policy in place and staff were aware of this. Lone workers were provided with additional support, management and training to deal with the increased risks, as well as being enabled and empowered to take a greater degree of responsibility for their own safety and security. Systems and procedures were implemented at a local level to ensure the safety of staff working alone in the community. Staff adhered to the lone working policy and carried emergency fobs to summon help if required. There was a buddy system in place for joint working if staff were making potentially difficult visits. When on home visits staff were booked in and out at the clinic, carried mobile phones and had recognised safe words if they felt threatened in any way to alert colleagues back at the clinic. The names of patients who were not to be visited alone were on the notice board in the office and were not able to be viewed by members of the public.

Major incident awareness and training

- There was a which outlined the decisions and actions to be taken to respond to and recover from a range of consequences caused by a significant disruptive event. These could be anything from extreme weather conditions to an infectious disease outbreak or a major transport accident, terrorist act or influenza pandemic. The staff we spoke with were aware of the major incident plan and how to access this. Details within this plan were well- tested in order to respond to and recover from these situations.
- Staff told us there was regular testing of fire alarms and drills where the department had to be evacuated.

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 the effectiveness of the sexual health service as good because:

- Patients had good outcomes because they received effective care and treatment to meet their needs.
- Treatment by all staff was delivered in accordance with best practice and recognised national guidelines.
- Regular audits were carried out to monitor performance against national patient outcomes and to maintain standards.
- Patients were at the centre of the service and the priority for staff. High quality performance and care were encouraged and acknowledged and all staff were engaged in monitoring and improving outcomes for patients.
- Staff worked well together as part of a multidisciplinary team to coordinate and deliver patient's care and treatment effectively.
- Staff skills and competence were examined and staff were supported to obtain new skills and share best practice

However:

- Clinical supervision was not being provided on a regular three-monthly basis in line with the organisation's policy.

Detailed Findings:

Evidence-based care and treatment

- Policies and guidelines had been developed in line with national guidance with regular audit to ensure compliance against these standards. These included the National Institute for Health and Care Excellence (NICE).
- Policies were available to all staff via the intranet system and staff demonstrated they knew how to access them. Staff were knowledgeable about guidelines and

recommendations provided by the British Association of Sexual Health and HIV (BASHH), the Faculty of Sexual and Reproductive Healthcare (FSRH) and the Royal College of Obstetricians and Gynaecologists (RCOG).

- We saw documentary evidence, including minutes of meetings, which demonstrated the service guidelines and policies and procedures were reviewed and amended when necessary to reflect updates to national guidelines. We observed examples where procedures were up-to-date with FSRH guidelines where patient information had been developed post intra-uterine device (IUD) insertion. Recent recommendations and updates had included advice not to use vibration plates at the gym and recent chlamydia screening and IUD fitting updates. The updates had been disseminated to clinical staff via e-mail.
- Enhanced data was collected for the national surveillance programme for sexually transmitted infections. Data was communicated to a nominated local genito-urinary medicine (GUM) consultant for surveillance purposes.
- Chlamydia treatment through the Plymouth Chlamydia Screening Programme worked to an effective and consistent standard set out within the care pathways outlined in the organisation's policy. The reduction in the rate of chlamydia was dependent on the effective treatment of positive patients and all their partners. Success rates were audited and benchmarked against Public Health England results and were comparable with other private providers
- The electronic record system signposted clinicians to faculty clinical guidelines used for contraindications or safety of contraception, including actions required.
- The organisation was part of the South West Sexual Health Board who met and compared statistics with the aim of supporting evidence based care and treatment. Data showed the service performed in line with other providers in the region.

Are services effective?

Pain relief

- Staff said it was unusual to have to ask patients in clinics to rate their pain. However, all staff demonstrated a good understanding of simple comfort scale methods available to them for the management of patient's pain.
- Pain relief was available if required following procedures carried out in the unit.
- Patients who were experiencing pain at the time of booking an appointment were provided with an appointment on the same day where possible or referred to a clinician for a telephone conversation. This enabled a clinician to take a medical history and provide appropriate guidance.
- Patients were advised to take analgesia prior to attending the clinic for certain procedures.

Patient outcomes

- A governance framework was in place to ensure that a range of outcomes were reviewed and discussed. policy set out the process for all staff participating in clinical audit activities. This included the rationale for undertaking clinical audit and established the procedures to be followed.
- The service manager was responsible for ensuring service development and delivery were accurately measured. Action plans were devised and implemented to support improvements and changes in practice and results were embedded into the culture of the service.
- Recent audits included hand hygiene observations, record keeping, implant insertions and removals in one year, coil insertions and removals in one year and sexual history taking pre intra-uterine device (IUD) fitting. There was also monthly random testing of urine samples for pregnancy testing and audits of random samples of cap and diaphragm consultations. Results were consistently in line with those from other providers.
- Action plans following audits showed details of the discussions and changes made to assessment and consultation templates in patients' records as a result.
- There had been a 48% reduction in under-18 conception rates. This was the lowest rate recorded in the city since 1969 when data collection began and mirrored the 40.8% reduction across England and

Wales. In 1998 4.7% of 15-17 year olds had conceived and by 2013 this had reduced to 2.4%. However, this rate was slightly higher than the rest of the south west (2%) and the England average (2.3%).

- The chlamydia screening programme followed national guidelines on contacting patients with a positive test result. These guidelines stated three attempts should be made to arrange treatment and partner notification. A treatment assessment was completed over the telephone by a nurse to provisionally assess the suitability for them to receive treatment. A bi-annual audit was completed of treatment assessment to ensure compliance with the guidelines.

Competent staff

- Systems were in place to ensure all staff had the specialist knowledge and skills to deliver effective care to patients.
- Staff learning and development was identified through the appraisal process and through one to one meetings. Performance and continuous improvement was also assessed through discussions about essential training, clinical skills and competencies. Processes were embedded for performance management enabling early intervention and support.
- All clinical staff were responsible for monitoring their practice and their learning through the use of clinical audit. Clinical audit could also be used as evidence in annual appraisals or revalidation.
- All the staff we spoke with said they had received an appraisal during the last year. The figures provided by the organisation showed a compliance rate of 83% during period 1 February 2015 to 31 January 2016. Appraisals were carried out at the end of May and at the time of our inspection one appraisal was outstanding with a date planned in the near future. A record of appraisal was completed, which included amendments to the job description, adjustments for any disabilities, health and personal circumstances, conflict, review of the past year, aspirations for the role, objectives for the coming year and personal development needs.
- There was a commitment to training and education within the unit. Staff felt well supported to maintain and further develop their professional skills and experience.

Are services effective?

They were encouraged to develop their knowledge and skills and were supported in their continuous professional development. There were opportunities to attend external training.

- A student nurse on placement had achieved all their portfolio competencies and learning outcomes.
- The clinical supervision policy stated that where appropriate each member of staff would undertake a clinical supervision or related activity four times a year. The policy stated that clinical supervision was not documented in an individual's file, but there would be an agreement between clinical supervisor and supervisee. Supervision compliance for the period 1 February 2015 to 31 January 2016 was 95% against a target of 100%. Clinical supervision had been ad-hoc, although there were plans to start regular supervision on a three-monthly basis in line with the organisation's policy. A supervision template was readily available and staff had one to one discussions when required. Other forms of clinical supervision activity included team reviews, debriefs and reviews of clinical activity undertaken at the end of a team meeting.
- All nurses had and Sample takers undertook a minimum of one half day's update training every three years.
- All medical staff attended a Foundation Course for Sexually Transmitted Infections or Diploma in Genitourinary Medicine (GUM) and a recognised course in contraception. There was also close collaboration with a nominated consultant in GUM.
- All staff had training in child protection and appropriate on-going support.

Multi-disciplinary working and coordinated care pathways

- We saw evidence that staff worked professionally and cooperatively across different disciplines and organisations. This ensured care was coordinated to meet the needs of patients. Staff reported good multidisciplinary team working with meetings to discuss patient's care and treatment.
- All staff worked together to assess and plan ongoing care and treatment in a timely way.
- There were clearly defined routes of liaison with specialist genitourinary medicine and family planning

clinic services as appropriate, child protection services, child and adolescent mental health services, adult psychiatry, paediatrics, drug services, voluntary agencies, youth services, police and social services.

- Staff reported good communication with the sexual assault referral centre which ensured patients requiring a sexual health or contraceptive service following a sexual assault received a seamless service.
- The service had developed good working relationships with the emergency gynaecology department at the local NHS hospital. There was a clear process in the form of a flow chart to identify and escalate patients requiring emergency admission, for example, where there were concerns about perforation following an insertion of an IUD. Referrals were also made for urgent hysteroscopies. Referrals made to the emergency gynaecology service were followed up promptly

Referral, transfer, discharge and transition

- Most referrals to the service were by telephone. There were self-referrals, those from GPs, practice nurses, midwives and health visitors. There were also referrals from community contraceptive and sexual health services colleagues in Cornwall for deep implant clinics.
- Information was shared electronically with GPs, other health professionals and where appropriate other agencies.

Access to information

- Information to deliver effective care was readily available. There was a range of documentation that was accessible, professional, up-to-date, relevant, timely and evidence-based. The information was integral to minimising risk, supporting choice and informed consent and achieving effective involvement on the part of patients and public.
- A Community Contraception & Sexual Health Service Policy was available for clinicians to easily access all policies which standardised patient care given by the service.
- Staff reported the intranet was a good forum for communication and links between groups. Good intranet-based guidance and information was distributed to staff by e-mail. Staff had access to patients' notes as well as clinical guidelines and

Are services effective?

protocols. There was a folder in each clinic room with relevant information about guidelines. There was a clinic information file in the office containing information such as mental capacity pathway, the Sexual Assault Referral Centre, domestic abuse, safeguarding pathways for adults and children, and pharmacy for emergency contraception.

- A bespoke computer system was available to all staff on which all patients' histories, communication, appointments and treatments were logged. All paper documentation was scanned onto the relevant patient file and then destroyed securely.
- There was an electronic appointment system with details of all clinics. Paper copies of clinic timetables were also available for the year ahead.
- We observed clinics where clinicians navigated easily through proformas on the electronic system. Other areas such as safeguarding were covered in addition to contraception. A caution register was clearly identifiable on the screen and included details of allergies, safeguarding issues, domestic violence and translation requirements.
- There were robust and effective administrative systems and processes underpinning the service with a host of reports and audits.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff were aware of consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had attended mandatory training and knew what their responsibilities were and

how to apply them within everyday practice. Extra time would be allowed for an appointment if staff were made aware that a patient had learning difficulties and may require extra time.

- Staff said they obtained consent from patients prior to commencing care or treatment. They said patients were given choices when they accessed their service. We saw staff explaining the assessment and consent process to patients and any need to share information with other professionals such as GPs, before obtaining written consent. We saw consent forms signed appropriately by patients.
- Informed consent was obtained before any swab or sample was taken. Where possible in the case of vaginal examination, there was written consent and the patient signed the agreement to continue.
- Staff were aware of and knowledgeable about Gillick competence and Fraser guidelines. These are used in medical law to establish whether a child (15 years or younger) is able to consent to his or her own medical treatment without the need for parental permission or knowledge. to ensure they were mature enough to make a decision.
- Patients were informed when they were being tested for a sexually transmitted infection and the mode of testing and how the results would be obtained. Discussions about the implications of a positive result were also covered together with the possible need to attend genito-urinary medicine clinic for further testing. Treatment and the consideration of how the result might impinge on existing relationships was also discussed.
- We heard staff discussing the treatment and care options available to patients.

Are services caring?

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

Summary

We rated the care given to patients at the sexual health service as good because:

- Feedback from patients had been exceptionally positive. They praised the way the staff really listened and understood their needs and treated them as individuals.
- Patients said staff were caring and compassionate, treated them with dignity and respect, and made them feel safe. Staff went above and beyond their usual duties to ensure patients experienced high quality care.
- Staff were skilled to be able to communicate well with patients to reduce their anxieties and keep them informed of what was happening and involved in their care.
- Patients were able to ask questions and raise anxieties and concerns and receive answers and information they could understand.
- We observed staff treating patients with kindness and warmth. They were polite, calm and reassuring. The unit was professionally run and staff always had time to provide individualised care.
- Staff talked about patients compassionately with knowledge of their circumstances.

Detailed Findings:

Compassionate care

- Throughout our inspection, we observed patients being treated with the highest levels of compassion, dignity and respect. Interactions with patients were open, friendly and approachable but always remained professional.
- We observed all staff taking time to talk with patients.
- There were positive results from patient satisfaction surveys with data from the last 12 months showing that between 98% and 100% of patients would be either likely or extremely likely to recommend the service to friends and family if they needed similar treatment or care.

- We reviewed the completed friends and family forms for May and June and found a high satisfaction level. Comments were unanimously positive and included “Very friendly, informed me about everything and made me feel at ease”, “very efficient and professional” and “the service is brilliant.”
- Staff were skilled in talking with and caring for patients. We observed excellent interactions between staff and patients. We saw these interactions were very caring, respectful and compassionate. For example, we observed a telephone call where a patient was informed of a positive chlamydia test result. The information was discussed in a sensitive, respectful and non-judgemental way. Staff said they were committed to providing as much support as they could for all patients and particularly for those who were vulnerable.
- Patients we met spoke highly of the service they received. The comments we received included, “the staff have been fantastic”, “I felt really listened to and not told off.”
- A clinical policy was followed to ensure the maintenance of privacy and dignity during intimate examinations. A chaperone policy also set out the policy for promoting the privacy and dignity of patients and a notice in the waiting area advised patients that staff would endeavour to offer a chaperone for all intimate procedures.
- We observed good attention from all staff to patient’s privacy and dignity. The reception desk was sufficiently distant from the waiting area to enable patients to speak to reception staff confidentially, without their conversation being overheard. We observed voices being lowered to avoid confidential or private information being overheard on arrival at the reception area. A notice at the reception area reminded patients to respect other patient’s privacy and if patients needed to speak privately they were advised to inform a member of staff. All patients said their privacy and dignity was maintained. We saw all clinical activity was provided in individual consulting rooms and doors were always closed, to maintain privacy and confidentiality.

Are services caring?

Care from the nursing, medical staff and support staff was delivered with kindness and patience. The atmosphere was calm and professional without losing warmth and reassurance.

Understanding and involvement of patients and those close to them

- Patients were involved with their care and decisions taken. We observed staff explaining things to patients in a way they could understand. For example, during consultations we observed clear explanations of options and time was allowed for the patient to ask whatever questions they had.
- There was excellent management of information and guidance with clear follow-up processes. For example, we listened to a telephone call where a patient was advised of a positive chlamydia result. A clear explanation of the bacterial infection was given and the patient was reassured that the infection was easily treated and would get sorted today. Symptoms were checked and other medications and allergies were noted. The treatment with antibiotics was explained and the possible side effects. Venue options were discussed and arrangements were made for the patient to attend a drop-in session. The clinician talked sensitively with the patient about the likelihood of their partner having a positive screening and offered to phone them to advise them to take a test. The clinician ensured that the patient knew they were there to support them both.

- All healthcare professionals involved with the patient's care introduced themselves and explained their roles and responsibilities.
- Staff recognised when patients needed additional support to help them understand and be involved in their care and treatment. They were knowledgeable about the framework to support communication with families who were non-English speakers, or for whom English was a second language. Support was also available for patients with hearing or visual impairment, or who had learning disabilities.

Emotional support

- We observed staff providing emotional support to patients during their visit to the unit or during telephone conversations. Staff were kind and considerate to patients and their individual concerns were promptly identified and responded to in a positive, calm and reassuring way. One patient said "nothing was too much trouble for the staff ... from the doctors and nurses to the administration team."
- Patients were spoken with in an unhurried manner and staff checked if information was understood. We overheard staff encouraging them to call back at any time if they had concerns, however minor they perceived them to be.
- There was opportunity for patients to ask any questions or raise any concerns. Staff responded in a reassuring and knowledgeable manner and one patient told us they felt "so much more relaxed about everything ... and I know can phone if I need to."

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 responsiveness at the sexual health service as good because:

- Services were tailored to meet the needs of individual patients and were delivered in a flexible and accessible way.
- The facilities and premises we visited were suitable for the delivery and effectiveness of the service.
- There were no barriers for those making a complaint. Staff actively invited feedback from patients and were very open to learning and improvement.

However:

- Administration staff did not have any written advice about how to manage clinical telephone queries during periods when a clinician was not on site to deal with the caller.
- There was no formal system in place to follow up patients and those considered to be particularly at risk if they missed their appointments.

Detailed Findings:

Planning and delivering services which meet people's needs

- The service had planned its activities around the needs of the local population. It had been developed in consultation with those who would access the service or were potential service users. Their views were used to continually improve the service. There was broad-based consultation with males and females, including those under the age of 16 as well as those over the age of 16, people from different ethnic groups and vulnerable people.
- The city had a high proportion of students and the service was able to be flexible and adapt to the fluctuation in attendances during term times.
- Services were delivered in a range of locations and at a range of times to ensure the service was convenient and accessible for the local population. Locations were close

to areas utilised by young people in the town centre. Appointments and drop-in sessions were available during the day and evening on week days, and during the day on Saturdays.

- Staff were committed to delivering care that was as convenient as possible for patients. Staff visited patients in their own homes or in local drug or alcohol centres if they were unable to attend the clinics.
- Chlamydia treatment was provided across the city of Plymouth through the Plymouth Chlamydia Screening Programme. The programme aimed to prevent and control chlamydia through early detection and treatment of asymptomatic infection; the reduction of onward transmission to sexual partners and the prevention of the consequences of untreated infection. It also aimed to raise awareness and skills of health professionals to screen for chlamydia, and provided the information young adults needed to reduce the risk of infection and transmission.
- The team had merged with the sexual health service and was an integrated part of the service. The programme was delivered at a variety of treatment venues including the Cumberland Centre, The Zone, the university, colleges and schools.
- The Plymouth 'C' card scheme was run through the Young Persons' Teenage Pregnancy Service. Young people under the age of 25 could register for the 'C' card and obtain free condoms from many venues including the sexual health service and the chlamydia screening office at Cumberland Centre and The Zone. Those over the age of 25 could obtain condoms free from the sexual health service.
- Administration systems and processes supported the delivery and planning of services and administration and reception staff were in attendance at all clinics.
- Patients were able to locate the service at the Cumberland Centre because it was clearly signposted at the main entrance.



Are services responsive to people's needs?

- There was a comfortable waiting area with sufficient chairs, magazines and children's books and a wide range of information leaflets. Baby changing facilities were available in the minor injuries unit on the ground floor.
- Literature for patients and young people and their parents was displayed in the waiting area. There was a plethora of leaflets including information about talking to children about sex and relationships, where to go for help and advice about sexual health, advice about all forms of contraception, cervical screening, abortion, HIV, sexually transmitted diseases, loving relationships and abusive relationships. Some leaflets were available in Urdu, Punjabi, Gujarati.
- Parking was available for patients free of charge with disabled spaces located near to the main entrance.

Equality and diversity

- Equality, diversity and human rights were embedded within the organisation's systems and processes. Progress against the objective to provide better health outcomes for all was monitored through local interest groups and the Safety and Quality Committee.
- Staff received equality and diversity training as part of their mandatory training and were aware of policies and procedures relating to equality, diversity, and interpretation and translation.
- Translation services were readily available to support communication with non-English speakers, and for people who spoke English as a second language. The policy raised awareness of interpretation and translation needs and encouraged staff to proactively plan for these needs. It described arrangements for both telephone-based and face-to-face interpreting and for the translation of written material. Laminated posters with details of the process were available in all consulting rooms and staff could tell us how they would access translation services. Measures were also in place to support communication for those who used.
- There was easy access for disabled users including disabled parking spaces near to the entrance of the hospital, a lift to the first floor and appropriate toilet facilities.

- Staff were aware of the systems and processes in place, as well as the appropriateness of equipment for treating bariatric patients.

Meeting the needs of people in vulnerable circumstances

- Staff recognised the need for supporting people with complex or additional needs, such as people living with a learning disability. The unit consistently planned services and delivered and coordinated them to take account of people with complex needs. For example, double appointments of 40 minutes duration were arranged for patients with learning disabilities, those with multiple issues, those with a high body mass index (BMI) and those who were particularly anxious.
- The service manager had been instrumental in devising an educational pack in the form of an easy read guide for patients with learning disabilities. It contained text and pictures to advise and inform patients about methods of contraception. It included long-acting reversible contraceptives, combined hormonal methods of contraception, progesterone only contraception, barrier methods of contraception, emergency hormonal contraception, details of C-card and details of services available in Plymouth. Training sessions were held to launch the guide with GPs, community nurses, health visitors and social workers.

Access to the right care at the right time

- Processes were organised so that initial assessment, diagnosis or treatment and care could be provided in a timely way.
- Patients could access care and treatment with a choice of day, evening and Saturday appointments and drop-in sessions at The Zone.
- The total number of attendances for the period April 2015 to March 2016 were 12,677. Records were collected by post code area in Plymouth, Devon and Cornwall, with the majority of attendances from the Plymouth area. The number of attendances for appointments or walk-in sessions on a Saturday during that period was 963. Attendances at evening appointments or walk-in sessions after 5pm totalled 1,265.
- Statistics were collected through the Sexual and Reproductive Health Activity Dataset (SRHAD) and reported to commissioners. Data was collected by age



Are services responsive to people's needs?

group: under 18 years old, 18 to 24, 25 to 34 and 35 and over. The majority of attendances were from the 18 to 24 age group. Data included the number of contraceptive implant insertions and the removals under one year, the number of intra-uterine device insertions and removals and injectable contraception. The number of 15 to 24 year olds accessing chlamydia screening was 917, with 100% being offered screening at an initial visit.

- The service monitored their rates of partner notification. Partner notification is the process of providing access to health care to sexual partners who may have been at risk of infection. The percentage of partner notification ranged from 50 to 100%.
- The service complied with guidelines provided by the Faculty of Sexual and Reproductive Healthcare and the College of Obstetricians and Gynaecologists regarding patients' access to care and treatment times. The guidelines recommend that patients could access non-urgent information, advice or services within two working days and that treatment methods for long-acting reversible contraception were provided within two weeks of the patient's request, if medically appropriate.
- Extra clinics for deep implants were arranged when required to ensure waiting times did not exceed the 18 week target. Emergency appointments were available at the end of clinics. There was robust management of waiting lists and appointments with telephone reminders or texts to ensure appointments were attended. A cancellation book of those waiting for appointments was maintained and patients were contacted when an appointment became available at short notice to ensure no appointments were unfilled. To make an appointment at a clinic, patients rang a booking line. This was answered by the administrative team who had a comprehensive knowledge of appointments available and which clinicians were able to carry out specific procedures, care and treatment. This meant patients were booked into appropriate clinics for their needs. We observed the administration team answering the telephone booking line. Patients received a polite, friendly and professional service. Appointments were provided to patients in a timely way.
- Staff also dealt with telephone enquiries. They completed an enquiry form and referred it to the first available member of the clinical team. We discussed what would happen if a clinician was not on site. Staff confirmed that in the unlikely event that a clinician was not available they would contact a doctor in the gynaecology department at the local NHS hospital. Administration staff did not have any written advice about how to manage clinical queries or urgency of symptoms and relied on their experience and knowledge to process enquiries.
- Reception staff entered patients' arrivals on the computer system so the clinicians knew who had arrived and was ready to be seen. This ensured patients were seen in the correct order and were not left waiting for their appointment. Reception staff advised patients if the clinics were running late and when they could expect to be seen. A notice was also displayed in the waiting area to apologise if patients were not seen on time for their appointment. It explained that sometimes clients needed extra time and this could not be predicted in advance.
- Clinicians used the electronic system to identify the time the patient started and finished their consultation. The waiting times for patients attending booked clinics were audited by interrogating the data recorded on the electronic system. Data showed the average waiting time was no more than 15 minutes, although during our inspection all patients were seen on time.
- In the event that a patient did not attend a booked appointment, individual clinicians would telephone the patient to ensure they were safe and to encourage them to attend on another date. However, there was no formal system in place to follow up patients and those considered to be particularly at risk if they missed their appointments.

Learning from complaints and concerns

- There was a detailed process for complaints and concerns. It defined lines of responsibility, standardised administrative procedures and identified training, support and supervision of staff in the handling of complaints.
- The staff we spoke with were all aware of the complaints system within the organisation. They were able to explain what they would do when concerns were raised. Staff told us they would always try to resolve any concerns as soon as they were raised, but should the patient remain unhappy they would be directed to the

Are services responsive to people's needs?

service manager or the complaints process. As the service received very few complaints it was easy to recognise developing themes and address these immediately. There had been one formal complaint raised about staff communication and the learning about the style of communication had been documented and reviewed at team meetings.

- Administration staff were praised by managers and colleagues for their skill in dealing with initial complaints and for de-escalating concerns.
- Patients were actively encouraged to leave comments and feedback via the patient feedback form. Comments and complaints leaflets containing information about the process were available in the waiting area and reception for patients who wished to make formal complaints.

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 the leadership of the sexual health service as good because:

- The leadership, governance and culture were used to drive and improve the delivery of high-quality care. The service lead was committed to the patients in their care, their staff and the unit.
- Frontline staff and managers were passionate about providing a high quality service for patients with a continual drive to improve the delivery of care.
- Excellent local leadership was provided and staff were particularly complimentary about the support they received from the service manager.
- There was a high level of staff satisfaction with staff saying they were proud of the unit as a place to work. They showed commitment to the patients, their responsibilities and to one another. All staff were treated with respect and their views and opinions heard and valued.
- Patients were able to give their feedback on the services they received; this was recorded and acted upon where necessary.

Detailed Findings:

Service vision and strategy

- Plymouth Community Healthcare had developed a set of five aims to support their vision of working together with others to help the local population to stay physically and mentally well, to get better when they were ill, and to remain as independent as they could until the end of their lives. The five aims were to provide services “based around local people and communities”, a “seamless system leadership”, where “experience exceeded expectation”, a service that was “sustainable, successful and admired” and was “an employee-led organisation”.
- Staff had a good understanding of the vision and the core aims underpinned the philosophy of the sexual

health service. There was a continual emphasis on improving and expanding the service to meet the demand and a commitment to providing patient-centred care.

- A mission statement was displayed in the waiting area which included the following statements: “believing sexual relationship are an important part of people’s lives”, providing a “safe, high quality sexual and reproductive health service with practices based on current evidence.” The service aimed to be “confidential and patient focussed” and ensured “good communication and clear patient information, whilst helping to make informed choices.”
- Staff were clear that their focus was on improving the quality of care for patients. They felt there was scope and a willingness amongst the team to develop services.
- Systems were also in place to engage with staff. They were able to express their opinions and raise concerns through a number of forums. Bi-monthly meetings were held with the day being alternated from Mondays and Thursdays to ensure staff could attend. Information was shared via emails and bulletins. There were opportunities for feedback about governance issues such as incidents, complaints and risk assessments
- An employee engagement forum, provided a method for staff to contribute their ideas and for leadership teams to seek staff opinion. It details of reported incidents, mandatory training, an outstanding team certificate, escalation procedures, contact details of directors and locality and deputy locality managers. A staff survey had been conducted with the questions being generated by ‘Our Voice.’ Questions included the visibility of senior managers and awareness of who occupied the roles, communication channels across the organisation, staffing and activity levels, the role of ‘Our Voice’, and understanding of the vision and five aims and career progression.
- Staff were aware of the organisation’s whistleblowing policy and the arrangements for reporting poor practice without fear of reprisal and felt confident about using this process if required.

Are services well-led?

- However, one issue had caused concern to some staff. This involved the introduction of non-clinical uniforms for all back-office staff. There had been consultation across the organisation and staff had fed back their concerns about the need for staff who had no contact with patients to wear a uniform and the type of fabric proposed. It was a heavy-weight material which staff felt would be uncomfortable and very hot, particularly in the summer months when the temperatures in the offices were very high. Staff understood the need for a corporate image across the organisation but felt there could have been more choice in style and fabric.
- There were systems to engage with the public to ensure regular feedback on services. This was used for learning and development.
- Patients were regularly asked to complete satisfaction surveys on the quality of care and service provided. The results of the survey were used to improve the service.
- The surveys covered the patient's overall satisfaction of experience and how likely they were to recommend the service to friends and family if they needed similar care and treatment. Patients were asked about the friendliness and efficiency with which calls were answered and the quality of information provided before arrival and if staff told them who to contact if they were worried about their condition or treatment after they left the unit. They were also asked about their confidence and trust in all staff from clinicians to housekeeping, and the clarity of explanations about their treatment and procedures; and if they were treated with dignity and respect. Results were consistently high for the last 12 months..
- The Plymouth Community Healthcare Service User and Carer Engagement Forum enabled users and carers to influence the future direction of the organisation and debate current issues.
- Staff said they were proud to work in the team and were passionate about the care they provided. The managers we spoke with told us they were proud of the staff they supervised and that there was a high level of commitment to providing quality services to the community. One member of staff told us "I feel supported by my colleagues and a valued member of the team... I really value the comradeship and support... we are a close-knit team and do the best we can... we give time for each other."
- The culture in the team encouraged candour, openness and honesty. Staff said they were encouraged to raise concerns. All staff felt comfortable about raising any concerns with their manager and staff told us they were not frightened or worried to talk to their manager if something had not gone as planned.
- The teams told us they were always keen to learn and develop the service. Innovation and improvement was encouraged with a positive approach to achieving best practice.
- It was apparent during our inspection that all the staff had the patient at the centre of everything they did.
- Changes in the management structure and the investment in the service moving to the Cumberland Centre had improved morale. All staff we met said they felt valued and part of the team. One member of staff said the unit was an "enjoyable place to work." Staff felt supported by their managers and colleagues and one member of staff said "I feel listened to... my opinion matters... and I want to be involved in finding solutions."
- The service manager had the skills, knowledge and integrity to lead the team and was committed to the patients who used the service and also to their staff. They were visible and available to staff, and we saw and heard about good support for all members of the team. We received consistently positive feedback from staff who had a high regard and respect for their manager.
- The service manager encouraged learning and motivated staff to make the effort and time to make a difference.
- Most staff said the deputy locality manager was available to them and provided support and represented their views when needed.
- There was a clear governance structure for the sexual health service. There was a range of regular management meetings which looked at areas such as incidents requiring investigation, safeguarding, clinical effectiveness, patient safety, infection control and medicines management. Discussions and improvement



Are services well-led?

actions were recorded and progress was monitored at each meeting until actions were completed. We saw minutes from these meetings which showed that issues affecting the service were discussed and actions taken.

- The Safety Quality and Performance Committee ensured that robust assurance, governance and performance mechanisms were in place and monitored to provide assurances to the Board that essential standards of safety and quality were being met including areas of quality, safety, safeguarding, the Mental Health Act, patient experience and complaints.
- Information governance was coordinated across the organisation by the Information Governance committee.
- A Policy Ratification Group provided a systematic process for the dissemination and review of 'approved documents' including policies, protocols, procedures, guidance prior to publication and dissemination to all staff.
- Regular auditing took place with evidence of improvement or trends. Performance data and quality management information was collated and examined to look for trends, identify areas of good practice, or question any poor results. The Quality Improvement Support Team (QUIST) undertook the coordination and reporting needs of national and organisational clinical

audit priorities. For individual clinical teams wishing to commence an audit, the QUIST team registered and reviewed audit methodology. They also developed and modified audit tools, analysed systems, maintained a database and produced reports where necessary for organisational and national audits. QUIST created quarterly reports against the annual audit plan.

- Risks were clearly understood and defined. A risk register was in place and we noted this had been kept up to date. The service manager took accountability for the risk register and provided the senior management team with a weekly report. The risk register was monitored monthly at the board meeting and quarterly at the information governance committee where action was taken to mitigate risk. Reference was made to known risks, for example, the risks posed by the stress for the team relating to the possible integration with genito-urinary medicine and the incorrect transcribing of data from the laboratory. The lessons learnt were documented and an action plan had been completed.
- Clinical policies and guidelines were available for all staff via the intranet system. Staff were able to show us how to access policies and guidelines and the electronic incident reporting system and said the systems worked well.