Global House

Quality Report

Global House
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from 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?	Good
Are services well-led?	Good

Overall summary

Overall, we rated the services at Global house as good because:

- The service had effective systems for identifying and reporting incidents, and staff recorded and investigated incidents appropriately. The service took action to mitigate risks to patients in services covered by community teams. The service monitored its safety thermometer information to improve patient safety. Staff had received safeguarding training and were aware of the action to take if they suspected abuse.
- Patient records were comprehensive, with appropriate risk assessments completed. The new electronic patient record system ensured that patient details were stored securely and promoted confidentiality.

Summary of findings

- Patients were cared for by appropriately qualified staff, who had received an induction to the unit and achieved specific competencies before being able to care for patients independently. Contraceptive and reproductive health staff were trained in the speciality and many had undertaken the diploma from the Faculty of Sexual and Reproductive Health.
- There was effective internal and external multidisciplinary team working and practitioners worked with other staff across services.
- Patients gave positive feedback about the services they used. They told us their confidentiality, dignity and privacy was respected by staff.
- Services were developed to meet the needs of people. Patients on the home pathway had their rehabilitation needs met in their homes. The Medical Response Team provided telephone consultations and face-to-face consultations in patients' homes. The contraceptive and reproductive health clinic times were flexible to meet people's needs.
- We saw good local leadership within the service and staff reflected this in their conversations with us. There was a positive culture in the service and staff said they could raise concerns with the leadership team.
- The service had implemented a live performance scorecard for daily monitoring of key performance indicators.

However:

- A surgical safety checklist was not in use for vasectomy procedures.
- Local risk assessments for satellite clinics were completed, but action plans for change did not have set times for completion.
- There was no formal service level agreement in place for the use of satellite locations for contraception and reproductive health services. However, the provider conducted annual risk assessments and had escalation procedures in place for use of the facilities.

Summary of findings

Contents

Good

Global House

Services we looked at
Community health services for adults; Community health (sexual health services)

Summary of this inspection

Our inspection team

Inspection Manager: Margaret McGlynn

Lead inspector: Temi Oke, Care Quality Commission

The team comprised three CQC inspectors and a number of specialists, including a district nurse, a physiotherapist, and a sexual health nurse.

Why we carried out this inspection

We carried out this inspection as part of our comprehensive community health services inspection programme.

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we hold about the core service and asked other organisations to share what they knew. We carried out an announced visit on 18 and 19 October 2016. We carried out an unannounced visit of the contraception and reproductive health clinic at the community vision children's centre, Penge on 28 October 2016. We inspected services carried out from Global House including:

- The Medical Response Team
- The Rehabilitation Home Pathway
- Contraceptive and reproductive health service at the following locations:
  - Beckenham Beacon Hospital
  - Community vision children's centre, Penge

As part of the inspection visit, we spoke with members of the executive management team and individual staff of all grades. We attended eight home visits with advanced nurse practitioners, therapist and out of hours GPs. We spoke with 10 patients and family members. We observed care and treatment and looked at 11 sets of patients records. We also spoke with 34 staff members, including community and specialist nurses, therapists, doctors, administrative staff, clinical leads and senior management.

Information about Global House

Global House is the registered headquarters of Bromley Healthcare Community Interest Company (Bromley Healthcare). Bromley Healthcare provides community healthcare services to residents of Bromley and specialist services to Bexley, Croydon and Lewisham.

Services operating from Global House include the Medical Response Team (MRT), the Rehabilitation Home Pathway (home pathway) and the contraception and reproductive health service (C & RH).

Summary of this inspection

The MRT is a hospital avoidance service that provides 24 hours a day, seven days a week service to patients who become unwell but do not require hospital admission. This service is available to people who live in Bromley or are registered with a GP in Bromley.

Between October 2015 and September 2016, the number of patient contacts by the medical response team was 19,426. Of these, 12,094 involved face-to-face consultations with the patient at their homes whilst 7,332 involved telephone consultations with the patients. The total number of patients seen during in the period was 4,781.

The home pathway provides rehabilitation services to patients recovering from hospital stay in their homes. The home pathway also accepts referrals from an inpatient rehabilitation unit within Bromley Healthcare. Between October 2015 and September 2016, the number of patient contact by the rehabilitation home pathway team was 31,450. Of these 31,051 involved face-to-face consultations, 398 involved telephone conversations and one was identified as "other consultation". The total number of patients seen during the period was 1,034.

Ninety per cent of patients seen by the MRT and home pathway were over the age of 65 while 10% were between 18 and 65.

The contraception and reproductive health service operates from seven clinics including Beckenham Beacon Hospital, Community vision children's centre, Penge, Biggin Hill Clinic, Mottingham Clinic, Eldred Drive Clinic, Orpington Hospital outpatient clinic and Bromley Y. Between October 2015 and September 2016, 4254 patients attended the contraception and reproductive health clinics. Of these, 167 patients were under the age of 16.

What people who use the service say

Patients and relatives we spoke with were positive about the care and treatment they received. They told us they were involved in discussions about their treatment and staff treated them with dignity and respect.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

- The service monitored its safety thermometer information to improve patient safety and there were effective arrangements for safeguarding vulnerable adults.
- Staff had access to a wide range of equipment and most equipment was adequately maintained.
- Patient records were comprehensive, with appropriate risk assessments completed. Staff routinely assessed and monitored risks to patients. They used the national early warning score to identify patients whose condition might deteriorate.
- Medicines were generally stored safely and securely.
- The equipment was clean and most staff complied with infection prevention and control guidelines.

Are services effective?

Good

- Policies and procedures were developed in line with national guidance.
- There was effective internal and external multidisciplinary team working and practitioners worked with other staff across services.
- Staff had received an induction to the unit and achieved specific competencies before being able to care for patients independently. All staff had an appraisal in the last year.

Are services caring?

Good

- Staff provided a caring, kind, and compassionate service and we received positive comments from patients. We saw staff communicating with patients in a polite and caring way.
- Patients' feedback was sought and most patients indicated they would recommend the service.
- We observed staff working in partnership with patients when delivering care. Staff delivered information to patients in an accessible way and ensured patients were involved in their own care.

Are services responsive?

Good

- Services were developed to meet the needs of people. Patients on the home pathway had their rehabilitation needs met in

Summary of this inspection

their homes. The Medical Response Team provided telephone consultations and face-to-face consultations in patients' homes. The contraceptive and reproductive health clinic times were flexible to meet people's needs.

- The contraception and reproductive health service had a provision for people living with learning disabilities to help them make a fully informed choice of their contraception method and ensure they understood the implications of undertaking a sexual relationship.
- Staff had access to translators when needed, giving patients the opportunity to make decisions about their care, and day to day tasks.
- The service had a robust system in place for collecting and responding to complaints. Information from complaints was fed back to staff in team meetings.

Are services well-led?

Good

- We saw good local leadership within the service and staff reflected this in their conversations with us. Staff were supported in their role and had opportunities for training and development.
- There was a positive culture in the service and most members of staff said they could raise concerns with the leadership team.
- The management had oversight of risks within the services and mitigating plans were in place.
- There was evidence of staff engagement and changes being made as a result. Patients were engaged through surveys, feedback forms and online forums.
- The service had implemented a live performance scorecard for daily monitoring of key performance indicators.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Good

Community health services for adults

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

Information about the service

The Medical Response Team (MRT) and the Rehabilitation Home Pathway (home pathway) provided adult community services.

The MRT is a hospital avoidance service that provides 24 hours a day, seven days a week service to patients who become unwell but do not require hospital admission. This service is available to people who are registered with a GP in Bromley.

Between October 2015 and September 2015, the number of patient contacts by the medical response team was 19,426. Of these, 12,094 involved face-to-face consultations with the patient at their homes whilst 7,332 involved telephone consultations with the patients. The total number of patients seen during the period was 1,034.

The home pathway provides rehabilitation services to patients recovering from hospital stay in their homes. The home pathway also accepts referrals from an inpatient rehabilitation unit within Bromley Healthcare and step up patients from GP practices and the MRT. Between October 2015 and September 2015, the number of patient contact by the rehabilitation home pathway team was 31,450. Of these 31,051 involved face-to-face consultations, 398 involved telephone conversations and one was identified as "other consultation". The total number of patients seen during the period was 1,034.

Ninety per cent of patients seen by the MRT and home pathway were over the age of 65; 10% were between 18 and 65 years.

Summary of findings

Overall, we rated community adult services at Global House as good because:

- The service monitored its safety thermometer information to improve patient safety and there were effective arrangements for safeguarding vulnerable adults.
- Patient records were comprehensive, with appropriate risk assessments completed. Staff routinely assessed and monitored risks to patients. They used the national early warning score to identify patients whose condition might deteriorate. Medicines were generally stored safely and securely.
- Staff had received an induction to the unit and achieved specific competencies before being able to care for patients independently. There was effective internal and external multidisciplinary team working and practitioners worked with other staff across services.
- Patient feedback for the services visited were positive, patient satisfaction survey results were positive and patients felt supported. Confidentiality, dignity and privacy were respected by staff.
- A community psychiatric nurse (CPN) was available to support vulnerable patients within the service and two care managers from the local authority dealt with matters relating to safeguarding. Carers were referred to relevant organisations that supported carers within the borough for carer assessments and support.

Good

Community health services for adults

- There was evidence of staff engagement and changes being made as a result. Patients were engaged through surveys, feedback forms and online forums.
- The service had implemented a live performance scorecard for daily monitoring of key performance indicators.

Are community health services for adults safe?

Good

Summary

We rated safe as good because:

- The service monitored its safety thermometer information to improve patient safety and there were effective arrangements for safeguarding vulnerable adults.
- Staff had access to a wide range of equipment and most equipment was adequately maintained.
- Patient records were comprehensive, with appropriate risk assessments completed. Staff routinely assessed and monitored risks to patients. They used the national early warning score to identify patients whose condition might deteriorate.
- Medicines were generally stored safely and securely.
- The equipment was clean and most staff complied with infection prevention and control guidelines.

Detailed findings

Safety performance

- The NHS Safety Thermometer is a tool for measuring, monitoring, and analysing patient harms and 'harm free' care on one day each month. The service audited and monitored avoidable harms caused to patients. On the average, the MRT reported providing 93% harm free care between October 2015 and August 2016. Pressure ulcer incidents averaged 1.2% during the period. There was an average of 5.1% incidents of falls with harm and 0.52% urinary tract infections (UTIs).
- The home pathway reported providing 91.6% harm free care between October 2015 and July 2016. There was an average of 6.4% pressure ulcer incidents, 1.8% incidents of falls with harm and 0.3% incidents of UTIs.
- Between October 2015 and September 2016, the MRT reported nine pressure ulcer incidents. These included one grade three pressure ulcer incident in October 2015 and one unstageable pressure ulcer in May 2016.

The home pathway team reported nine pressure ulcer incidents. There were no grade 3 or 4 or unstageable pressure ulcer incidents reported on the home pathway during the period.

- A pressure ulcer advisor investigated pressure ulcer incidents. Grade 3 or 4 pressure ulcer incidents were referred to a pressure ulcer panel set up for that purpose. The panel was chaired by the director of nursing and attended by a multidisciplinary team, including the tissue viability nurse, safeguarding advisor, case holder and the pressure ulcer advisor amongst others.
- The provider investigated the grade three pressure ulcer incidents reported by the MRT as the patient was known to community teams within the provider's services. The outcome of the investigation indicated the pressure ulcer was unavoidable. We reviewed the root cause analysis (RCA) report of the unstageable pressure ulcer from May 2016. It identified some concerns with care provided by a care agency and made a safeguarding referral. The report indicated the pressure ulcer was acquired in the community and it was determined to be unavoidable.
- The provider had committed to the sign up to safety national campaign for the NHS services in England. The campaign aimed to reduce avoidable harm by half, and save lives. In line with this campaign, the provider implemented the falls prevention plan across it services. This included standardisation of templates for a falls risk assessment, training of staff, development of falls champions and education for carers/families on fundamentals of care.
- We noted there was a pressure ulcer assessment template on the electronic recording system. Staff were required to complete falls risk assessment within 72 hours of admission on the home pathway. The service specific improvement patient safety goals showed that all risk assessments were completed within the timescales between July and December 2015.
- The service had launched an education application (app) to assist staff with training in pressure ulcer prevention. The app was introduced to support staff with education on pressure ulcer prevention care. There were also pressure ulcer learning events attended by staff.

Incident reporting, learning and improvement

- Staff reported incidents electronically on a datix system. Most staff confirmed that they were provided details of the outcome of incidents they reported and incidents were discussed during staff meetings. However, one staff said they received feedback only if senior staff wanted to clarify any issues regarding the incident.
- There were 60 incidents reported by the Medical Response Team (MRT) between 1 October 2015 and 30 September 2016. Thirty-one resulted in no harm, 18 resulted in low harm, nine resulted in moderate harm, and two resulted in death.
- We considered information in relation to each of the incidents resulting in death. In one case, the service had received notification of the patient's death before contact with the patient. The 72 hour report for the second incident indicated whilst staff had incorrectly scored observations using the National Early Warning Score (NEWS), the management plan and clinical reasoning were in line with the reason for referral to the MRT. The coroner's report raised no concerns in relation to the patients death and the provider determined the incident did not meet the threshold to be investigated under the serious incident framework.
- The home pathway reported 71 incidents in the same period. Forty resulted in no harm, 24 in low harm, six in moderate harm and one resulted in death. The incident resulting in death involved a patient who had just been discharged from hospital. Staff had found the patient unresponsive. Staff conducted cardiopulmonary resuscitation (CPR) and called an ambulance, but the patient died of a cardiac arrest. The investigation outcome determined immediate actions were satisfactory at the time of discovery.
- There were no incidents investigated under the serious incidents framework during this period.

Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of

health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Staff were familiar with the duty of candour regulations and were able to explain what this meant in practice. They identified the need to be honest about any mistakes made, offer an apology and provide support to the affected patient.

- Staff were able to give examples of circumstances which would necessitate adherence to the duty of candour regulations. However, they indicated they had not had an incident that necessitated this in recent years.

Safeguarding

- There were appropriate systems and processes for safeguarding patients from abuse. Staff were aware of their responsibilities to protect vulnerable adults and children. They understood safeguarding procedures and how to report concerns. For example, the service had made a safeguarding referral following investigation of an unstageable pressure ulcer acquired from a community hospital.
- The provider had a safeguarding adult policy and safeguarding children policy and staff were aware how to access these.
- Eighty-eight per cent of staff within the home pathway had completed the adult protection training while 79% had completed the child protection training. Eighty-seven per cent of MRT staff had completed the adult protection training while 79% had completed the child protection training. The provider's target for safeguarding training is 85%.
- The provider had a dedicated safeguarding lead who provided support to staff as needed. The safeguarding adults' advisor had completed level four safeguarding training. The provider also had a named nurse for safeguarding children and a named safeguarding children doctor. Both had completed level four safeguarding training. MRT out of hours GPs had completed level three safeguarding training. Advance nurse practitioners had completed level two safeguarding training whilst all other staff were required to complete level one safeguarding training.

Medicines

- There were policies in place to manage the storage and administration of medication. The pharmacist carried out quarterly medicine audits and visited patients at their homes for medicine reconciliation.
- Staff stored medication in a secured cupboard within the office and kept the keys in a key safe. The lead clinician on duty or out of hours' supervisor held the keys to the key safe. Controlled drugs (CD) were stored inside a safe in the medication cupboard. Staff audited controlled drugs on daily basis and documented their audits in the CD register.
- Staff monitored fridge temperatures twice daily and recorded minimum and maximum temperatures.
- Staff on the home pathway said the majority of patients were managed by their own GPs who faxed prescriptions when requested. Most advance nurse practitioners with the Medical Response Team (MRT) were non-medical prescribers and GPs attended to patients out of hours.

Environment and equipment

- The service had an equipment store and we noted that the store was clean and neatly arranged. We noted that mobile equipment had labels to indicate they had been serviced within the last year. There were bags to carry mobile equipment, medications, personal protective equipment and dressings required for home visits.
- Basic emergency discharge equipment including stools, zimmer frames and commodes were stored in a garage within the premises. We observed staff used 'I am clean stickers' to indicate an item of equipment had been cleaned and decontaminated. Standard equipment like toilet seats and walking frames were delivered to patients the same day from the service's equipment store. However, other complex equipment such as beds or hoist were ordered for delivery within four hours if urgent or within two days if less urgent.
- An audit of equipment on the home pathway in August 2016 showed that all equipment including portable blood glucose monitors, pulse oximeter and sphygmomanometer had been serviced in the last year.

Quality of records

- Patient records were held on an electronic recording system. Staff could access the provider's electronic recording system through a mobile tablet. Staff could also access the system on computers at the office following their shift.
- Staff demonstrated a good understanding of the need for confidentiality and we observed them using appropriate electronic password protected systems effectively. Staff could remotely delete data from a tablet in the event it is misplaced or stolen.
- Our review of eight patient records showed the notes were detailed and featured an e-signature of the staff who had made the assessment. Staff recorded a summary of the assessments carried out, whether there was a care package in place, discussions held with patients and their relatives and national early warning score (NEWS).
- Eighty-nine per cent of staff within the home pathway and 82% of MRT staff had completed the information governance training.

Cleanliness, infection control and hygiene

- There was an infection prevention and control (IPC) nurse for the provider and each service had a hand hygiene champion.
- Personal protective equipment (PPE) such as gloves and aprons were available in the equipment store and staff included them in their package for home visits. We observed that staff complied with hand hygiene procedures and used PPE as required. However, we observed one instance of care where staff did not comply with the bare below the elbow policy whilst examining a patient.
- Staff carried boxes for sample collection and disposal of potential infectious substances including sharps.
- The provider carried out hand hygiene audits in line with the World Health Organisation (WHO) five moments to hand hygiene. This involved compliance with hand hygiene procedures before patient contact, before aseptic task, after body fluid exposure risk, after patient contact and after contact with patient surroundings. The provider's target for hand hygiene compliance was 100%.
- The service also audited staff compliance with Bromley healthcare standards including whether staff were bare below the elbow, had no nail varnish or extensions, wore no jewellery, wristwatches or rings except plain bands and hands were decontaminated using the correct technique.
- The rehabilitation home pathway achieved 100% compliance with the WHO five moments to hand hygiene every month between July to September 2016. It also achieved 100% compliance for additional specific services involving food preparation. Staff achieved 100% compliance with all Bromley healthcare standards in the three months except the standard prohibiting jewellery where the compliance rate was 53%.
- During the same period, the MRT hand hygiene audit results showed that it achieved 100% for four of the five WHO moments to hand hygiene except "before patient contact" where it achieved 83%. It also achieved 100% compliance for additional services involving food preparation. It achieved 100% for three of six Bromley healthcare standards. It achieved 85% for staff being bare below the elbow, 92% for no nail vanish or extensions; and 66% for the standard prohibiting jewellery except plain bands.

Mandatory training

- Following the inspection, the provider submitted detailed information about levels of staff training. This showed that most staff were up to date with their mandatory training. Overall compliance for staff within the home pathway was 91% whilst staff within the MRT achieved 87% compliance. This was against the provider's target of 85%.
- Mandatory training included equality and diversity, fire safety, health and safety, adult protection, child protection, infection control, resuscitation, conflict resolution, information governance, and moving and handling.
- Mandatory training completion rates for staff within the home pathway were higher than the provider's target for eight of the 10 training modules. However, they were lower than the target for child protection (79%) and conflict resolution (79%).

- Mandatory training completion rates for staff within the MRT were higher than the provider's target for eight of 11 training modules. However, they were lower than the target for child protection (79%), moving and handling patients (77%) and resuscitation (79%).

Assessing and responding to patient risk

- MRT staff used an acuity scoring tool and patients were allocated to teams based on their priority. The list for the day was drawn up using the priority scores with the most urgent patients prioritised.
- MRT staff used the National Early Warning Scores (NEWS) system to identify patients whose condition was deteriorating. Support workers escalated any clinical interventions required to nursing or medical staff. All team members had been trained to carry out basic observations and staff from the home pathway could refer to the MRT if patients required medical care. Where patients required urgent medical intervention, staff dialled 999.
- The service monitored compliance with completed baseline observations. The MRT daily audits from 27 May 2016 to 19 October 2016 showed that 95% of 1960 patients requiring observations had completed baseline observations taken. This is in line with the provider's target.

Staffing levels and caseload

- MRT and Home pathway was led by the head of unscheduled care.
- MRT staff consisted of six whole time equivalent (WTE) Band 7 advance nurse practitioners (ANPs), two WTE Band 6 nurse practitioners, one WTE Band 6 physiotherapist, one WTE Band 3 support workers and one WTE Band 2 support worker. Night nursing staff consisted of 0.64 WTE Band 6 nurse, 0.86 WTE Band 5 nurse and 1.49 WTE Band 3 support worker. They were supported by 11.95 WTE administrative staff. At the time of the inspection, there were 3.58 WTE vacant nursing positions and long term locum ANPs were used to fill gaps in rotas.
- The home pathway consisted of one WTE band 7 team leader and occupational therapist (OT), 3.6 WTE band 6 physiotherapists, one WTE band 6 OT, 1.2 WTE band 5 OTs, 2 WTE band 6 nurses and 1.3 WTE band 5 nurses. They were supported by 6.47 WTE band 3 nursing rehabilitation assistants (NRAs), 4.47 WTE band 2 NRAs, 5.6 WTE support workers and one WTE administrative staff.
- At the time of the inspection, forty-three GPs were contracted to work in the MRT out of hours. Three GPs covered three shifts from 6.30pm to 12am, 7pm to 1am and 1am to 8am.
- During our inspection, the MRT caseload included 34 new referrals, 10 follow up visits and four follow up telephone calls. The caseload on the home pathway included 46 patients and 6 initial visits.
- The provider informed us they were working with other providers to develop a dependency and acuity tool for community services. At the time of the inspection, they utilised an electronic system to help roster staff more efficiently and effectively across all services. Roster demand templates were built into the system, which defined the shifts required by staff group/grade according to the budgeted establishment and service need.
- Bromley healthcare had set a performance measure to ensure safer staffing. They monitored planned staffing and compared it to actual staffing on monthly basis. Services that achieved 95% or above staffing levels were rated green whilst services fell to amber if the actual staffing level was between 85 and 94%.
- Between July and September 2016, the average fill rate for day nursing staff on the MRT was 93% whilst the fill rate for health care assistants (HCAs) was 97%. The average fill rate for night nursing staff on the MRT was 100% whilst the average fill rate for HCAs was 102%. During the same period, the average fill rate for registered staff on the home pathway was 96% whilst the average fill rate for support staff was 94%.

Managing anticipated risk, major incident awareness and training

- The provider had a major incident plan in place and an electronic copy was available on the provider's intranet. It included action cards, which explained roles in the event of a wide variety of incidents and scenarios.
- The provider had a lone working policy place and there was a lone working safe reporting procedure

Good

Community health services for adults

flow chart to encourage use. Staff were encouraged to contact the office at the start and end of their shift. In addition, staff were encouraged to leave a location immediately if they had concerns about their safety or call the office or the police if they could not leave.

Are community health services for adults effective?

(for example, treatment is effective)

Good

Summary

We rated effective as good because:

- Policies and procedures were developed in line with national guidance. Patient needs were assessed and care was delivered in line with best practice guidelines.
- There was effective internal and external multidisciplinary team working and practitioners worked with other staff across services.
- Staff had received an induction to the unit and achieved specific competencies before being able to care for patients independently. All staff had an appraisal in the last year.

Detailed findings

Evidence based care and treatment

- Policies were developed in conjunction with national guidance and best practice evidenced from professional bodies such as the Royal College of Nursing and the National Institute for Health and Care Excellence (NICE). Guidelines were easily accessible on the provider's intranet page and were up to date.
- Patients' needs were assessed and care was delivered in line with best practice guidelines. Adherence with guidelines was encouraged through the development of care specific proformas. There were various templates embedded within the electronic record system including risk assessments, carers' assessments, assessments for nutrition amongst others.
- A tissue viability nurse was available to provide advice and support on the management and prevention of pressure wounds.
- Staff used the Modified Barthel Index (MBI) tool to measure activities of daily living, which showed the degree of independence of a patient from any assistance. Staff also used the EuroQol five dimensions (EQ-5D), a standardised instrument for use as a measure of health outcome.
- The service carried out audits to measure performance against set standards. An audit of 40 random patient records from August 2015 was carried out to measure compliance with the identification and management of risk to pressure areas. Results of the audit showed 50% compliance against set benchmarks. Following the audit, the service implemented an action plan to ensure all patients on the home pathway were seen by a qualified clinician with 24 hours of admission. In addition, a wound care plan and assessment chart template had been developed on the electronic recording system. The electronic referral form from the local trust was also updated to reflect the waterlow score for each patient referred to the home pathway.
- The MRT carried out daily audits to measure compliance with baseline observations. These showed the number of consultations where the diastolic blood pressure, systolic blood pressure, pulse rate and temperature was measured and recorded. In September 2016, overall compliance was 84% against a target of 100%. Senior staff had a discussion with staff members involved to improve the standard of care.

Pain relief

- Staff used a standardised tool to assess patients' pain and recorded pain assessments in patients' notes. Staff obtained prescriptions from GPs or non-medical prescribers and patients were offered pain relief as appropriate.
- Following the inspection, the provider informed us they have scheduled a pain control audit as part of the Bromley Health Care audit "NG31 care of the dying adults in the last few days of life" for 2017/18.

Nutrition and hydration

- Staff carried out a malnutrition screening tool (MUST) assessment and referred patients to the dietetic service were necessary.
- Patients' daily fluid and nutritional intake was monitored and recorded in their notes. They were completed and indicated whether patients were at risk of malnutrition or dehydration.
- Following the inspection, the provider informed us that all MRT patients had a full nutrition assessment completed in February 2016. They have scheduled a nutrition audit against the NICE QS24 "nutrition support for adults" for the 2017/18.

Technology and telemedicine

- All records were held on an electronic system managed by the provider and all staff had a portable tablet with which they could access the electronic system. Tablets were equipped with a GPS system, which enabled staff to track clinical staff whilst on shift.
- Staff also used the tablets to upload photographs used for pressure ulcer management.
- The provider had implemented the use of a live electronic system to monitor performance on daily basis and allocated resources accordingly. This enabled daily monitoring of the services and captured information about the number of patients on the caseload, and quality and safety.
- The information technology (IT) staff were available to provide support in the event of a system failure. However, staff confirmed that IT staff were not available for 24 hours a day. Staff reverted to paper records in the event of a system failure and updated records on the system later. As a contingency, the service had a couple of laptops and senior staff could log in remotely if necessary. In addition, there were directors on call and senior staff were available to respond to any issues out of hours.

Patient outcomes

- The clinical effectiveness service quality improvement goals for 2015/16 showed that improvements in patients' physical function using the Modified Bartel Index on the rehabilitation home pathway was 80% between July and September, and 92% between January and March 2016. The target was 75%.
- The service conducted monthly clinical audits to monitor the GP out of hours' telephone triage service. Result of the audits between February and December 2015 showed that of the 1059 calls audited, only 58 indicated the call handler should have obtained more information about the patient's symptoms. Following the audit, feedback was provided to the call handlers involved.

Competent staff

- All new staff were allocated a mentor and went through two weeks induction period. New staff spent some time with the integrated discharge team. They undertook competency assessments and mandatory training.
- All staff on the MRT and home pathway had an appraisal in the last year. All staff were required to complete their mandatory training and received prompts when their training was about to expire.
- Most advance nurse practitioners (ANPs) were non-medical prescribers and two were working towards it.
- All nurses had their revalidation completed in the last year. There were systems in place to alert staff when their registration and revalidation was due for renewal or completion.
- Bank staff reported they had been through an appraisal with their agency and were supported by senior staff within the service to complete their revalidation. In addition, they went through an induction to work on the unit.
- The service employed the use of local GPs for the MRT out of hours' service. The service monitored GP training, appraisal and revalidation by obtaining evidence from respective GP practices. As at September 2016, all GPs were up to date with their mandatory training, appraisals, and revalidation. All GPs also had current DBS checks and insurance in place.

Multi-disciplinary working and coordinated care pathways

Good

Community health services for adults

- The service held multidisciplinary team (MDT) meetings twice a week to review plans and discharge dates. One of the MDT meetings was attended by a geriatrician. MDTs were attended by physiotherapists, nurses, occupational therapist, service leads and community teams.
- There was a daily conference call at 8.30am, which highlighted the demand and pressure areas across the service. We listened to one of the conference calls with representatives from different services including the MRT and home pathway, an inpatient rehabilitation unit and the integrated discharge team based in a local trust. Staff discussed staffing, discharges and how many patients they could admit into the service.
- The service had access to two care managers within the home pathway. Staff informed us they sometimes came across social issues, which they referred to care managers.
- Staff reported good working relationships with the multidisciplinary team of nurses, therapists, GPs, care managers and community teams.

Referral, transfer, discharge and transition

- Patients were referred to the MRT through their GP or other health care professional. The service also received referrals via 111 and the London ambulance service. Patients on the home pathway were referred to the service from local trust's working with the Bromley Healthcare rehabilitation team. Patients were also referred to the pathway from a Bromley Healthcare inpatient rehabilitation unit.
- The MRT accepted and triage all referrals with the most urgent patients seen within two hours. Staff assessed patients and agreed the next steps to take. The team could arrange a follow up appointment if required or make a referral to specialist services. Therapists on the home pathway reviewed if patients needed long term care and they were discharged to district nursing teams or community physiotherapy teams.
- The service maintained close working relationship with GP services. Notes of assessments carried out and treatments were shared with patients GPs on daily basis.
- The GP out of hours' service achieved 100% compliance every month (except for 99% in April and December 2015) with the requirement to send consultation details to the patient's GP practice by 8am the next working day.

Access to information

- Staff on the home pathway and medical response team could access and record data on the electronic record system used by the service. GPs could also access patient records on the electronic system. The implementation of an electronic live monitoring system enabled senior staff to monitor performance against quality indicators on daily basis.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Staff had access to best practice guidance and local mental capacity policies.
- Staff were clear about their responsibilities in relation to gaining consent from people, including those who lacked capacity to consent to their care and treatment. Staff were aware of their responsibilities under the Mental Capacity Act (2005). They were able to talk about the deprivation of liberty safeguards (DoLS) and how this would impact a patient.
- The service displayed information about the five key principles in checking for mental capacity and the two stage capacity test. This was also included in compact information staff had on their lanyards.
- Following the inspection, we were provided records which indicated 47% of MRT staff and 67% of Home Pathway staff had completed their MCA training.
- Information from the provider indicates that only 24% clinical staff within the MRT had completed the Mental Capacity Act (MCA) training. 60% of clinical staff had completed the MCA training on the home pathway. The provider informed us that DoLS training was not identified as mandatory training as it was not recommended for housebound patients.

Are community health services for adults caring?

Good

Community health services for adults

Good

Summary

We rated caring as good because:

- Staff provided a caring, kind, and compassionate service and we received positive comments from patients.
- Patient's privacy and dignity was maintained.
- Patients and their relatives reported they were involved in their care and were given explanations about their treatment.
- Patients' feedback was sought and the latest Friend and Family Test results and most patients indicated they would recommend the service.
- Staff were aware of people's individual needs and considered these when providing care.
- Patients were emotionally supported by staff and referrals were made to appropriate community teams.

Detailed findings

Compassionate care

- Patient feedback was mostly positive. During all our observations in patients' homes, we saw staff treat patients with warmth and care. We observed staff interaction with patients; staff were polite, professional, and demonstrated compassion to all patients.
- Staff on the rehabilitation home pathway assessed patients' ability to care for themselves independently and perform tasks such as walking up the stairs and using the bathroom. We observed a patient being offered a resting chair for the bathroom. We saw staff helping with basic tasks such as making a cup of tea. Staff assisted patients to walk down the stairs and get into the car.
- Medical staff on the out of hours' service enquired about the patient history, presenting symptoms and medication. We observed that GPs were reassuring to patients' relatives and provided clear instruction about ongoing treatment.
- The Medical Response Team (MRT) friends and family test showed that 100% of patients who used this service between July and September 2016 would recommend the service. During the same period, 85.7% of patients indicated they would recommend the home pathway. All staff we spoke to confirmed they were happy with the care they provided to patients. Patients said they were happy with the care provided by staff.

Understanding and involvement of patients and those close to them

- Patients and their relatives reported they were involved in their care and were given explanations about their treatment. We observed staff introduced themselves to patients and clearly communicated the purpose of their visit. Staff explained the procedure they were about to carry out and obtained consent.
- Staff demonstrated an interest in patients' wellbeing by engaging in conversations about their daily activities without being intrusive. We observed that staff sought patients' permission to access different areas within their homes.
- We saw that staff took time to understand patient preferences and provide care in line with them.
- However, one patient informed us he felt intimidated by a member of staff who wanted him to do a specific exercise during a previous visit.

Emotional support

- Staff provided emotional support to patients and referred patients who presented with low mood and anxieties to the team's community psychiatric nurse (CPN) for assessment. Senior staff informed us the care manager and CPN would complete joint visits to support the patients and their family where necessary.
- The provider had a lead patient and carers experience champion whose role was to help support both patients and their carers. Nurses completed a carer's assessment and Referred carers to relevant agencies that supported carers within the borough.

Are community health services for adults responsive to people's needs?

(for example, to feedback?)

Good

Summary

Good

Community health services for adults

We rated responsive as good because:

- Services were developed to meet the needs of patients. Patients on the home pathway had their rehabilitation needs met in their homes. The Medical Response Team provided telephone consultations and face-to-face consultations in patients' homes thereby eliminating the need for patients to visit the hospital.
- Staff had access to translators when needed, giving patients the opportunity to make decisions about their care, and day to day tasks.
- Carers were referred to relevant organisations that supported carers within the borough for carer assessments and support.
- Senior staff dealt with complaints appropriately and shared learning with all staff.

Detailed findings

Planning and delivering services which meet people's needs

- There was a clear eligibility criteria for admitting patients. Patients on the MRT were required to be medically stable, house bound, 18 years and over and registered with a Bromley GP or in need of immediate, necessary treatment.
- Patients on the home pathway were required to be over 18 years, live in Bromley or registered with a GP in Bromley and medically fit for discharge home. In addition, patients would have consented to accept the service and participate in rehabilitation. If unable to consent then a capacity assessment and best interest decision would be made by the responsible clinician.
- Senior staff informed us they served a local community with a high number of patients over 100 years of age living independently. Staff tailored services to address the need of the elderly population. However, senior staff informed us that this was not done at a cost to the younger population.
- The service held a systems status call at 8.30am every day to facilitate smooth patient flow across the service. Staff reviewed daily activities, staffing as well as discharges from the local acute hospital. The provider had an integrated discharge team (IDT) based within a local trust. The IDT team attended bed meetings at the local trust and provided feedback about the services' capacity to accept patients discharged from the trust.
- When patients were referred to the home pathway or MRT from a local NHS trust, an assessor from Bromley Healthcare visited the trust to meet and assess the patient. Patients were then discharged to the relevant pathway within the service if suitable. The initial visit from the service was a 'meet and greet' visit to evaluate the patient's needs and make sure they were settled in their home. A care plan was established within 24 hours and a visit scheduled for the next day.
- In February 2016, the provider reviewed three patient records from each service as part of a wider internal inspection. The outcome of the inspection showed that MRT and home pathway care plans were in place within 24 hours of admission. Follow up visits took place in September 2016 and 100% of care plans were in place in across both services.
- The provider was commissioned to provide care across the rehabilitation pathway for up to six weeks. The MRT provided care to patients for up to 10 days. The average number of face to face consultations by the service was three, however, some patients were seen more and some less depending on their medical stability.

Equality and diversity

- Staff had access to interpreting services for patients and families who had difficulty understanding English. This included direct access to interpreters and telephone translation services. We observed that staff had compact information booklets with contact details of telephone interpreting services.
- Services were planned to take account of the needs of different people, in particular, the elderly. Staff made reasonable adjustments to assist patients on the rehabilitation pathway by ordering relevant equipment for their rehabilitation.

Meeting the needs of people in vulnerable circumstances

Good

Community health services for adults

- The provider had set up a vulnerability panel chaired by the director of nursing to discuss patients with complex needs and develop action plans to address their needs.
- Once discharged from hospital, staff on the home pathway attended a patient's home for the first visit usually referred to as 'meet and greet' for a welfare check. They checked to see if the home environment was safe for the patient. Staff checked the patient's discharge summary, medications, mobility and transfer needs, amenities in the home and food. Staff also obtained details of family members and managed the expectation of patients. During the lunch visit (usually attended by a physiotherapist) staff checked the nursing care plan and ongoing rehabilitation plan. Physiotherapists drew up exercise plans for staff to undertake with patients. An occupational therapist also visited patients to assess their condition and recommend a treatment plan.
- We observed a home visit to an elderly patient arranged with two care staff due to the patient's transfer needs. The physiotherapist from the home pathway service taught care staff to assist the patient to stand up using the standing aid and to transfer to and from the commode. We saw staff arranged transportation for a patient's hospital appointment.
- One patient told us he had been provided with a phone number to call the service. He liked the fact that a person answered it at 6 pm and not an answering machine. However, he indicated he would like to receive a phone call if staff were running late.
- The service liaised with a multidisciplinary team of specialists including social workers, community psychiatric nurses (CPNs), geriatricians, and GP to address patient needs. We observed that care managers and CPNs were embedded within the teams to organise care packages for vulnerable patients, including patients living with dementia.
- The service referred people to relevant organisations that supported carers within the borough for carer assessments and support. Staff provided patients and their carers with information leaflets relevant to their care.

Access to the right care at the right time

- The MRT provided a 24 hours a day, seven days a week service to patients who became unwell and who without this service may call an ambulance and make an unnecessary trip to the hospital.
- Between July and September 2016, the average time to contact individual patients following their referral to the MRT was 37 minutes. Senior staff explained that they did not have a key performance indicator for this response time. However, they have put in place an improvement measure to contact patients with 15 minutes of referral. In other to achieve this, the provider had plans to implement a centralised information technology system to process all referrals from GPs.
- The MRT had a target of two hours for urgent visits and six hours for non-urgent visits. The GP OOH service activity and national quality requirement performance data showed that between April 2015 and March 2016, the service achieved 98% compliance with the requirement to start consultations within two hours of the definitive clinical assessment being completed in urgent cases. During the same period, the service achieved 100% compliance with the requirement to start consultations within 6 hours of the definitive clinical assessment being completed in less urgent cases.
- The home pathway had a target to conduct a qualified visit within 24 hours of a referral. The service had implemented a live dashboard which meant that staff were able to determine how many patients were required a visit on a daily basis. The service had achieved 100% compliance with this requirement in September 2016 and at the time of the inspection.
- In the six months preceding the inspection, the average length of stay on the home pathway was 19 days against a target of 20 days. The maximum length of stay on the home pathway was 42 days. However, staff told us they could not recall anyone actually staying for 42 days.
- Therapist reviewed if patients needed long term care and they were discharged to district nursing teams or community physiotherapy teams.
- Our review of eight patients' notes showed there was an inter-community referral system in place. Staff assessed patients' needs and referred them to the relevant community team.

Good

Community health services for adults

Learning from complaints and concerns

- Senior staff told us they responded to complaints within 24 hours. In addition, they aim to investigate complaints and provide a formal response within 25 days.
- There had been three formal complaints in the year April 2015 to March 2016. One was upheld and resolved locally within the specified timeframe. However, the two other complaints were from carers and the patients involved declined consent to proceed with the investigation. The provider informed us they would still investigate concerns but could not pass on the findings to the original complainant without the patient's consent.
- Leaflets provided to patients included details about how to make a complaint. This included contact details for people to contact the service.
- We noted that the provider responded promptly to complaints logged on an on-line patient feedback website. This allowed service users to share their experience of using Bromley Healthcare service. We also noted from the minutes of staff meetings that senior staff shared learning from complaints and compliments with staff.

Are community health services for adults well-led?

Good

Summary

We rated well led as good because:

- We saw good local leadership within the service and staff reflected this in their conversations with us. Staff were supported in their role and had opportunities for training and development.
- There was a positive culture in the service and most members of staff said they could raise concerns with the leadership team.
- The management had oversight of risks within the services and mitigating plans were in place.
- There was evidence of staff engagement and changes being made as a result. Patients were engaged through surveys, feedback forms and online forums.
- The service had implemented a live performance scorecard for daily monitoring of key performance indicators.

Detailed findings

Service vision and strategy

- The service's vision was driven by the wider vision of Bromley Healthcare. Senior staff informed us they would like to be the best community provider in the country.
- Bromley Healthcare strategy was summarised into three tenets: "to continually improve our services, to treat others as we would like to be treated ourselves and to hit our targets". Staff were aware of the three tenets and we observed that the tenets were included in compact information staff had on their lanyards.
- The provider was going through a tendering process at the time of the inspection. Staff were keen that Bromley Healthcare won the tender and were anxious about what would happen if the service was taken over by another healthcare provider.

Governance, risk management and quality measurement

- The executive team and service leads attended bi-monthly clinical governance meetings. We reviewed the notes of meeting from 8 June 2016. Staff discussed the quality account, community teams' action tracker, patient experience and safety, and the risk register.
- The quality governance structure included a range of committees including the workforce development group, clinical effectiveness, patient experience, safer care, safeguarding and medicines management. Every service was represented at committee meetings by the service leads.
- The service maintained a risk register including concerns and assessments of potential risks within the service. Mitigating plans were put in place and risk assessments were conducted were necessary. Senior staff routinely discussed risks at clinical governance meetings and service leads fed back discussions to the team during staff meetings.

- Risks on the register included safe management of medicines. The service mitigated this risk by putting controls in place for all patients to have medicine reconciliation within 24 hours of admission to the service. The service monitored training needs for staff and policies for the management and storage of medication were in place.
- Senior staff listed one of their challenges as an increase in complexity of patients. They said the service managed the increase in the complexity of patients by identifying essential training needs for staff, employing effective coordination of skills, clarifying tasks and communicating the interventions made by clinicians.
- There were joint MRT and home pathway meetings, MRT night service team meetings and rehabilitation service group meetings. We reviewed minutes of meetings between July and October 2016, which showed that staff discussed risks, incidents, complaints and compliments, and training needs for staff.

Leadership of this service

- The head of unscheduled care led the MRT and Home pathway. The head of unscheduled care reported to the operations manager for hospital and unscheduled care, who reported to the director of operations.
- Most of the staff we spoke with confirmed managers were visible and approachable. However, one member of staff said their manager did not always support them.
- We observed members of the executive team were located in an open plan office with the rest of the staff. Managers told us the executive team supported them and we noted there was an on call rota for directors. Staff could contact directors out of hours if there were any issues that needed to be resolved.
- The leadership team was working towards integrating both the MRT and home pathway teams in order to provide holistic care to service users. Both teams had implemented the use of an electronic recording system in the last one year. A transformation team was in place to assist staff transition into new ways of working. This included training for staff to use electronic systems.
- Senior staff informed us that they preferred to develop their own team from within. To this end, staff had access to a Band 7 and 8 leadership development programme and some staff had undertaken the NHS Elizabeth Garett leadership programme.

Culture within this service

- Most staff told us there was a culture of openness and honesty within the service. Most staff indicated they were happy to work for the organisation and proud of the quality of their service. Many staff we spoke to had been working for the organisation for over 10 years. One of the staff we spoke with expressed concern about the fast pace of change in the organisation. However, another staff indicated there was a good transition and change management process in place.
- Some staff reported the service was stretched as they worked across the whole of Bromley. They said travel between patients could be time consuming with some staff spending up to 45 minutes in traffic.
- The staff survey results for hospitals and unscheduled care published in March 2016 indicated 18% of staff would not recommend the organisation as a place to work. This was slightly better than similar community services where 23% of staff would not recommend the organisation. The results of the survey were not broken down for Global House.

Public and staff engagement

- The provider monitored patient satisfaction from patient surveys and an online feedback website that allowed patients to share their experience of using Bromley Healthcare services. We observed that the leadership team responded to online postings on an individual basis.
- Trained staff conducted a 'sit and see model' to seek feedback from elderly house bound patients who were not familiar with information technology.
- The provider had three staff governors who acted as the link between the executive team and staff. The staff governors gave a presentation at every corporate induction session, and informed new intakes about how to contact them. Staff we spoke to knew who the staff governors were.

- Staff received weekly updates from the Chief Executive Officer (CEO). There was also a CEO blog where staff could comment anonymously about issues they wanted the leadership to address. We noted that the leadership team responded to each comment.
- The service held a quarterly community forum, which was open to all staff. There was an annual quality conference for clinical staff to showcase aspects of care. This involved training and development, discussions about incidents, patient experience and therapy outcome measures.
- The service had started an MRT and home pathway newsletter and we were provided a copy of the first edition in September 2016. The newsletter highlighted several issues including medication, training, the electronic record system, staff changes and hand hygiene.
- There was a Bromley healthcare "Together with staff" magazine, which provided monthly updates about the service. The September 2016 issue included sections on learning and development, stars of the month, staff changes and special mentions and charitable activities.
- The leadership team organised listening events in the previous year called "Fix it Fifty" to identify and address staff concerns. Following the listening event, the service published 50 issues raised by staff and what they had done to address the issues. For example, staff raised concerns about the electronic recording system and IT support. The provider rolled out additional training to support staff.
- Staff had access to in house counselling sessions, mindfulness training and physiotherapy sessions.
- The provider organised an annual staff ball at which a number of staff awards were presented in recognition of staff contributions.

Innovation, improvement and sustainability

- The service had implemented a live performance scorecard. This showed real time data on key performance indicators within the service including data quality, number of discharges, average length of stay and spending.
- Bromley Healthcare had received the innovation and growth award at the annual Bromley business awards ceremony in October 2015.
- Our review of the rehabilitation service group meeting held on 28 July 2016 showed that service leads had met with a local trust to discuss poor discharge issues. These included problems around 'To take home' (TTO) medication and inaccurate medication charts. The necessary arrangements for discharge were agreed at the meeting.

Good

Community health (sexual health services)

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

Information about the service

The Contraception and Reproductive Health Service (C&RH) at Global House is based in several satellite clinics. The main clinic is located at Beckenham Beacon. The service runs a six day a week service at different clinics in attempt to reach as many people as possible within the community. The service provides contraceptives and advice on contraception, usually to people aged 13 and over. However, the service also advises 12 year olds, who are considered in law to be unable to consent to sexual activity. Contraceptive provision included long acting reversible methods, oral contraceptives and vasectomies.

Between October 2015 and September 2016, 4254 patients attended the contraception and reproductive health clinics. Of these, 167 patients were children under the age of 16. There were 135 vasectomies completed in the last year.

Summary of findings

We rated the service as good because:

- Incident reporting was understood by staff working in the service and feedback from incidents was given at monthly service meetings.
- Areas we visited appeared clean, equipment was safety tested.
- Medicines were managed in line with policies and protocols and staff used patient group directives to prescribe medications during clinics.
- Staff were appropriately trained in safeguarding adults and children and gave examples of safeguarding situations they had been involved in.
- The new electronic patient record system ensured that patient details were stored securely and promoted confidentiality. It allowed staff to see up to date information about the patients without having to search for paper notes.
- The services ensured up to date care and treatment was provided to the local population in line with the most up to date national guidelines. There was a range of local audits and learning from these.
- Staff worked well as close team to coordinate and deliver patient care on a range of sites safely and effectively.
- Contraceptive and reproductive health staff were highly trained in the speciality and many had undertaken a diploma from the Faculty of sexual and reproductive health.

Good

Community health (sexual health services)

- Consent practice and records were monitored and reviewed to ensure all patients, especially young people, were at the heart of decision making about their own care in line with national legislation.
- There were very few complaints, where required, learning from these were discussed with staff in the service and wider Global House team.
- Patients had their privacy and dignity maintained at all times whilst in the care of the service.
- Feedback from patients was positive and staff felt proud to work within the service.
- The service was planned and delivered in a range of locations to best suit the local population and reach as many people as possible. Clinic times aimed to be flexible to meet people's needs.
- Local leadership was visible and the team leader worked clinical shifts on a weekly basis. Staff felt respected and valued by their colleagues and managers and felt part of Bromley Healthcare as an organisation.

However:

- A surgical safety checklist was not in use for vasectomy procedures.
- The risk register and local risk assessments for satellite clinics were completed but action plans for change did not have set times for completion.
- There was no formal service level agreement in place for the use of satellite locations. Although the provider conducted annual risk assessments and had escalation procedures in place for the facilities.

Are community health (sexual health services) safe?

Good

Summary

We rated C&RH safety as good, this was because:

- The service had systems in place which were used by staff to minimise patient risks.
- There were effective incident reporting systems and staff felt confident in using them. They told us they received feedback from incidents through departmental meetings and emails. We saw evidence of meeting minutes whilst on inspection.
- Staff understood the duty of candour and how this was used to be open and honest with patients. Duty of candour was part of the incident reporting system.
- Safeguarding vulnerable adults, children and young people was given sufficient priority. Staff took a proactive approach to safeguarding. They took steps to prevent abuse from occurring, responded appropriately to any signs or allegations of abuse and worked effectively with others to implement protection plans. There was active and appropriate engagement in local safeguarding procedures and effective work with other relevant organisations.
- Staff were competent in the use of patient group directives (PGDs) to administer contraceptives to patients. Medicine management was safe in the areas we visited.
- The environment was clean, tidy and equipment was fit for purpose in the areas we visited.

However:

- A surgical safety checklist was not in use for vasectomy procedures.

Detailed findings

Incident reporting, learning and improvement

- There were 14 incidents reported from October 2015 to September 2016. Twelve of the incidents resulted in no harm, one incident resulted in low harm, and one

resulted in moderate harm. Managers told us two incidents in the previous quarter were needle stick injuries and an outside occupational health team had come in to assist staff in dealing with these.

- In the same period there were no serious incidents (SIs) across the services we inspected. A serious incident is an incident that causes permanent or severe harm to a patient, staff, visitors or members of the public.
- Staff we spoke with stated they knew how to access the electronic incident reporting system. Staff displayed a good knowledge of when incidents should be reported and the process for doing this. They told us they were encouraged and felt confident to report incidents and near misses.
- Managers had implemented systems to share learning from incidents including a monthly departmental meeting involving all staff working across the different clinics. The minutes of the meeting were kept within a folder to ensure staff who could not attend were able to review what was discussed. We reviewed these meeting minutes during our inspection.
- Nurses told us that they received feedback via email from their managers on incidents they had reported if they requested to do so.
- The service used a scorecard which contained monthly reports. Staff could access this via the intranet to see how many incidents and SIs had been reported in the previous month. We saw from July 2016 to September 2016 there were eight incidents and no SIs.
- The risk management team were made aware of all incidents and action plans via the online incident reporting system and these were discussed at the improving safer care group. The quality team manager also had access to all incidents reported.
- The managers of the service attended a clinical and leadership forum with the heads of other services within the Global House team. They discussed incidents within their areas and the learning that had come from these which would then be feedback to other staff via the departmental meetings. We saw minutes of these during inspection and saw incidents were discussed with staff.
- We saw that the manager of the service attended a two day training course on completing root cause analysis (RCA) for any incidents which required further investigation. We saw a fully completed RCA for an incident and the learning documented.

Duty of Candour

- All staff we spoke to had a good knowledge of the duty of candour regulation and were able to discuss the process they would follow when informing patients. Duty of candour was a mandatory field recorded on the incident reporting form. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents and provide reasonable support to that person.

Safeguarding

- The clinic used up to date safeguarding policies and procedures for both children and adults. Policies were clear and concise and followed national and local guidance including The Children Act 1989 and 2004 and the Mental Capacity Act 2005 and national guidance on working together to safeguard children.
- There were three safeguarding referrals completed from September 2015 to October 2016.
- One hundred per cent of staff had completed adult safeguarding to level two and children's safeguarding to level three as part of their mandatory training at the time of the inspection. National guidance specifies that all clinical staff working closely with children and young people should receive training in level 3 safeguarding.
- Staff we spoke to understood how to raise safeguarding concerns and there were set templates on the electronic medical information system (EMIS) to record any concerns healthcare staff may have had. The system would indicate if young people had attended the clinic before.
- We saw a specific young person's template that included questions such as how old the young person's partner was, how many partners they had in the previous three months and checking the young

person's capacity to consent to sex. Staff told us if any concerns were identified they would explain to the young person that further help would be required to ensure they were safe.

- Staff knew the safeguarding leads and how to contact them if required. We saw the duty social workers contact details were available on EMIS for ease of access.
- Staff were able to discuss scenarios that would concern them surrounding sexual abuse, female genital mutilation, domestic violence and sexual exploitation and showed us flow charts available to follow in case they were unsure of who or how to raise these concerns. They had specialist training on harmful cultural practises to be aware of when treating patients and looking for signs of abuse.
- We saw that a scenario based quiz was completed during a departmental meeting. This explored the management of issuing under 16 year olds with contraceptives. Staff said this was a good learning opportunity and a chance to discuss any learning needs they had.
- There was a safeguarding group which met every two months and a vulnerability panel which could be set up as required. Staff from all departments could attend to discuss difficult cases and use their past experiences and knowledge to help others.
- Service leads including dietician's, paediatric dentists, a named GP and head of health visitors attended a local authority child protection forum which took a multiagency approach, this would alert staff to any vulnerable children and young people using the service to ensure that their care was cohesive and no concerns were missed by teams that encountered those patients.
- Staff took part in regular supervision as a group within the service and child protection supervision to ensure they were discussing cases and learning from these and getting support for difficult or emotional cases. We saw minutes of these meetings and noted that the lead clinician led safeguarding within the service.

Medicines

- Whilst on inspection we saw appropriate storage of medications in locked cupboards at both the locations we attended. There were no controlled drugs or medicines that required fridge storage. Keys were locked in a key safe and the master key was locked in a coded safe overnight at the Beckenham Beacon location.
- Medications were delivered from a local hospital twice per week and there was a pharmacist available in the main Global House office if there were any questions about medications.
- We saw the medicines policy adhered to local and national guidelines including the Medicines & Healthcare Products Regulatory Agency (MHRA).
- We saw all patient group directives (PGDs) had to be approved via the medicines management committees and had relevant dates for review. A patient group directive is a written instruction for the supply and / or administration of medicines to specified groups of patients, who may not have been identified before presentation for treatment. They are legal documents allowing supply and or administration of medicines without the need for individual prescriptions.
- Nurses used PGDs to administer medications including the progesterone only pill, combined contraceptive pill and the implant. We saw this in use at the time of inspection. The PGDs included guidance from the Faculty of Sexual and Reproductive health (FSRH). If a patient was complex they would be booked in for an appointment with the doctor to ensure their care was safe.
- We saw evidence that each nurse who used a PGD had to have competencies signed off by the lead clinician. We saw nurses using the PGDs during consultations with patients via the EMIS system. We saw that allergies and any current or previous medication history were appropriately recorded.
- For those patients who required medication that was not available on a PGD the doctor could write a prescription which the patient could take to their local pharmacy. Prescription pads were locked away in the drug cupboards at the end of each clinic. We did not see evidence of checks whilst on inspection.

Environment and equipment cleaning audits

Good

Community health (sexual health services)

- At Beckenham Beacon there were five rooms in which patients could be seen by staff. These were locked via key code for privacy and dignity of patients. They were clean and tidy and the team had moved into these three weeks prior to the inspection.
- At the Penge Clinic there was a room for the service receptionist, a consultation room and procedures rooms. These were clean and tidy with lockable doors for privacy and dignity. We saw the rental agreement for this property with clear responsibilities of both the service and the landlord.
- We saw that rooms where procedures were carried out had electric couches and lights. All equipment we viewed had been safety tested. In August 2016, 100% of equipment had been calibrated appropriately across all sites.
- Equipment was ordered from the main Global House office via a spreadsheet and was delivered once a month. Equipment for invasive procedures were single only use so there was no requirement for decontamination of equipment.
- We saw that there was a database of all equipment in the central Global House office so that staff knew which clinic equipment was in and when it needed to be retested.
- Staff told us that there were challenges in having general maintenance carried out as building maintenance was run by an outside agency. At times it could take several weeks to have maintenance completed. We saw that there were health and safety and fire action plans for each location and areas of the environment that needed to be changed.
- The minor operations room was owned by the local NHS trust. We asked for the service level agreements for the use of the theatre for minimally invasive vasectomies but did not receive this information.
- There was a crash trolley in the outpatient's area of the Beckenham Beacon building which belonged to the local NHS trust. There was an automated defibrillator available for staff 24 hours a day if required. All staff were trained in basic life support. We saw that the risk assessment for the defibrillator showed the need for its use was low.
- There was no resuscitation equipment available at any of the satellite clinics however all staff were trained in basic life support and would phone an ambulance in case of a patient becoming unwell.

Quality of records

- The C&RH service had a computerised records system with a password protected sign in for each member of staff. Staff told us that this had been an improvement from paper notes as patient's details were much more accessible and confidentiality was better protected.
- There were templates for different consultations for example there was a template for insertion of an implant which we saw being used during inspection. It included consent, medical history, a blood pressure check, any safeguarding concerns and record of the implant that had been inserted.
- There were paper templates available in case of the computer system becoming unavailable. These paper records would be transferred onto the online system at the earliest point and stored securely at the central Global House office.
- We reviewed three other sets of electronic notes which were fully completed and reviewed an annual notes audit from July 2015. This sampled 54 online records and found issues included recording of NHS numbers and GPs names and consent being recorded. Staff told us this had improved since the audit had been completed and was discussed at the service monthly meeting. A re-audit was planned before the end of the year.
- We saw that every template had an electronic signature of the clinician seeing the patient, time and date and any flags that the patient may have such as hearing difficulties, safeguarding concerns or an under 16 year old.
- Paper triage forms were completed in each clinic for patients arriving for consultations. These forms were stored and inputted into the computer by the receptionist then sent in a sealed envelope via internal post back to the main Global House Office.
- We were told that record audits had improved practice since the introduction of the electronic system. We reviewed an audit carried out in 2015 on those women receiving the long acting depo-provera injection. We

saw that staff scored 100% compliance in nine out of 12 criteria set by Faculty of Sexual and Reproductive Healthcare (FSRH). We saw that where staff had not achieved 100% in areas such as possible bone density risk discussed and site of administration, this had been discussed with staff and was due to be re-audited but a date had not been set.

Cleanliness, infection control and hygiene

- The areas we visited were visibly clean and tidy. We reviewed cleaning schedules which were up to date and domestic staff undertook the cleaning of general areas.
- There were hand washing facilities in each consulting room and hand gel in all patient areas. Personal protective equipment (PPE) including gloves and aprons was available for staff in all clinical areas and we saw that this was used appropriately.
- Hand hygiene audit results from May 2016 to July 2016 showed 100% compliance with hand washing and bare below the elbow compliance.
- We saw that the infection prevention and control nurse had recently visited the new clinical rooms at Beckenham Beacon and advised changes such as goggles being available for vasectomy, which had been implemented. Other areas included couch roll holders to be mounted which were in place by the time of inspection.
- During the two procedures we observed we saw that the doctor and nurses used correct aseptic technique which reduced the risk of infection to the patient.

Mandatory training

- Mandatory training for staff was a mixture of online e-learning and face to face sessions. Staff told us the sessions were helpful in assisting them to complete their work.
- Information on the C&RH scorecards showed that up to August 2016, 97% of C&RH staff had completed their mandatory training with the target being 85%. This included consultants practicing within the service.
- Mandatory training included information governance, fire safety and basic life support and staff told us they had adequate time to complete this within work hours.

Assessing and responding to patient risk

- Staff did not use the 'five steps to safer surgery' World Health Organisation (WHO) checklist when carrying out vasectomy procedures. The WHO checklist is a nationally recognised system of checks before, during and after surgery, designed to prevent avoidable harm and mistakes during surgical procedures.
- Senior staff informed us the checklist was not necessarily relevant to the procedure carried out within the service. They informed us that patients consented to be treated and had counselling before the surgery. They informed us staff used local anaesthetic, not general anaesthetic. They also informed us they used guidelines in line with the Faculty of Sexual and Reproductive Healthcare.
- Our observation of a vasectomy procedure showed that staff followed the provider's guidelines in obtaining consent, aseptic technique, medicine checks, checking the effectiveness of local anaesthesia prior to the procedure, use of minimal invasive procedure and post vasectomy information provided to the patient. All equipment used for the procedure were in a pre-packed sterile pack.
- Patients were triaged on arrival to the clinic with those patients requiring emergency contraceptive and under 16 year olds prioritised. We saw that the patients' medical history and any changes were updated on their records at each visit.
- Staff recorded blood pressure on the online recording system for those patients who required it pre and post procedure or before administering oral contraceptives. Staff told us if they had concerns they would contact the doctor in the clinic or there was an on call doctor for the service who they could ring for advice.
- There was a resuscitation policy available on the intranet which included identifying patients at risk of becoming unwell. Staff would phone an ambulance if a patient become acutely unwell but they told us this had not happened up to the time of inspection.
- Anaphylaxis packs were available in each room in every clinic and staff felt confident in using these if required. Pharmacy would replace these as required.

Good

Community health (sexual health services)

- Complex patients and patients under the age of 16 years were always booked in with a nurse or doctor to discuss their visit to the clinics.

Staffing levels and caseload

- The clinics were staffed with one doctor and two or three nurses depending on the clinics that were running. There was one healthcare assistant for telephone consultations. There were times that there would be one nurse and one administrative assistant in the clinic but no staff member ever worked alone.
- From May 2016 to July 2016 there was a nurse vacancy of 0.6 whole time equivalent (WTE) but this had been filled at the time of inspection. Staffing was on the risk register and had been since 2014 and was reviewed regularly. Staff hoped to take this off the register after now filling the vacant post.
- There was a high use of nurse bank staff. From May 2016 to July 2016 there were 170 shifts covered by bank staff. Senior management told us this was partly due to some substantive staff becoming bank due to personal reasons and the Penge Clinic running solely on bank staff until it became a permanent clinic.
- Bank staff were trained in C&RH and we saw competency checklists which had to be completed prior to the staff member undertaking shifts. Management staff told us that when shifts were not filled by bank staff they would cover these clinics themselves to ensure there was no closure of clinics. They told us they had never had to close a clinic.
- There were four doctors employed by the service all working part time hours and specialised in C&RH. Doctors would assist with an on call phone service to give advice to nurses if required and conversations were documented on the patient record system.
- There was one administrative staff per clinic to assist with booking patients in and ensuring triage forms were completed.

Managing anticipated risks

- We saw that there was an up to date major incident policy and business continuity plan for the service if there was a major incident such as a flood or fire. We saw that this was updated for each location.
- The major incident plan had recently been peer reviewed by NHS England and had been given a rating of substantive with only one minor amendment that could be made.
- Staff had access to panic buttons within their clinical rooms at Beckenham Beacon and there was an emergency button on the online patient record system if a clinician required urgent assistance.

Are community health (sexual health services) effective?

(for example, treatment is effective)

Good

Summary

- Care and treatment was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. This was monitored to ensure consistency of practice.
- Local audits were completed and staff showed us ways in which they had driven improvement, Staff were offered courses to improve their clinical knowledge and skills. Staff had recently undertaken the Faculty of Sexual and Reproductive Healthcare (FSRH) diploma which aimed to improve care for patients by increasing nurses' knowledge and skills.
- Revalidation for nurses was ongoing and staff felt well supported in completing this. Revalidation for nurses is a new scheme set up by the Nursing and Midwifery Council (NMC) to ensure that nurses and midwives are practising safely and effectively.
- There were high rates of appraisals completed and staff found it beneficial to their working practice.
- Staff had close links with local mental health teams, NHS trusts, GPs and social worker teams.
- Staff had a good understanding of how to gain consent for children and young people and employed the Fraser Guidelines and Gillick competencies. They understood how to manage mental capacity and what to do if they felt someone lacked capacity.

Detailed findings

Evidence based care and treatment

- The service had an intranet system that was easy to access and navigate. Staff told us that all policies and procedures could be obtained online which we saw whilst on inspection.
- Patient's needs were assessed and care was informed by best practice clinical guidelines to ensure that they received safe and effective care.
- Staff followed the Faculty of Sexual and Reproductive Healthcare (FSRH), National Institute for Health and Care Excellence (NICE), UK medical eligibility for contraceptive use (UKMEC) guidelines.
- We saw evidence that new and changing guidelines were discussed in the monthly departmental meetings. For example, in August 2016 we saw that new guidelines on migraines were discussed as per UKMEC.

Pain relief

- We saw staff gave patients appropriate pain relief prior to procedures such as vasectomy or implant insertion. They used local anaesthesia via patient group directive (PGD) and ensured that this had worked prior to continuing with the procedure.

Patient outcomes

- The services participated in several internal audits including a vasectomy audit and the combined oral contraceptives (COC). These were done according the national guidelines.
- We reviewed an audit on male vasectomy completed in 2015. There were 135 vasectomies completed in the year 2015-2016 and 30 records were chosen for audit. The FRSH guidelines recommend four key areas of practice. The service achieved 97% to 100% for each key area. This was in line with or above the auditable standard of 97%.
- An audit for COC administered via PGD used benchmarks from the pan London COC PGD criteria. In July 2015 an 80% compliance with exclusion criteria was documented and 100% of inclusion criteria. Suggestions' following the audit included consideration of changing the PGD to include allergy and drug history and this had been completed at the time of inspection.
- We saw the scorecard for C&RH for August 2016 showed 100% of patients aged 15-25 were offered Chlamydia screening as per the target set by Bromley Healthcare. It also showed that 98% of long acting removable contraceptive (LARC) were completed at first appointment which was above the 80% target.
- Between July and September 2016, thirty per cent of young people offered Chlamydia screening took part in the screening. There were 343 patients registered on the scheme to receive free condoms. During the same period, young people aged 14 to 24 years accounted for 41% of people on LARC.
- We saw that of 193 vasectomies performed by the C&RH doctor none had failed. This mean that no post vasectomy sperm samples had shown motile sperm was present.

Competent staff

- All staff were provided with an annual appraisal which was a two way process to plan future training and development needs. Records showed that up to August 2016, 90% of staff had completed their appraisals.
- Nurses we spoke to were preparing for revalidation and had begun to prepare their portfolios. They had received feedback from consultants, peers and patients for evidence. The lead clinician was assisting nurses with the process.
- Revalidation for nurses is a new scheme set up by the Nursing and Midwifery Council (NMC) to ensure that nurses and midwives are practising safely and effectively. Nursing staff, we spoke to felt well supported in preparing for revalidation.
- Clinicians within the service gained external support from wider London contraceptive and reproductive health groups such as the London leads meeting and clinical supervision groups with other Consultants.
- Medical staff received their revalidation via their registered officer (RO) and we saw each doctor in the service had an RO. Appraisals for doctors were completed by the lead clinician and the medical director. These were complete at the time of inspection.
- Staff could participate in supervision by someone external to the service to allow them to raise concerns or problems they were having with their practice. Staff said this was a beneficial part of their practice. We saw that this was also available within the service and covered every six weeks to two months on dates set yearly.
- We saw that staff in the C&RH had been funded to complete the FSRH diploma. Staff told us that this had been a hard task to complete but felt that it was very beneficial to their practice. They had completed both face to face and online learning and were proud of their achievements. Nurses competencies for the diploma were overseen and signed off by the lead clinician.

Good

Community health (sexual health services)

Multi-disciplinary working and coordinated care pathways

- Staff told us of the different multidisciplinary team (MDT) working they had for patients who attended their clinics.
- There was a sexual health clinic on site at Beckenham Beacon and staff could ask for advice from this service if they had any questions of concerns about cases they had seen. They could signpost patients to take advantage of this service if required.
- Staff told us that the local mental health trust had a good working relationship with the service. They were working with the clinic to arrange specific times to bring patients from the mental health unit to the clinics to avoid causing patients waiting times and distress.
- Staff told us they could advise patients on how to access other agencies such as HIV testing clinics, British Pregnancy Advice Service, Family planning association and specialist female genital mutilation clinics if required. We saw that there were set referral forms for termination of pregnancy and the early pregnancy unit. These would be faxed or phoned over to the relevant service and women could be given a letter to take with them to their appointment.
- For children and young people staff had a close working relationships with school nurses to ensure any concerns of safeguarding issues were shared as necessary via the child protection forum and some school nurses worked in the service on a bank contract. Staff told us that these services were soon to be decommissioned in the area which was of concern.
- The lead clinician had been out to local GP surgeries to do teaching sessions on how to refer to clinics and updates on contraception guidelines.
- If a patient consented, the service could send an electronic or paper summary of the insertion of LARC so that the GP was aware.

- The service had close working relationships with local social work teams for safeguarding concerns and looked after children to ensure all professionals involved in their care were aware of any concerns.

Referral, transfer, discharge and transition

- GPs could refer patients via a single point of access email address. This was then collated at head office and appointments for patients were booked by the C&RH administration team.
- Patients with complex needs or under 16 years old had to be referred for a booked appointment with the doctor to ensure the care they received was overseen by a Consultant.
- Certain satellite clinics would only see under 25 year olds and this was clear on the website and written literature however staff told us that they would not turn someone away who turned up to the clinic if it was a genuine mistake.

Access to information

- All information was stored electronically and could be accessed by staff at any clinic site. Each clinic had laptops available which were locked away during consultations.

- The electronic system could alert staff to any additional needs of patients attending the clinic. These included under 18 and 16 years old and those with difficultly hearing. It would also alert staff to those patients with safeguarding concerns or children with a current child protection plan in situ.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- We observed and were told by staff and patients that verbal consent was obtained prior to the delivery of care and treatment. There were clear areas within the patient record to record consent and what type of consent had been gained.
- Written consent was obtained prior to male vasectomy being carried out and we saw evidence of the consent procedure prior to a two observed procedures.
- Staff were provided with a policy and procedure regarding consent for young people which referenced, the Fraser Guidelines and Gillick competence. Fraser guidelines refer to a legal case which found that doctors and nurses are able to give contraceptive advice or treatment to under 16 year olds without parental consent. The Gillick competence is used in medical law to establish whether a child (16 years or younger) is able to consent to his or her own medical treatment without the need for parental permission or knowledge.

Good

Community health (sexual health services)

- We saw that under 16 year olds had a Fraser assessment completed at each visit to the service on the young person's EMIS template. We saw that this process was audited weekly. Part of safeguarding adults included a checklist to assess a patient's capacity. Staff told us that if that had any concerns about a patient's capacity they would ask the doctor to assist them to complete a capacity assessment. Staff had completed MCA training.
- Department meeting minutes from October 2016 showed a case study presented about a patient's mental capacity and whether the patients GP could be approached without the patients consent or knowledge. Staff told us it had been an interesting learning experience.

Are community health (sexual health services) caring?

Good

Summary

We rated caring as 'good' because:

- Staff across the service were welcoming and professional. We saw staff communicating with patients in a polite and caring way.
- Feedback from patients regarding nursing and medical staff was positive, stating that staff were "lovely" and "kind". We saw that 100% of patients from July 2016 to September 2016 were extremely likely to recommend the service.
- We observed staff working in partnership with patients when delivering care. Staff delivered information to patients in an accessible way and ensured patients were involved in their own care.
- The service offered counselling to men and women. Young people could be referred to an external wellbeing counselling service if required.

Detailed findings

Compassionate care

- People were treated with respect and their privacy and dignity was respected at all times. We saw this during minor procedures we observed, staff were caring and reassuring to patients.
- Patients that we spoke with were very happy with the care they had received. They told us that reception staff were welcoming and that nurses and doctors treated them with respect and were kind.
- People we spoke to said they had absolute trust in the confidentiality of the service.
- We saw that the waiting room for the service was separate to all other services within the building which enhanced the feeling of privacy.

Understanding and involvement of patients and those close to them

- We saw that some patients had commented "very clear explanation" and "staff explained everything clearly".
- Procedures that we observed included a thorough explanation of what would happen and allowed time for patients to ask any questions. We saw that staff explained things in simple terms and ensured that patients had understood everything.
- People could attend clinics with a member of their family or a friend if they wished and we did see patients taking friends into their consultations with them.
- We saw that there were ways to communicate with young people including a website on which they could access information about condoms, sexual health and contraceptive clinics, and alcohol and drug use.
- A chaperone was available for every appointment and there were posters to remind patients they could request a chaperone. It was part of the electronic recording system that staff had to complete whether they had asked the patient if they wanted a chaperone and the outcome of the discussion.

Emotional support

- A counsellor was available for those patients undergoing vasectomy in line with best practice guidelines. It aimed to help patients understand and evaluate the life choice of becoming sterilised and prevent patients making the wrong decision for them. There was then a two week period before men could have their procedure.

Good

Community health (sexual health services)

- We saw that when patients were anxious or upset staff were kind and comforting and alleviated concerns by taking time to talk to the patients and reassure them.
- Staff could refer women to the British Pregnancy Advice (BPA) service if they required counselling. This could be done via telephone or face to face and could often be organised for the same day.
- Young people could be referred to an external wellbeing counselling service if required.
- Between 1 July 2016 and 30 September 2016 we saw that 43 feedback questionnaires were completed and 100% of patients were extremely likely to recommend the service to family or friends if they needed similar care or treatment.
- Patients described the staff as "good, very supportive" and "very kind" via patient feedback forms.

Are community health (sexual health services) responsive to people's needs? (for example, to feedback?)

Good

Summary

- Clinics were held at a central hub and satellite sites within the community to make clinics accessible to as many people as possible. They were advertised in GP surgeries, local health centres and schools.
- We saw that translation services were available and used by staff when required. Although leaflets were not available in different languages staff could direct patients to the family planning association website for more details in the required language.
- There was a good understanding of the different cultural needs of patients and staff told us they would always take cultural needs into account when prescribing contraception and giving information.
- There was provision for people living with a learning disability that aimed to help them make a fully informed choice of their contraception method and ensure they understood the implications of undertaking a sexual relationship.
- Staff had links with a women's refuge, children and adult mental health services, the police and social workers to ensure that those in vulnerable circumstances were cared for safely.
- The service had a robust system in place for collecting and responding to complaints. Information from complaints was feedback to staff in team meetings.

Detailed findings

Planning and delivering services which meet people's needs

- Contraception and reproductive health clinics (C&RH) were set up across seven sites with Beckenham Beacon as the central clinic. Staff attended clinics providing support, guidance and contraceptive care and advice. Clinics were advertised online and in leaflets which were distributed in schools, GP surgeries and other health clinics.
- Four of the satellite clinics held evening sessions and on a young person's clinic ran on Saturdays so that young people did not have to leave school or college to attend appointments.
- Reception staff could provide attendees over 16 years old dual self-testing kit for Chlamydia and Gonorrhoea, and free condoms. This reduced their waiting time as they did not need to book in to see a clinician. Patients then received their test results via phone call, email, text or letter and could return to the clinic to get treatment if required.
- There was a 24 hour telephone information line that people could phone which gave details of the administration office, the email address that could be used to get advice, and which clinic to contact if they required care for a sexually transmitted infection (STI).
- Information on clinics and appointments was easily available on the services website. Links to the Family Planning Association (FPA) and the British Pregnancy Advisory Service (BPAS) were available.
- Young people could register online for a condom card which they showed at participating clinics to get free condoms (C card scheme). Several of the clinics under Global House offered this service.
- There was a telephone appointment service that people could phone prior to coming in for their

procedure. Patients could email or attend the clinic to book in for this service. They would then receive a call back within five days. To ensure no breach of confidentiality staff would ask for the patient's name, date of birth and address.

- Text reminders and emails of appointments could be sent to patients to remind them 48 hours prior if they had given written consent for this to be done. We saw that this was completed on the triage forms when patients attended clinic.

Equality and diversity

- Staff had access to a policy and procedure which set out key principles for promoting equal opportunities and valuing diversity across the service. We reviewed this prior to our inspection.
- There was disabled access to the two clinics we visited which were on the ground floor of the buildings they were situated in. Staff told and we saw that there was an issue with providing disabled access at all clinics which was on an action plan for discussion.
- Staff had access to language line which provided a telephone translation service with more than 170 languages available. The service offered a British sign language interpreter for people with hearing difficulties.
- Leaflets were not available in any other languages apart from English. Staff said they would direct patients to the family planning association website where items were accessible in other languages.
- There was a good understanding of different cultural needs of patients and staff told us they would always take cultural needs into account when prescribing contraception and giving information. For example in some cultures it would be unacceptable not to have a monthly period so contraceptives were tailored accordingly.

Meeting the needs of people in vulnerable circumstances

- The service provided a specialist young person's clinic for patients under the age of 25. Young people could also attend any of the other clinics open around the area. We were told that young people under the age of 16 would be seen by a clinician on the day they attended and would not be turned away.
- We asked staff about their training in caring for people living with learning difficulties. They told us that they would treat them with dignity and respect and try to pre-book them into quieter clinics. They would assess their capacity in understanding their contraceptive options and if they had any concerns would ask the doctor to see the patient.
- Staff showed us a booklet they could use for patients living with a learning disability This had big drawings and a simply worded format for explaining sex and contraception. If staff had any concerns about anyone in their care they would speak to their manager or carry out a safeguarding referral.
- We saw that there were leaflets for people who had been victims of sexual assault or domestic violence. This contained 24 hour help line numbers to support these patients. Staff told us they had links with the police if these patients needed support with referrals. They also had close links with a women's refuge and could assist women in contacting this service.
- Staff told us of cases where young people had been under the care of children and adolescent mental health services (CAMHS) when attending and therefore they had assessed carefully what contraceptives were the most appropriate to be given. Staff told us of instances where they had seen patients who were homeless. They said that patients had accessed their services via mobile devices or their GPs and did tell us that reaching this group of people was a challenge.

Access to the right care at the right time

- The C&RH service saw 4254 patients from October 2015 to September 2016. Patients under 16 years old were flagged in pink on the computer system. We saw that 167 patients in the same time period were under 16.
- Most clinics were walk in appointments. The service had a target to see 80% of patients within two hours of arrival. We saw that from July 2016 to September 2016 between 95.5% and 99.2% of patients were seen within two hours.

Good

Community health (sexual health services)

- We saw that between July and September 2016, 22 patients were turned away as clinics were full and staff could not accommodate them before the clinic closed at 8pm. Staff told clinics could get very busy and they were currently trying to provide more clinics to prevent having to turn patients away. If a patient could not be seen they would offer them a pre-booked appointment or a telephone consultation.
- We saw that 2.5% of patients did not attend (DNA) their appointment in the year up to August 2016. Staff said that unless there were safeguarding concerns or the person was young they would not follow up DNA patients due to the sensitive nature of the appointments.
- GPs could refer patients for appointments via an email based single point of entry (SPE) system. All C&RH queries would then be directed to the administration team who could book appointments for patients.
- There were pre-booked appointments available with the doctor or nurse to obtain advice or to have long acting reversible contraceptive (LARC) fitted such as an intrauterine coil or implant. All patients under the age of 16 and those requiring emergency oral contraceptives were prioritised at walk in appointments and seen by a clinician.
- There was a vasectomy service on a Tuesday evening at Beckenham Beacon which was overseen by one of the lead administrators. Men were booked into counselling and then could be booked for the procedure two weeks later. They had to have a sperm sample taken 16 weeks post procedure and staff would receive the results of these and contact the men to make them aware of any further action required.
- Patients with complex needs or concerns were booked into appointments with the doctor at the clinic to allow time to discuss any issues that may arise.
- People could request to have a telephone consultation with a healthcare professional from C&RH. This followed a template of the electronic management information system (EMIS) and we reviewed one of these whilst on inspection. It meant instead of having to come to the clinic twice they could have their telephone appointment and be booked in for further treatment if necessary.
- A clinic was set up in Penge to try and reach more of the community and improve contraceptive and sexual health within the area. The team were working to ensure that this would become a permanent clinic so that people in the area did not have to travel to Beckenham Beacon to be seen.

Learning from complaints and concerns

- There had been one formal complaint in the year April 2015 to March 2016. This was about clinic waiting times.
- Staff told us that any complaints or concerns patients had were normally dealt with immediately. They told us that complaints had to be acknowledged within three days and they had up to 25 days to complete a response.
- There were leaflets available in the waiting room regarding how to make a complaint. This included an email address, postal address and phone number for people to contact the service.
- We saw that the complaint that was received was discussed in the departmental team meeting and its outcome communicated to staff. All complaints were also escalated to the Quality Manager for Global House and discussed at the patient experience group.

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

Good

Summary

- There was a strong and visible leadership for the Contraception and Reproductive Health (C&RH) service.
- There was an effective and comprehensive process in place to identify, understand, monitor and address current and future risks.
- Structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, are clearly set out, understood and effective.

Good

Community health (sexual health services)

- There was a robust governance system in place for information about the service to be fed to the senior management and executive teams within Bromley Healthcare via a clinical leadership forum.
- There was a risk register in place for the service and staff were able to tell us the risks contained within it.

However:

- The risk register and local risk assessments for satellite clinics were completed but action plans for change did not have set times for completion.
- There was no service level agreement in place for the use of satellite locations. Although the provider conducted annual risk assessments and had escalation procedures in place for the facilities.

Detailed findings

Service vision and strategy

- The service was undergoing a period of change during inspection which involved the service going out to tender. Staff were keen that Bromley Healthcare won the tender and were anxious about what would happen if it was taken over by another healthcare provider or company.
- We saw a business case for a clinic set up in Penge which was set up to try and reach more of the community and improve contraceptive and sexual health within the area.. The team were working to ensure that this would become a permanent clinic so that people in the area did not have to travel to Beckenham Beacon to be seen.
- Staff had lanyards which showed the values of Bromley Healthcare so they could remember and they told us that they adhered to these all aspects work including treating others as they wished to be treated and striving for continuous improvement.

Governance, risk management and quality measurement

- We saw that local risk assessments for each satellite clinic were completed by the manager for the C&RH service which identified how staff should eliminate or reduce the risk. Action plans were in place for things such as visual and audible fire and emergency alarms, disabled access and fire risks. These had recommendations for change, however they did not have dates for completion.
- Incidents were graded on their seriousness via the online incident reporting system and a risk level determined. These were then reviewed by the risk management team and added to the risk register. The risk register was discussed at weekly meetings with the service managers but was not documented. We saw that the risk register was discussed at the monthly audit and risk meeting which was attended by senior management for Global House.
- We reviewed the risk register for C&RH prior to the inspection and saw that there were 19 risks documented, however, several of these were duplicated. These included vacant staffing, problems obtaining patients NHS numbers and the use of patient group directives (PGDs). Although there were action plans time frames for risks to be reviewed were not completed.
- Staff told us their own risks included staffing, waiting times, infection control and risks of losing the tender for the service. Some staff told us under 16 year olds were a particular risk due to the high levels of safeguarding that may be needed.
- C&RH staff attended a monthly departmental meeting which discussed incidents, new policies, case studies and complaints. They were provided with feedback from the board or quality and governance committees so staff were aware of what was happening in other services.
- Service managers attended a clinical and leadership forum on a monthly basis Concerns from the service could be fed back to the wider management team at Global House and any changes, concerns or positive feedback from the CEO, board or higher governance committees could be shared.
- There were monthly meetings of the audit and risk, clinical effectiveness, patient experience and workforce groups. Although the management for C&RH did not sit on these they were invited to attend if they wished. Some staff felt they wanted to play a

bigger part in these and could not due to clinical constraints. The clinical quality manager played a key role in ensuring the themes from these meetings were fed back to the team as required.

- The quality governance committee was attended by the director of nursing, operations director and the medical director amongst other Bromley healthcare staff. There were presentations by service leads and discussions of incidents, complaints, challenges and concerns. Feedback from the clinical and leadership forum could be fed back at this meeting. Discussions at this meeting then fed back to the board for Global House to ensure they were informed of what was happening in each service.
- The medical clinic lead for C&RH was a key member of the medicines management group. The group assessed medicine problems or concerns staff were experiencing and discussed new medicines that were available across Bromley Healthcare. They fed back to the quality and governance committees and the board. The medicines management representative from the clinical commissioning group for the area were also invited to attend this meeting.
- We reviewed the scorecards for C&RH from July 2016 to August 2016 and these included quality measures such as whether children under 16 had a Fraser competency assessment completed, productivity, compliance and margins. It allowed staff to see if they were achieving targets each month and how practice could be improved. It was accessible to all staff working at Global House and the executive team could monitor progress.
- There was no service level agreement in place for the use of satellite locations, in particular, the theatre used for vasectomy procedure at Beckenham Beacon. This meant there was no formal mechanism in place to ensure estate management was working effectively. However, there was a lease agreement in place for all satellite locations. Senior staff informed us the clinical commissioning group or local authority commissioned all services.
- Senior staff informed us the NHS Property Services (NHSPS) managed the Beckenham Beacon site. Staff escalated all concerns to a operations manager for NHSPS and there was as an escalation procedure out of hours. There were regular meetings between the provider's estates lead and NHSPS. All services were risked assessed annually and we were provided with a risk assessment for each clinic location covering Control of Substances Hazardous to Health (COSHH), workplace risks, first aid, fire safety and equipment amongst others. Each risk had a remedial action in place.

Leadership of this service

- There was a strong and visible leadership of the C&RH service. The service manager managed all clinics for C&RH. There was deputy manager who assisted and a lead clinician within the service. The manager fed back to the assistant director for children, young people and health and wellbeing who fed back to the director of operations, director of nursing and the CEO.
- Managers would often carry out clinical shifts. This helped them maintain clinic skills and gain a better understanding of issues staff encountered on a day to day basis. It meant staff could raise concerns with them on a regular basis and managers could feedback to staff more often than just monthly meetings.
- Staff told us that they felt the executive team were very accessible. The CEO had an “open door” on a Friday where staff could call in to talk about concerns. They received a weekly email on a Friday from the CEO and the chief operating officer keeping staff up to date on the changes, challenges and positive occurrences within wider Global House services.
- The director of nursing for the organisation was located in the Global House office and provided guidance and support to staff. Staff were positive in their comments about the approachability and supportiveness of the director of nursing.

Culture within this service

- The staff survey, completed for the whole of Bromley Healthcare indicated that staff did not feel that had the correct equipment, time and resources to complete their jobs to a satisfactory level. There was a higher than average number of staff who would not recommend the service as a place to work. This could not be broken down in the C&RH service on its own but staff we spoke to within the service spoke highly of their jobs and enjoyed working for C&RH.

Good

Community health (sexual health services)

- On inspection staff told us they enjoyed working for the service. They told us there was a culture of openness and honesty and none had experienced bullying or harassment from work colleagues.
- Staff we spoke with were passionate about the care they delivered and there was culture of working together as a team and trying to support colleagues and provide the highest quality of care in sometimes challenging circumstances.
- Staff consistently said the service was a friendly and supportive environment to work in and that all staff were approachable and helpful.

Public engagement

- Staff told us that young people using the service were encouraged to help develop a website that they could use to find out where contraceptive clinics were and places that were dispensing condoms. We saw the website was easy to use.
- Staff had developed a flow chart for women to take a photograph of with their phones to instruct them on what to do if they had missed a contraceptive pill. They told us that most people did not want a leaflet and having a photograph on their phone was much more accessible and discreet.
- The clinical lead for the service had given a talk to local GPs about the services that they offered and ways that people could access them to try and assist GPs in seeking specialist advice in contraception for their patients.
- Patients attending clinics were asked for their feedback via written cards or email. We saw that where patients had feedback they were very complimentary of the staff and how they were treated during their time there.
- Staff had set up a vending machine in a local college which dispensed condoms and leaflets about contraception to get information out to young people in the area and promote safe sex.

Staff engagement

- We saw the CEO sent out a weekly update to keep staff informed of changes or how the service was doing. We reviewed four weeks' worth of these which included areas such as new tenders, staff vacancies and challenges the services face as a whole. One of the updates encouraged staff to speak to senior managers about their concerns and not "suffer in silence" if they were struggling.
- Staff could be awarded employee of the month where they would be nominated for something special they had done in the workplace. The service was awarded "Team of the Month" in February 2016 due to their professionalism and commitment in the face of chronic staff shortages. They also won award for being the first team to integrate the electronic patient record system.
- We saw evidence that when the previous vasectomy service was not working well the staff attended a clinical effectiveness committee, had the service cancelled and re-wrote the guidelines for the service. It had been reinstated with improved patient outcomes. Staff told us they would always feel confident to raise concerns or provide ideas for change.

Innovation, improvement and sustainability

- EMIS had improved the services ability to operationally manage the service. It allowed staff to audit notes, see how much time staff were spending with patients in real time, allowed more accurate and standardised notes with easier information access for staff. All staff told us they felt that has been a great service improvement for staff and patients.
- Staff told us they had set up a vending machine for condoms and contraceptive information in a local college to encourage young people to practice safer sex.
- Prior to the CQC inspection Bromley Healthcare carried out a mock inspection. The C&RH service scored a total of 98% compliance following this. Staff told us about this while we were on inspection and told us that they had been encouraged to get more training on EMIS as a part of this.
- The local Health watch group were invited to engage with Global House on a six weekly basis. We saw that this was discussed in the patient experience group. They gave feedback on patient's views of services in the area and what had and had not gone well for patients. This allowed Global House to adjust services or make improvements based on their findings.

Outstanding practice and areas for improvement

Outstanding practice

- Effective use of information technology ensured that senior staff could monitor key performance indicators on daily basis using a live dashboard.
- The local Health watch group were invited to engage with Global House on a six weekly basis. They gave feedback on patient's views of services in the area and what had and had not gone well for patients. This allowed Global House to adjust services or make improvements based on their findings.

Areas for improvement

Action the provider SHOULD take to improve

- Ensure risk assessments with action plans have set times for completion.
- Ensure a formal service level agreement for the use of satellite clinics is in place.
- Implement an adapted checklist for use in vasectomy procedures.