

Spectrum Community Health C.I.C.

# Spectrum House

## Inspection report

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

### Ratings

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

# Summary of findings

## Overall summary

We rated the service as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. 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.
- Staff provided good care and treatment. 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 care and treatment. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Community health (sexual health services)

### Rating

Good



### Summary of each main service

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- Staff provided good care and treatment. 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 care and treatment. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

# Summary of findings

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# Summary of this inspection

## Background to Spectrum House

Spectrum House is operated by Spectrum Community Health Community Interest Company. It provides an integrated sexual health service to the population of Wakefield and surrounding areas. The service was offered to adults and young people between the age of 13 and 19. It offers a range of services including testing and treatment for sexually transmitted infections and contraception services.

The service has been registered with the CQC since April 2016. The service is registered for the regulated activities of family planning, screening procedures and the treatment of disease, disorder and injury.

The service has not previously been inspected.

### What people who use the service say

We spoke with eight patients during the inspection. Patient feedback was positive. Patients described receiving a prompt service and felt staff were kind, non-judgemental and supportive.

## How we carried out this inspection

Before the inspection visit, we reviewed information that we held about the location including information discussed at provider engagement meetings.

During the inspection visit, the inspection team:

- Visited the location, looked at the quality of the environment and observed how staff were caring for patients
- Spoke with the cluster manager for integrated sexual health, the head of service, the registered manager and clinical lead and the safeguarding lead
- Spoke with nine other staff members including nurses, health advisors, health care assistants and administrative support staff
- Spoke with eight patients
- Observed one patient consultation
- Reviewed six care and treatment records
- Carried out a specific check of medication management
- Reviewed the governance, policies and processes used in the running of the service

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>.






# 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 

### Is the service safe?

Good 

#### Mandatory Training

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

Staff received and kept up-to-date with their mandatory training. Staff compliance with mandatory training was 96%. The mandatory training programme was comprehensive and met the needs of patients and staff. Mandatory training included health and safety, information governance, conflict resolution, mental capacity and medicines management awareness.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service monitored training compliance through a training matrix. Staff had protected development time every week that could be used to complete training.

#### 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.**

All staff received training specific for their role on how to recognise and report abuse. Staff completed three levels of safeguarding training for both the safeguarding of adults and the safeguarding of children. Compliance with all safeguarding courses was above 75%. Staff had also completed additional relevant training in areas such as domestic abuse and female genital mutilation.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff we spoke with were knowledgeable around safeguarding and associated issues. They were able to give examples of where they had identified and raised safeguarding concerns. In the 12-month period prior to our inspection the service had submitted 27 safeguarding referrals to the Local Safeguarding Authority.

# Community health (sexual health services)

Staff had access to support from the service's safeguarding lead and from the provider's safeguarding team. They had access to safeguarding policies and procedures to guide their practice. We saw evidence of appropriate safeguarding within care records we reviewed. Care records included examples of safeguarding concerns being identified, reported and managed as well as evidence of multi-agency working and liaison with relevant stakeholders and local authorities to safeguard individuals. Members of staff attended multi-disciplinary safeguarding meetings and forums at local and regional level.

## 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 service was clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff had access to control of substances hazardous to health (COSHH) data sheets for relevant products.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff completed infection control training as part of the mandatory training programme. Staff were fully compliant with the provider's level one infection prevention and control training and 93% compliant with level two training. Staff had access to stocks of personal protective equipment including gloves, masks and aprons. Hand gel was available throughout the service.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Equipment we checked within clinic rooms, including scales and blood pressure monitors were all clean and clearly labelled with details of the last time the equipment had been cleaned and when it was next due.

The service had a programme of infection control audits to provide assurance. These included monthly essential steps audits around hand washing, use of personal protective equipment and disposal of sharps and clinical waste. Audits showed compliance with relevant standards.

Staff had access to support from infection prevention and control leads both within the local service and at provider level. They had access to infection prevention and control policies and procedures to guide their practice. Throughout the inspection we observed staff following appropriate cleanliness and infection control protocols including hand washing, the use of personal protective equipment and the cleaning of equipment and consultation rooms after use.

## Environment and equipment

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

The design of the environment followed national guidance. Staff and patients had access to a reception and waiting area, clinic rooms, consultation rooms and toilet facilities. Staff we spoke with told us there were enough consultation and clinic rooms within the service to meet need.

Consultation and clinic rooms were fitted with appropriate equipment including examination couches. Staff carried out regular safety checks of specialist equipment. Equipment was clearly labelled with details of the last check and when the next check was due.



# Community health (sexual health services)

Staff and patients had access to emergency equipment including an automated external defibrillator. Emergency equipment was in date and subject to regular testing and checks.

Staff disposed of clinical waste safely. There were arrangements in place for the management of clinical waste, including sharps bins and a clinical waste collection contract with an external provider.

The service had an up-to-date fire safety risk assessment in place.

## Assessing and responding to patient risk

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

Staff completed risk assessments for each patient at triage and at their first appointment. We reviewed six care records and found that each record had a full assessment in place which included relevant history, and which identified risks and actions to address these. Assessments were in line with national guidance and fully complete.

Staff reviewed assessments at each subsequent appointment and updated the risks where relevant. Staff we spoke with were knowledgeable about patient risk. Information about concerns and risks was easy to find in care records. There was a series of flags used within records to indicate specific risks or concerns.

Staff shared key information to keep patients safe when handing over their care to others. Information was shared with others with the patient's consent. Staff followed national guidelines on discussing and sharing information with a patient's sexual partners.

## 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 had reviewed the required staffing levels and skills mix and recruited accordingly. The service employed nurses, health advisors and healthcare assistants. The service had one vacancy for a band 6 nurse created by a secondment. The role was being filled by a bank staff member and was out to recruitment.

Managers could adjust staffing levels where required. Staff rotas were planned in advance via an electronic system. Annual leave was planned in advance where possible to ensure appropriate cover and staffing levels. The number of staff on shift matched planned numbers.

Managers had access to bank and agency staff when necessary. Managers used consistent bank and agency staff and made sure they had a full induction and understood the service.

The service had low sickness rates. At the time of our inspection there was a 3% whole time equivalent sickness rate.

# Community health (sexual health services)

The service had enough medical staff to keep patients safe. They had the necessary range of knowledge and experience to provide care and treatment to patients. The service employed a medical Clinical Lead, an Associate Specialist doctor and speciality doctors. The Associate Specialist doctor was the regional trainer for contraception. Staff had been subject to appropriate pre-employment checks.

## Records

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

Patient notes were comprehensive. Staff had easy access to clinical information and were able to maintain and access clinical records. Clinical records were both paper and electronic. Records were stored securely, and electronic records were password protected.

## Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Prescribing followed best practice, which was detailed in the providers medication management policies. Prescribing was in line with guidance from the British Association for Sexual Health and HIV and the Faculty of Sexual and Reproductive Healthcare. Staff completed medicines management training and were fully compliant.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Patients were provided with verbal and written information and advice about their prescribed medicines and their effects. Medicines were prescribed by doctors or administered by staff under patient group directions. These are written instructions that allow nurses to supply medicines to a pre-defined group of patients, without them needing to be seen by a prescriber. There was a process for reviewing and monitoring the use of patient group directions. Patient group directions were available to staff on the intranet.

Staff completed medicines records accurately and kept them up-to-date. Prescribing records we reviewed were completed appropriately and in line with relevant guidance. Staff stored and managed all medicines and prescribing documents safely. Medicines were managed and stored securely. Best practice was followed with medicines for contraception and sexually transmitted diseases stored separately. Medicines were clearly labelled with expiry dates. Staff completed regular audits to ensure medicine safety and effective stock rotation. Staff monitored room and medicines fridge temperatures. Medicines were available in the event of a medical emergency, and these were checked regularly.

Staff learned from safety alerts and incidents to improve practice.

## 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.**

# Community health (sexual health services)

Staff knew what incidents to report and how to report them. Staff used an electronic system to report incidents. Staff we spoke were aware of the providers incident policies and were able to discuss the type of incidents they would report. Staff reported incidents such as health and safety incidents, incidents of violence or aggression and safeguarding. Reported incidents were reviewed by managers. In the year 1 April 2022 to 31 March 2023 the service had reported 82 incidents of which 56 were patient safety incidents.

Staff received feedback on submitted incidents. There were forums within the governance structure at both service and provider level where incidents, themes and shared learning were discussed. Information on incidents and lessons learnt were shared weekly with staff in team meetings.

Managers debriefed and supported staff appropriately after incidents. Staff we spoke with told us they had been supported following incidents and been involved in reflective practices. There were systems in place to support further investigation into incidents if this was required. There was evidence that changes had been made as a result of incident reviews.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

## Safety performance

The service used monitoring activity and outcomes to improve patient safety. Staff collected safety information and shared it with staff. No safety incidents had been reported in the last 12 months.

## Is the service effective?

Good 

## Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Care pathways and clinical practice followed national guidance laid out by Faculty of Sexual and Reproductive Healthcare, the British Association for Sexual Health and HIV and the National Institute for Health and Care Excellence. Clinical policies and procedures reflected that guidance and were subject to regular review.

Training in the service incorporated and referenced specific best practice guidance. Staff were subject to competency assessments where appropriate. Updates to guidance and best practice were shared with staff in team meetings. There were audits and assurance processes in place to monitor compliance with guidance.

The service engaged with regional and sexual health networks to share learning and intelligence.

## Patient outcomes

# Community health (sexual health services)

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

The service participated in relevant national clinical audits and completed submissions to the Genitourinary Medicine Clinic Activity Dataset. The dataset is the mandatory national surveillance system for sexually transmitted diseases.

Managers monitored and reported on patient outcomes through key performance indicators set against national standards. Patient outcomes were discussed and reviewed within team meetings and with commissioners. Outcomes for patients were positive, consistent and met expectations.

The service had an ongoing programme of benchmarking and audit at local, regional and provider level. Managers and staff used the results to improve patients' outcomes. Managers shared audit findings and recommendations within team meetings. Audit action plans were monitored through the governance structure.

## 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. All the staff that we spoke with had a good understanding and knowledge of sexual health services and current practice.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Training needs were discussed in supervision and identified through governance processes such as audits and in response to new guidance and best practice. Staff had weekly protected time to complete training and undertake professional development.

Managers made sure staff received any specialist training for their role. Staff we spoke with had completed a range of additional training including phlebotomy, microscopy and motivational interviewing. There was a weekly slot in the team meeting for training or presentations from external professionals and services.

Managers gave all new staff a full induction tailored to their role before they started work. New staff completed an induction checklist and induction log as part of the process.

Managers supported staff to develop through yearly, constructive appraisals of their work. Managers kept a record of appraisal compliance. Data we reviewed on inspection showed that staff received an annual appraisal. Staff we spoke to confirmed they had been through the appraisal process.

Managers supported staff to develop through regular, constructive clinical supervision of their work. Staff had access to both managerial and clinical supervision every three months. There was additional safeguarding supervision and clinical effectiveness supervision offered in a group format every three months. Managers kept a record of supervision and appraisal sessions. Data we reviewed on inspection showed that staff were receiving regular supervision in line with expectation.

# Community health (sexual health services)

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The service held a weekly team meeting during protected time when the service was closed. The meetings were used to share information and had a rotating agenda including clinical effectiveness and operational management.

Managers identified poor staff performance promptly and supported staff to improve. Managers had access to support from corporate HR services.

## 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.**

The service was delivered by doctors, nurses, health advisors and healthcare assistants. Staff worked well together to deliver care and reported positive relationships. Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Patients were reviewed regularly by the team. Staff worked across healthcare disciplines and with other agencies when required to care for patients. The service held a monthly multi-disciplinary meeting with the antenatal clinic team from the local Trust as well as GUM consultants, virologists and paediatrician from the regional teaching hospital. The meeting discussed and reviewed cases where patients were also pregnant.

Staff made referrals to other agencies when necessary. The service had clear pathways for patients to access other relevant services and additional support. There were pathways in place for patients who had been sexual assaulted, either recently or in the past. Staff we spoke with demonstrated a good knowledge of local, regional and national clinical and support services.

## Health promotion

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

The service had relevant information promoting healthy lifestyles and support on display. Staff could provide further information in either document or verbal form. Information on display included information on sexual health, sexual health services, sexually transmitted diseases and contraception. Information was also available on the providers website.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. Staff were able to signpost or refer patients to services such as smoking cessation or substance misuse services.

The service worked closely with a separately commissioned Relationship Sex Education team that promoted sexual health in schools and worked with other agencies to reach vulnerable patients.

## 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.**

# Community health (sexual health services)

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff clearly recorded consent in the patients' records. Consent was obtained in line with the Faculty of Sexual and Reproductive Healthcare guidelines. We observed staff obtain consent verbally in appointments and at the reception desk. Consent for invasive procedures such as coil fitting was obtained both during the initial assessment and again before the procedure.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Compliance with training around the Mental Capacity Act was 91%. Compliance with Deprivation of Liberty Safeguards training was 100%. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment.

Staff had access to policies and procedures relating to the Mental Capacity Act and could seek further support from managers and leads at provider level.

## Is the service caring?

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. We observed one patient consultation and several other staff patient interactions. At all times staff were professional, supportive, and non-judgemental.

Patients said staff treated them well and with kindness. We spoke with eight patients. All the patients we spoke with were positive about the staff and the service. They considered staff to be approachable, compassionate, and supportive. Patients reported being put at ease and listened too. Staff provided information in a way they understood and made them feel comfortable in what were often difficult circumstances.

Staff followed policy to keep patient care and treatment confidential. Electronic care records were password protected. Paper records were stored securely. Staff had access to policies and guidance to support the sharing of information with other services.

Staff understood and respected the personal, cultural, social and religious needs of patients and how this may relate to their care needs. Staff completed social and sexual histories with patients, and worked with them on the impact that their condition or treatment would have.

### Emotional support

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

# Community health (sexual health services)

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff undertook training in breaking bad news and demonstrated empathy when having difficult conversations. The service employed Health Advisors who performed contact tracing when a patient tested positive for a sexually transmitted disease. They contacted individuals who had been in sexual contact with the patient to inform them of any potential risk to themselves and advise on testing.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff had completed training around female genital mutilation and developed pathways to support patients when required.

## 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.**

Staff made sure patients and those close to them understood their care and treatment. Staff supported patients to make informed decisions about their care. Patient feedback confirmed that staff clearly explained information and treatment options to patients. Patients had been provided with additional information in written form.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. Patients were sent text messages after appointments offering the opportunity to give feedback via an electronic survey. Feedback was collated on a quarterly basis and reviewed within the governance structure. In the period 1 April 2022 to 31 March 2023 the service had received 1166 responses. Overall 77% of respondents rated their experience as very good and 15% rated their experience as good.

The service acted on feedback and encouraged patient involvement in identifying improvements. As part of national sexual health week, the service had worked with Healthwatch to bring people who had used sexual health services to review the service. As a result of feedback around privacy and confidentiality the external intercom outside of the building was removed and the building made open access. The service had also worked with patients to improve a room used when staff had to give bad news, for example in relation to a positive test. Following feedback, a couch, new plants and different artwork were introduced.

## Is the service responsive?

## Service planning and delivery to meet the needs of the local people

### **The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**

Managers planned and organised services so they met the changing needs of the local population. The service offered an integrated sexual health service and worked with a separately commissioned third sector provider to conduct



# Community health (sexual health services)

outreach work. The service worked with local commissioners to plan and deliver services to meet local needs. Service provision was regularly reviewed. The service had completed an Equalities Impact Assessment which looked at service provision in line with the demographics of the local community. Managers reviewed staffing and skill mix to ensure the service could meet demand.

The service worked flexibly to meet the needs of the community it served. The service offered evening clinics until 7pm four days a week. The service was meeting with commissioners to explore opening on Saturdays. The service offered a single point of access and different ways to engage. These included 'telemeds' appointments each morning where patients could contact the service via telephone as well as planned face to face appointments and a weekly walk-in clinic for young people. The service offered a 'test no talk' service where people could access testing for sexually transmitted diseases. The service also offered postal testing kits that patients could collect at any time.

The service had pathways to other organisations and services for people in need of additional support or specialist intervention. These included acute hospitals, sexual assault referral centres and termination of pregnancy services.

Facilities and premises were appropriate for the services being delivered. The service had its own reception and waiting area. There was access to private consultation rooms.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted.

## Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**

The provider had an equality and diversity policy which outlined relevant legislation and provided guidance for managers and staff. The service had completed an Equalities Impact Assessment which looked at service provision in line with the demographics of the local community. The assessment included a review of actions to ensure equality of access to clinical services. The assessment noted that 11.8% of the local population identified as non-white and this had prompted work to better engage with both the Asian and Polish communities within the locality as well as a greater focus on equality and diversity in staff recruitment. Staff completed equality and diversity training as part of their mandatory training programme. Staff were fully compliant with the training.

The service had information leaflets available in languages spoken by the patients and local community. Information leaflets on display in team buildings were predominately in English but translated versions were available. This included easy read versions. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff had access to translation services including face to face, telephone and document translation. Staff we spoke with knew how to access these services.

Facilities and premises were appropriate for the services being delivered. There was a lift in place and a hearing loops system available in reception. The service could support and make adjustments for people with disabilities, communication needs or other specific needs. The service could refer patients to partner organisations to undertake home visits.

## Access and flow



# Community health (sexual health services)

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. There was a single point of access via telephone. The service could also be contacted via email and was piloting an on-line booking system. There were currently no waiting lists for the service.

The service aimed to see patients within 48 hours and offered same day emergency appointments each afternoon. Triage was completed by either reception staff or the nurse co-ordinator. The nurse coordinator did not carry a daily appointment list and was available for the emergency appointments if required. The service also offered a 'call me' text service for young people where young people could text 'call me' to the service and get an immediate call back.

Managers worked to keep the number of cancelled appointments to a minimum. When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible.

## **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.**

Patients, relatives and carers knew how to complain or raise concerns. Information on how to complain was available within the location. None of the patients we spoke with had reason to raise a complaint but told us they would feel comfortable doing so if they needed to.

Staff understood the policy on complaints and knew how to handle them. Staff attempted an informal/early resolution as a first step and moved to a formal complaint if this was unsuccessful.

Managers investigated complaints and identified themes. Managers shared feedback from complaints with staff and learning was used to improve the service. Learning from complaints was discussed within the governance structure and shared with staff at team meetings. Patients received feedback from managers after the investigation into their complaint.

In the 12 months prior to our inspection, the service had received eight formal complaints. Two were resolved through early resolution. One complaint was upheld, One complaint was not upheld. Four complaints were withdrawn. In the same period the service received eight compliments.

## Is the service well-led?

### **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.**

# Community health (sexual health services)

Managers we spoke with were knowledgeable about the service, clinical practice and the local healthcare network. They were able to describe how the team was working to provide high quality care and had an understanding of the challenges and risks the service faced.

Managers were visible in the service and approachable for patients and staff. Staff we spoke with knew who senior managers were and understood their roles. Managers were described as open and approachable. Staff we spoke with told us managers were supportive and open to challenge.

Managers had support from a wider corporate structure at provider level. Managers had access to specialised training and development programmes.

## 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.**

Staff we spoke with were aware of the service and provider values and demonstrated them in their work. New starters to the service received an induction which covered values and expected behaviours.

## Culture

**Staff felt respected, supported and valued. They felt able to raise concerns without fear of retribution.**

Staff we spoke with felt respected, supported and valued. They spoke positively about the service and their roles. Staff felt proud of the service and were passionate about the work they did and the patients they worked with. Staff felt they worked in a flexible and supportive team.

Staff teams worked well together. Staff spoke positively about their colleagues and the local team. They described collaborative team working and a supportive environment. There were no cases of bullying or harassment reported.

Staff reported positive relationships with managers and senior staff within the multidisciplinary team. They told us that managers were supportive, open and approachable. Staff felt able to raise concerns without fear of reprisal. Staff felt empowered to suggest improvements or changes to the service and felt managers were receptive to ideas.

## 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.**

Performance and risk were managed well. There were processes in place to monitor the safety and quality of premises, equipment and the delivery of care and treatment. Managers had effective oversight of systems and processes to ensure the service was safe.

# Community health (sexual health services)

Staff discussed incidents, performance, risk and quality improvement in team meetings. There was a clear framework of what was to be discussed at team meetings. Action plans were monitored and delivered.

Staff had access to a suite of policies and procedures to support them in their work. Policies and procedures were appropriate and up to date. Staff we spoke with told us they were always able to get support and advice, either from senior staff locally or from a specialist team or practitioner within the provider.

Staff understood the arrangements for working with other teams, both within the provider and externally. The service submitted data and appropriate notifications to external bodies when required.

## 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 a framework to monitor quality and performance. Managers had access to information that supported them to manage the service including regular performance reports against key performance indicators. Managers used systems and data to manage performance effectively.

Managers we spoke with demonstrated a good understanding of the risks the service faced and could describe actions in place to mitigate them. They identified and escalated relevant risks within the provider and local health networks. Staff had access to a risk register held at service level. Staff were able to raise issues for inclusion on the risk register. The service submitted quarterly performance reports to commissioners.

The service had plans for emergencies such as adverse weather, loss of information technology systems or closure of premises. The service had introduced contingency plans around the COVID-19 pandemic and monkey pox outbreak.

## 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.**

Staff had access to the information they needed to provide safe and effective care and used that information to good effect. Care records and performance data was easily accessible. Staff had access to the equipment and information technology needed to do their work.

Staff followed policies and procedures to protect patient confidentiality. Staff ensured that patients understood how their information was stored and who it was shared with. Patients signed consent forms to support this. Staff made notifications to external organisations when necessary. This included the Care Quality Commission and the local authority.

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Managers had access to information to support them in their management role. They had access to up-to-date performance data including a range of agreed key performance indicators. Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities. The service submitted data to the Genitourinary Medicine Clinic Activity Dataset (GUMCAD) and the Sexual and Reproductive Health Activity Dataset (SRHAD).

## 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, patients and carers had access to up to date information. Information was available via the service's website and social media channels. Information was also displayed on site.

Staff, patients and carers were able to give feedback on the service. There were established systems for patients to give feedback. Staff were able to give feedback informally or in staff surveys. Feedback was reviewed and responded to.

Managers engaged actively with other local health and social care providers and support services. There was good multi-agency working which supported patients with their needs. The service worked effectively with local bodies including safeguarding teams, commissioners and other healthcare providers. Staff worked with other organisations to increase access to sexual health services.

## Learning, continuous improvement and innovation

**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 services had systems in place to learn from adverse incidents, audits and patient feedback. Findings, recommendations and improvement was discussed within team meetings and the wider governance structure.

The service had been involved in research projects including research including the evaluation of the Home Based Intervention Strategy (HIS-UK) to reduce chlamydia infections in young men aged 16-25 and a trial of Pre-exposure Prophylaxis (PrEP) which is a medication which reduces the risk of acquiring HIV.