Herts & Essex Fertility Centre Limited

Herts & Essex Fertility Centre

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

The service was last inspected in 2014 and met the standards required. This is the first time we have inspected this location under our new rating system. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, 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 provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. 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. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients and families.
- 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.

However:

- The safeguarding lead had only received safeguarding adult training to level 2. This was not in line with the intercollegiate document adult safeguarding: roles and competencies for health care staff guidance which states this person should be trained to level 3.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Fertility services	Good 	

Summary of findings

Contents

Summary of this inspection

Background to Herts & Essex Fertility Centre

Herts & Essex Fertility Centre provides private fertility advice and treatment for people in Hertfordshire and the surrounding geographical area. Founded in 1989, the service is registered with the Human Fertilisation and Embryology Authority (HFEA) and the Care Quality Commission (CQC).

The HFEA regulate services that provide fertility treatment and research using human embryos and carry out their own inspections to ensure their standards are met. The service is registered with the CQC for the regulated activities of diagnostic screening procedures, surgical procedures and treatment of disease, disorder or injury. CQC only inspect against regulated activities.

The service is located in a single storey building in a residential area. There are adequate car parking facilities which can be accessed through a controlled barrier system.

Facilities include a seated reception area, four consulting rooms, two additional rooms, two ultrasound scanning rooms, operating theatre and recovery area, laboratory, dispensary and administration rooms.

The service is open Monday to Friday from 8am to 5pm and run a clinical staff on-call out-of-hours system to provide patient advice. The service frequently hosts open evening events. Due to COVID-19 pandemic restrictions, these are presently conducted virtually online.

The service is led by two medical directors and a director of clinical services. They employ a range of clinical staff including gynaecologists and obstetricians, clinical embryologists, specialist nurses, health care assistants and a dietician. The service has a team of administration staff who support reception, administration and finance.

The service had a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The service was last inspected in 2014 (report published 4 February 2014) and met the standards required. This is the first inspection under our new rating system.

How we carried out this inspection

You can find information about how we carry out our inspections on our website:

https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection

Outstanding practice

We found the following outstanding practice:

- The service had explored the use of different technology to provide a variety of ways for patients to access information and to contact the service. This provided additional communication accessibility to support patients.

Summary of this inspection

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should refer to the intercollegiate document adult safeguarding: roles and competencies for health care staff guidance to ensure their safeguarding lead has the appropriate level of safeguarding training.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Fertility services	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Fertility services

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

Are Fertility services safe?

Good

We rated it as good.

Mandatory training

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

All staff received and kept up-to-date with their mandatory training, which included infection control, fire awareness and safeguarding. Prior to the pandemic, practical courses such as moving and handling, were held face to face, however since COVID-19, training was changed to online courses through eLearning. Staff had access to their individual online record where they could locate the training modules due and store certificates of completion.

Mandatory training was comprehensive and met the needs of patients and staff. Training compliance was monitored, and staff were alerted by email when their refresher courses were due. All staff were fully compliant with their mandatory training.

Clinical staff completed training on recognising and responding to patients with mental health needs, equality, diversity and inclusion and counselling training "Supporting Your Patient" which was provided by an external company. Whilst all staff completed basic life support (BLS) as part of the mandatory training, senior staff received training in advanced life support (ALS).

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.

Staff received training specific for their role on how to recognise and report abuse. All staff had received safeguarding adults training to level 2 and safeguarding children level 1. The safeguarding lead had received safeguarding children at level 2.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. The service had a safeguarding adults and children policy which had been reviewed and amended in November 2021.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The initial patient consultation was comprehensive and included questions relating to the welfare of the child assessment, which was reflected in the safeguarding policy.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The registered manager was the safeguarding lead and had safeguarding adults and children level two training. This was not in line with the intercollegiate document adult safeguarding: roles and competencies for health care staff guidance, which states this person should be trained to level 3. We raised this as a concern with the registered manager. Following our inspection, the registered manager and the medical director registered for level 3 safeguarding training. There had been no safeguarding referrals made in the past 12 months.

Staff followed safe procedures for children visiting the service in line with their safeguarding policy.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were visibly clean and had suitable furnishings which were clean and well-maintained. Staff had a COVID-19 protocol to follow for visitors. Patients contacted the service when they arrived in the car park and were asked to wait until the service was ready for them. Although there was a waiting area and seating had been arranged to adhere to social distancing guidance, this was not being used at the time of our inspection due to COVID-19 restrictions. On entry all visitors were asked declaration questions relating to their current health and had their temperature taken to detect any signs of infection. All visitors were given a disposable mask to wear (except those medically exempt) and asked to use the alcohol hand gel.

Staff followed infection control principles including the use of personal protective equipment (PPE). Clinical staff wore scrubs which were short sleeved ensuring they were bare below the elbows, masks, appropriate footwear and when necessary, hats, aprons and gloves. Staff followed the recommended handwashing technique and disposed of PPE correctly. Hand hygiene audits were undertaken every month to ensure continued compliance. The audits we viewed had questions relating to correct wearing of PPE and observation of hand washing. We viewed audits covering a period of three months and staff were all compliant. Sinks had elbow operated lever taps and were equipped with liquid soap, paper towels and alcohol gel. Informative PPE and handwashing posters were displayed on the walls.

Staff cleaned equipment and furnishings after each patient contact. When a patient was discharged from the recovery bay, we observed staff cleaning the area which included the trolley, patient locker, seating, monitoring equipment and other touch points. All clinical areas that required screens had disposable curtains which were changed every three months. We observed the same cleaning regime in the ultrasound scanning areas where paper sheets were used to cover the bed and pillow.

The service employed a cleaning company who attended every day before the service opened to manage general cleaning. A monthly audit was carried out to ensure continued compliance. The service had an external environmental consulting company carry out an infection prevention and control inspection. The outcome showed compliance and only two minor suggestions for improvement.

Good

Fertility services

Environment and equipment

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

The design of the environment followed national guidance. The service consisted of a reception and waiting area, four consulting rooms, two additional offices that could be used for consultation, two ultrasound scanning rooms, theatre and a recovery area with four bays, staff changing room, laboratory department, staff kitchen and storage rooms. The rooms were easily accessible with clear signage on doors including occupied/vacant signs to provide privacy and confidentiality. Each consultation room had a computer and webcam facility to provide remote patient consultations which had been introduced during the COVID-19 pandemic. Each recovery bay had a call bell which was placed within each patient's reach. Call bells were checked daily to ensure they were working correctly.

There was an emergency resuscitation trolley in the recovery area and an emergency grab bag in reception. The service had a system in place to check emergency medicines in the theatre and recovery areas. We viewed the records and found they were completed correctly, and all medicines were in date. We checked the resuscitation trolley and found all equipment and emergency medicines were in date. The records we viewed identified that checks were carried out daily by the nursing staff.

We found that one door which was situated in the busy corridor was wedged open with a doorstop. The registered manager told us this was part of the COVID-19 infection control plan to reduce touch points for staff. We discussed with the registered manager the importance of the door being able to shut automatically in the event of a fire. The registered manager acknowledged this and responded immediately, removing the doorstop. Following the inspection, the registered manager informed us they were discussing with the alarm contractor regarding fitting approved magnets on the doors to enable them to close automatically when the fire alarm was activated. The registered manager sent a memo to all staff to inform them of the changes regarding not wedging open fire doors.

For security reasons, closed-circuit television (CCTV) which was located in communal and outside areas, was in place. There was a notice on the door as people entered the building to inform them that CCTV was installed. Staff had security access cards to allow them admittance to the rooms, thereby preventing unauthorised entry.

The service had enough suitable equipment to help staff safely care for patients. The operating theatre was well equipped with specialist equipment including anaesthetic equipment, cardiac monitor and ultrasound scanner. In each patient recovery bay was a trolley, lockable bedside cabinet for patient to store their belongings safely, storage unit for clinical items, monitoring equipment, suction and oxygen equipment. The two scanning rooms each had an ultrasound machine which had been serviced in January 2021. Patient weighing scales were in clinical areas and had been calibrated and serviced.

Staff carried out daily safety checks of specialist equipment and records we viewed confirmed checks had been completed. Medical gases such as oxygen were stored correctly with appropriate wall safety signage. Outside the theatre on the wall was emergency equipment including a first aid kit, eye wash, fire extinguishers and high visibility jacket for use by the person in charge in the event of an emergency.

The service held an asset register which included details of all equipment and when servicing was due as well as details of equipment that had been decommissioned or sent for repair. One person was responsible for arranging equipment maintenance and all equipment we checked had in-date maintenance checks, including portable equipment testing (PAT). The registered manager had oversight of the maintenance records.

Staff disposed of clinical waste safely. Clinical waste pedal bins were appropriately placed. Sharps bins were dated and signed and changed every three months in line with Health and Safety Executive guidance. Four clinical waste storage bins were housed externally in a locked shed. The service had a clinical waste removal contract with an external company and the service led agreement had been signed and dated April 2021. The contractor collected the clinical waste weekly.

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 monitored patients closely pre-operatively, during the theatre procedure, when in the recovery unit and in the scanning areas. Staff communicated with patients throughout all of the procedures thereby having continued oversight of their condition.

Patient observations were carried out using the National Early Warning Score (NEWS), which included blood pressure and cardiac monitoring, and staff identified deteriorating patients and escalated them appropriately. There was always a medical practitioner on duty and the service had an agreement with the local hospital as an escalation pathway.

Staff completed risk assessments for each patient prior to consultation on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. Staff knew about and dealt with any specific risk issues such as allergies, which were highlighted on the patient's records. Patients with an allergy undergoing a procedure were given a red-alert wrist name-band for ease of recognition.

Patients received a comprehensive assessment during the initial meeting with the nurse and then a consultation with the medical consultant. Any individual risks were assessed, and advice given.

Staff shared key information to keep patients safe when handing over their care to others such as at shift changes and handovers. We observed staff communicating information clearly to each other and recording in the World Health Organisation (WHO) surgical safety checklist in the theatre and recovery area.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank staff a full induction.

The service had enough nursing and support staff to keep patients safe. The service was fully staffed, however due to the COVID-19 pandemic, the registered manager recruited two additional healthcare assistants due to the increased infection control cleaning process that had been introduced which resulted in demands on staff time. The additional staff also assisted with chaperoning.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants needed for each shift to meet the operational needs of the service.

The registered manager could adjust staffing levels daily according to the needs of patients. On the day of the inspection there were sufficient staff to manage the planned activities. The service had a low staff turnover rate, with many of the staff having worked at the service for many years.

Managers limited their use of bank staff, all of whom were experienced and had previously been employed by the service. The service did not employ agency nurses.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

The service had enough medical staff to keep patients safe and a good skill mix of medical staff on each shift and reviewed this regularly. The medical team consisted of consultants who held the appropriate qualifications and experience. The service was in the process of recruiting a further medical consultant to fill the vacancy in their medical team.

On the day of inspection, there were enough medical staff on duty which included the medical director, consultant anaesthetist and a consultant gynaecologist.

The service had low turnover rates for medical staff and did not use locums. The service had a service level agreement with an anaesthetic group (consortium of 10 anaesthetists) who provided the anaesthetic cover required. The doctors worked a rota system to ensure there was enough cover at all times.

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.

Patients' notes were comprehensive, and all staff could access them easily. The service used an electronic system which was password protected to ensure records could not be accessed by those who were not authorised to do so. Patient records had an individual file number which was used for security and confidentiality.

We viewed four sets of patient records which followed the same comprehensive format. A past and present medical history, photographic identification, health screening and consent forms were completed and documented in the records. All communication with the patient whether telephone calls, examinations or consultations were documented clearly in the records. This provided a timeline of communication so when patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely, and staff had to complete data protection training before having access to the electronic system. Staff followed policy to keep patient care and treatment confidential. Computer records were password protected and staff signed out when they had completed their data entry.

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. Medical staff wrote private prescriptions for medicines that were supplied by the service or dispensed by the patients' preferred community pharmacy. Medicines supplied by the service against these prescriptions were dispensed by a nurse and checked by another nurse. Both nurses signed the administration record as well as recording the batch number of the drug and date. Staff reviewed each patient's medicines at their consultation and provided advice to patients about their medicines.

Staff completed medicines records accurately and kept them up to date. The medicine administration charts used in theatre when the nurse or anaesthetist administered any medicine was recorded immediately on a paper administration record. This was then scanned onto the computer to be kept in the patient's individual record.

Staff stored and managed all medicines and prescribing documents safely. Medicines including medical gases and controlled drugs were stored securely. Monitoring systems provided assurance that medicines requiring refrigeration were kept within their recommended temperature ranges.

Staff followed national best practice to check patients had the correct medicines when they were admitted, or they moved between services. Patients who had completed a procedure during our inspection, told us the nurse confirmed they had a sufficient supply of their medicine prior to discharge.

Staff learned from safety alerts and incidents to improve practice. Any medical safety alerts received, or any medicine incidents were shared with staff.

The service had a comprehensive management of medicine policy which had been reviewed in September 2021. The service was signed up to a local medicine network where the staff attended meetings and received newsletters and updates.

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.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy. There had been 69 recorded incidents and near misses for the year. Incidents were reported on the incident database which all staff had access to. The electronic incident log was reviewed as part of the quality assurance audits.

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.

Staff received feedback from investigation of incidents, both internal and external to the service. Incidents were investigated and shared in the monthly clinical meeting and departmental meetings. Staff met to discuss the feedback and look at improvements to patient care.

There was evidence that changes had been made as a result of feedback; for example, following one incident, changes were made to the patient health questionnaire.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. The service had a policy and process for the management of adverse and serious incidents.

Managers debriefed and supported staff after any serious incident. Staff told us the management team were very supportive.

Good

Fertility services

Are Fertility services effective?

Good

We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver care according to best practice and national guidance. Policies were accessible to all staff.

The medical and nursing staff were registered with their own respective professional national bodies and any changes to evidence-based practice was forwarded to them. Attendance to professional courses gave insight into any changes or developments in practice.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. The service made adjustments for patients' religious, cultural and other needs.

Patients waiting to have surgery were not left nil by mouth for long periods. Patients were informed when to fast before their appointment time. Staff documented when patients last ate and drank, and this was handed over to the theatre staff. Patients were informed of any delays in treatment.

Patient's weight and height were taken to assess their body mass index (BMI) as part of the medical history during the first consultation.

Specialist support from staff such as a dietitian was available for patients who needed it. Staff told us, if appropriate, patients would be provided with the contact details of the dietician to enable them to approach the dietician directly.

Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs. Post operative patients were offered a choice of beverages and snacks. Staff confirmed patient's specific nutritional needs pre-operatively, including any cultural and religious preferences and where possible, would obtain their specialist diet. Alternatively, patients could take their own drink or snack with them when they attended.

The service had water dispensers in the waiting area and clinical areas, but these had been made inactive due to the COVID-19 pandemic requirements, however there was a kitchen area and fluids were available.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed pain using a recognised tool and gave pain relief in line with individual needs and best practice.

Staff told us patients received pain relief soon after requesting it. Access to pain relief was discussed with the patient so they could make an informed choice. Staff told us they could offer heat pads for pain relief if required.

Staff prescribed, administered and recorded pain relief accurately. Medical practitioners prescribed pain relief when required. Medicines were administered as per the instructions and recorded on the patient's medicine administration record. Patients admitted for a procedure were provided with a named wrist band.

Patient outcomes

They used the findings to make improvements and achieved good outcomes for patients.

The service conducted monthly patient journey feedback questionnaires which asked about service accessibility, facilities, appointments and visit times, consultations, information provided and the treatment they received. This information was analysed and discussed at departmental meetings. We viewed the analysis of the audits and noted that the majority of the responses were positive.

Managers shared and made sure staff understood information from the audits through regular meetings. Relevant discussions from the departmental, clinical and management meetings were shared with staff to improve care.

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. Staff had the opportunity to undertake additional courses for both personal and professional development. Nurses completed ultrasound scanning training through the British Fertility Society, and practical skills were observed and signed off when competent.

Managers gave all new staff a full induction tailored to their role before they started work. They followed a comprehensive orientation programme and were supernumerary for two weeks until their competency booklet was signed off. New staff were assigned a mentor and a buddy to support them.

Managers supported staff to develop through annual constructive appraisals of their work. Staff told us they received appraisals and had opportunities for professional development and to learn new skills.

Managers supported nursing staff to develop through regular constructive clinical supervision of their work and made sure staff received any specialist training for their role. Nursing staff were provided with opportunities for continued professional development, which was required by the Nursing and Midwifery Council, to enable them to complete their revalidation for continued registration. Staff received one to one supervision which provided support and to plan for any training requirements.

Managers identified any training needs their staff had and gave them the time and opportunity to discuss this with their line manager to support and develop their skills and knowledge. Staff told us they were supported to undertake courses to gain further qualifications.

Managers supported medical staff to develop through regular constructive clinical supervision of their work. The medical director was registered with the General Medical Council (GMC) as the responsible person for a designated body to undertake annual appraisals for medical staff. Continued professional development for medical staff was supported through health services and professional bodies with access to online courses. Medical staff followed an inhouse induction and competency framework when they started with the service.

Clinical educators supported the learning and development needs of staff. Training and learning formed part of the regular clinical meetings where knowledge was shared.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Minutes of the meetings were available for staff to read.

Multidisciplinary working

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

Staff held regular and effective departmental meetings to discuss patients and improve their care. Staff told us they work as a team, and we observed effective communication between staff on the day of inspection.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff told us they had access to professionals such as dietician.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support. Informative recordings and advice on a healthy body, mind and lifestyle was available on the service's website. The service's nutritionist produced monthly information blog on social media.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. During the initial consultation, the nurse followed a checklist of past and present health questions. A person-centred approach was taken in response to the questions, providing appropriate advice.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The initial patient consultation provided staff with an insight into the patient's capacity and understanding. Staff received training on the approach to take to ensure patients were fully informed before completing the consent form.

Staff gained consent from patients for their care and treatment in line with legislation and guidance and in accordance with culture and traditions. Staff told us they were aware of ensuring patients had clear understanding to enable them to make an informed choice.

Good

Fertility services

Staff made sure patients consented to treatment based on all the information available. Patients were required to visit the service's website to review the recordings to ensure they received information to enable them to make an informed choice.

Staff clearly recorded consent in the patients' records. Consent was required at each stage of the person's treatment, and this was documented.

Clinical staff received and kept up to date with annual training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Are Fertility services caring?

Good

We rated it as good.

Compassionate care

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

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 staff communicating with patients at a steady pace, giving them time to ask questions. Patients told us they were well informed, supported and reassured, and they felt safe with the staff.

Patients said staff treated them well and with kindness. Patients told us their privacy and dignity were respected, and they felt comfortable, and staff made them feel at ease. Patients described the staff as exemplary in the care they provided. We observed patients being treated holistically and with dignity.

We observed staff speaking quietly to patients with the door closed in the consultation rooms. In the recovery bay and scanning areas, curtains were drawn around the beds providing privacy for patients. Staff had received chaperone training and patients were offered a chaperone when attending for procedures if required; this was documented if the patient declined. Notices in waiting room informed patients that they could request a chaperone.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. We observed staff interacting with patients with a compassionate approach. Staff told us they were aware of the emotional feelings patients had and the effect on their mental health. They said this had been more difficult because of COVID-19 pandemic.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. At handover meetings, staff routinely referred to the psychological and emotional needs of patients and their relatives.

Good

Fertility services

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. 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. We observed staff asking a patient about contacting their family member to collect them after their procedure. The call was supportive and reassuring and arrangements were made for the patient to be discharged.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment.Staff talked with patients and families in a way they could understand, using communication aids where necessary. Patients told us when they contacted the service and left messages, staff returned calls promptly.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff supported patients to make informed decisions about their care. Patients gave positive feedback about the service. Patients told us they were very happy with the care they had received.

Are Fertility services responsive?

Good

We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the needs of the local population. The service held monthly open evenings for people. This was normally through visiting the service, however because of the COVID-19 pandemic, the open evening was carried out virtually online.

Facilities and premises were appropriate for the services being delivered. The layout of the building was suitable with enough consultation rooms, inhouse operating theatre and recovery and two separate ultrasound scanning rooms. The laboratory and dispensary were onsite, which provided an inclusive service.

The service had systems to help care for patients in need of additional support or specialist intervention. There was a dietitian available for advice if required.

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 service was on one floor and was accessible for patients using wheelchairs. There were sufficient patient rest rooms and a wheelchair accessible toilet with baby changing facilities.

Patients told us they were happy with the service they were receiving. They complimented the administration staff, stating they were knowledgeable and polite.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. When the person required information in their preferred language, the service used a translation service. The service liaised with three different translation companies. The service never used family member or friends as translators and the consent form was available in a variety of different languages when needed.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff were knowledgeable about the Equality Act 2010 and the service's diverse clientele. The team told us they were working closely with the lesbian, gay, bisexual and transgender (LGBT) community and had partnered with them to provide online talks.

Access and flow

People could access the service when they needed it.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed time frames. Patient consultation times were included within their monthly quality assurance monitoring of a patient journey. Audits over the past three months, identified that between 70% and 82% of people who accessed the services did so within the expected time.

Managers and staff worked to make sure patients did not stay longer than they needed to and patients were given a time to attend consultations. Following treatments, patients were monitored closely and when they were medically fit, they were discharged. Patients told us their treatments had been arranged in a timely manner.

Managers worked to keep the number of cancelled appointments to a minimum. The COVID-19 pandemic had impacted on people's appointments. The website provided current information for people of when the service was open and the process, they were taking to contact people.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible.

Managers and staff worked to make sure that they started discharge planning as early as possible. From when the person was admitted for treatment, information relating to their discharge was prepared. Following an operative procedure, patients were given written instructions about post-procedure care.

Staff planned patients' discharge carefully, particularly for those with complex health and social care needs. Any specific care needs in relation to their health diagnosis was noted in the information sheets given. Patients were also provided with a letter outlining the procedure they had received as information for any service the patient may attend; for example, if they needed to see their GP or go to the emergency department.

Staff supported patients when they were referred or transferred between services. Staff told us that when advice was sought from other professionals, patients would be given the relevant details to make appointments.

Good

Fertility services

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 and relatives knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in the reception waiting area. The service's website provided contact details of who to raise their complaint to using the online form.

The service had a comprehensive complaints policy which provided clear guidance on the complaint process. Staff understood the policy on complaints and knew how to handle them. Staff told us that if a patient complained during their visit to the service, they would try to resolve it. Where the complaint could not be resolved staff told us they would ask the manager to speak with them or provide details of how to make a formal complaint.

The service had recorded six complaints for the past year, which was within their key performance indicator of 1%. Department managers investigated complaints and final sign off was by the director of clinical services. Complaints and identified themes formed part of the monthly quality assurance audit and were discussed in departmental and clinical meetings.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service.

Are Fertility services well-led?

Good

We rated it as good.

Leadership

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

The service had a clear management structure, led by two experienced medical directors and the director of nursing and clinical services. The director of nursing and clinical services was the registered manager for the service and had daily operational oversight. The management team were visible and undertook some clinical roles to retain current practice, with the majority of their time allocated to managerial responsibilities.

The medical director and registered manager met with staff and heads of departments regularly thereby ensuring they had continued oversight.

Staff told us they were supported by the management team who gave clear leadership. Staff said all members of the management team were approachable and they felt able to discuss any concerns or raise any suggestions. We spoke with the consultant anaesthetist on duty at the time of inspection and they were positive about both the service and the medical director. On the day of our inspection, we observed staff and the leadership team working alongside each other as a team with positive shared communication.

Good

Fertility services

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. Leaders and staff understood and knew how to apply them and monitor progress.

The heads of department minutes identified that the service had reviewed their strategy with regards to COVID-19, to ensure continued compliance in line with current guidance.

The new vision and strategy were going to be launched in January 2022. Focus was on different areas of treatment with new campaign objectives. The management team recognised the growing local diverse population which included those with protected characteristics. In response, part of the vision and strategy related to service development to meet the needs of the diverse population.

Culture

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

Patients told us they were happy to raise any concerns and were confident staff would always answer their questions.

The service promoted an open culture. Staff told us they felt supported by management and confident to approach them with any concerns. The service held team-building days and had one planned for early in 2022.

Staff well-being was recognised, and staff had access to counsellor support. The marketing manager was also the wellbeing officer and had counselling qualifications and supported staff through well-being events and discussions.

Staff described the service as a good place to work. They spoke positively about the training, and they told us they had been supported with courses and opportunities to improve their skills. Staff gave examples of how they had been supported to gain additional healthcare qualifications and about career development.

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.

The medical director and registered manager were clear about their roles and accountabilities. They operated an open-door policy and were visible and approachable. Staff understood their roles and responsibilities and spoke positively about the management of the service.

Regular meetings were held. Each department held their own meeting monthly to discuss any concerns. The heads of each department met together to share relevant information from their area and results of audits discussed. Clinical staff held monthly meetings.

Quality meetings between the heads of departments, medical director and the registered manager were held where they reviewed complaints, incidents, risks and escalated concerns from other meetings and performance. An annual review of performance, SWOT (strength, weakness, opportunity and threat) analysis completed, and objectives set for the year.

Minutes of meetings were stored and accessible in the computer system. We viewed meeting minutes covering a three-month period. Minutes were comprehensive and identified the subject of discussion, actions and effectiveness. Information from meetings was cascaded to staff during departmental meetings, which provided a communication flow of information within the organisation.

The service had service led agreements (SLA) with external companies who provided certain services. There was a system and process in place to complete due diligence processes for each supplier/provider of the service. The SLAs were reviewed annually. These were recorded on a spreadsheet and the registered manager ensured the contracts were dated and signed. These included agreements for the anaesthetic group, pathology that processes clinical testing, and clinical waste disposal company. The medical director had bi-annual meetings with the laboratory service provider to discuss any concerns.

The service had a business continuity plan.

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 risk register to record when risks were identified, with a process of escalation onto the main corporate risk register. Each risk was RAG (red-amber-green) rated, and included details of the actions taken to mitigate risks. We checked the risk register to see if the risks we had been told about were recorded, for example those relating to COVID-19, and they were. The risk register was reviewed and updated at the quality meetings; each risk had an identified risk handler and actions to mitigate the risk with review dates, within the different departments who held the responsibility for assessing the risk. The registered manager had oversight of all the risks.

The service had an audit programme, however at the height of the COVID-19 pandemic the service was not operational and only audits that were essential such as handwashing and PPE were completed in that period. The service recommenced the comprehensive programme of audits and managers used information from the audits to improve care and treatment.

Information Management

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

The service was aware of confidentiality and data protection. Electronic records were safely stored and were password protected. We observed staff signing in and out of the system when they needed to access records. Staff undertook general data protection regulation (GDPR) training, and this had to be completed before they gained access to the computer system.

Staff had access to policies and procedures and their individual training file on the computer system which they accessed using their password.

The registered manager was aware of their responsibility to forward notifications to the CQC regarding events and incidents that affected the service or people who used it. The registered manager told us that any safeguarding alerts were escalated to the local authority.

The service undertook audits relating to record keeping and confidentiality which covered reviewing records, documentation protocol, storage for archived records and these were analysed for any actions. We checked the audit, and where an action was required, for example where some policies needed to be reviewed, these were followed up by the relevant staff member.

Engagement

Leaders and staff actively and openly engaged 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.

The service worked closely with the local NHS hospital, the anaesthetist group and other professionals providing a supportive network for patient care.

Patients were encouraged to express their views on their experiences of the care received and this information was gathered and audited monthly.

The website had written information and advice, informative recordings, current notices about the service activities and COVID-19 advice. The service used other social media outlets and blogs. Linking with the local community was part of the service's vision and strategy plan and they were already liaising with the LGBT community.

Cancelled patient appointments during height of the pandemic were prioritised on set criteria including age and stage of treatment. Staff were aware of patient anxiety, so the service provided updates on the website from the clinic to support them. As the pandemic lessened, the service began to use videoconferencing technology to hold consultations with patients.

The service conducted a staff survey in relation to COVID-19 to assess how supported and safe staff felt. There was focus on staff mental health and wellbeing and the service provided counselling to support staff. Sessions were delivered through technology and staff were able to make a confidential appointment directly with the external counsellor. Staff were informed of any service activities directly by email, via information on notice boards, in meetings and through supervisions. Staff told us the management team were very approachable and they felt listened to.

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.

Learning for staff development and service improvement was actively encouraged. Staff told us they were supported with attending courses to develop new skills. Assurance that learning was embedded into practice was part of the induction, supervision and competency process.

Audits, which apart from infection control had been paused during the height of the pandemic, had started to be carried out again. These provided an overview of service performance and analysis of outcomes and actions taken and were part of the monitoring process. Through sharing results in staff meetings provided a culture of continued learning.

Good

Fertility services

The service had developed new ways of working during the COVID-19 pandemic and through using technology had been able to continue with consultations safely.