

Oxford Hormone Clinic

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Oxford Hormone Clinic because the service registered with CQC in September 2021 and was yet to receive an inspection.

Oxford Hormone Clinic provides consultations for women who are experiencing symptoms associated with the menopause. They provide diagnostic tests and provide information and choices about potential treatments. Medicines can be prescribed by the service where appropriate which include hormone replacement therapy (HRT), medicines to help with low mood associated with the symptoms of menopause and alternative medicines. The service also refers some women to cognitive behavioural therapy (CBT). All the medicines and treatments provided are recommended by National Institute of Health and Care Excellence (NICE) guidance.

One of the lead clinicians is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The service has processes and mitigations in place regarding risks to ensure it is safe
- Care was assessed and delivered on an individual basis.
- National guidance was considered and followed in delivering services
- Clinicians were qualified and experienced in the areas of care they provided.
- There were arrangements to ensure consent was sought and that patients were fully informed about their care options.
- Reasonable adjustments were made to protect people's privacy, dignity and enable access to the service where they had specific requirements.
- There were appropriate governance arrangements in place.
- There was monitoring and oversight of care and non-clinical elements of the service.
- The provider prescribed unlicensed medicines against valid special clinical needs of an individual patient where there was no suitable licensed medicine available.

The provider **should:**

Overall summary

- Continue to consider and implement proposed changes for ensuring confidentiality is always maintained in regards to the access of patient records.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector and supported by a clinical adviser.

Background to Oxford Hormone Clinic

- Oxford Hormone Clinic Ltd
- 69-71 Banbury Road Oxford OX2 6PE
- Oxford Hormone Clinic provides consultations for women who are experiencing symptoms associated with the menopause. They provide diagnostic tests and provide information and choices about potential treatments. These included blood tests sent to an external laboratory and analysis of the results. Wellbeing and lifestyle information was gathered, including blood pressure checks. Medicines could be prescribed by the service where appropriate which include hormone replacement therapy (HRT), medicines to help with low mood associated with the symptoms of menopause and alternative medicines. The service also refers some women to cognitive behavioural therapy (CBT). All the medicines and treatments provided are recommended National Institute of Health and Care Guidance (NICE). Two female doctors provide care and manage the service. They were the only staff employed at the location.

How we inspected this service

We requested information in advance of the inspection from the provider and undertook a site visit on 15 March 2023. We reviewed care records, documents related to the management of the service, patient feedback and observed the premises. We spoke with the two clinical members of staff.

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

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

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

Are services safe?

We rated safe as Good because:

We found appropriate systems in place to protect patients from the risk of harm associated with the care provided.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate policies, such as safeguarding vulnerable adults, fire safety and infection control. These were regularly reviewed. They outlined clearly who to go to for further guidance. Staff received induction and refresher training in managing risks to patients such as fire safety and safeguarding training.
- The provider demonstrated that staff checks were in place for the clinicians working at the service. Disclosure and Barring Service (DBS) checks were undertaken. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff vaccination records were in place and up to date.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. There was a recent example of a patient being referred to their GP the same day for an urgent medical need.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with GP practices to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The service carried out a prescribing audit to ensure prescribing accurately in line with patients planned treatments.

Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Lessons learned and improvements made

The service learned and made when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, two of the six recorded incidents from the last 12 months required changes to equipment to ensure they met the needs of patients with specific requirements.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- The service acted on and learned from external information such as changes in guidance as well as medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to clinicians.

Are services effective?

We rated effective as Good because:

Patients' needs were assessed and their care was planned in line with national guidance. Patients were provided with information on their lifestyle and to enable them to make informed decisions about their care.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Once patients attended an initial consultation diagnostic tests were undertaken as required and a full medical history was ascertained. A treatment plan letter was provided to patients and shared with their GPs with the patients' consent.
- Treatment plans included consideration of mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients given treatments were offered a 3 month review consultation with the service if they wanted this. Approximately 70% of patients accepted this offer.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- Audit was in place to check that prescribing on treatment plans matched prescribed medicines. The audit identified an improvement for making treatment letters clearer.
- There were plans to undertake further audits.
- The clinicians had regular meetings to discuss national guidance and patient cases to identify improvements to care.
- Patient feedback and incident reporting were also used to identify potential improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified and experienced in their field of care.
- The clinicians were registered with the General Medical Council (GMC).
- The provider identified the learning needs of staff and ensured that training was maintained periodically as required. Up to date records of skills, qualifications and training were maintained.
- The provider had an induction programme for all newly appointed staff, should they employ further staff.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP.
- The provider had risk assessed the treatments they offered. They had identified medicines that should not be prescribed if a patient was not suitable to receive them. For example, if there were risks associated with taking medicines.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, lifestyle questions were asked of patients and diagnostics included blood pressure monitoring.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service had systems to obtain consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions.
- Staff had training in the Mental Capacity Act (2005).

Are services caring?

We rated caring as Good because:

Patients reported a caring service and there were arrangements to protect patients' dignity and privacy.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Staff collected feedback from a well-known review website and this showed that out of 41 patient reviews nearly all provided 5 of 5 star reviews and all were positive about the demeanour and approach of staff.
- The service gave patients timely support and information.
- A chaperone policy was in place. Patients could request a chaperone. However, there was not a formal offer of chaperones prior to any examinations. The provider considered this feedback following the inspection and told us they amended their consultation forms to include the formal offering of chaperones and clear information on their availability to patients.

Involvement in decisions about care and treatment

Staff helped help patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language.
- Patient feedback identified that staff explained patients' conditions and symptoms to them and their care and treatment options clearly.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The treatment area had blinds on the window and a lockable door. The service was considering a privacy screen around the examination bench.
- Patient records were stored securely on an electronic system. Some paper records were kept and these were stored in locked cupboards. A small number of paper records were sometimes transported for home working. The provider was considering this process in line with their policy following the inspection feedback we provided. They informed us they were working towards electronic access of records only in the event they needed transporting, to ensure safe access to patient information.

Are services responsive to people's needs?

We rated responsive as Good because:

Patients' individual needs were considered in the delivery of the service.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, changes to equipment were implemented when it did not meet people's individual needs.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, for people with limited mobility there was a room on the ground floor to facilitate consultations and examinations where needed.
- Translation services were available.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised and where necessary shared with their GP.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. There were no complaints for us to review during the inspection.

Are services well-led?

We rated well-led as Good because:

The provider had adequate governance and quality assurance processes in place.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about their field of care and the services they provided.
- The provider was considering its future staffing and governance requirements, should there be expansion to the service.
- The provider had effective processes to develop leadership capacity and skills.

Vision and strategy

The service had a vision and strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service monitored progress against delivery of the strategy. Leaders learnt from changes in the sector.

Culture

The service had a culture of high-quality sustainable care.

- Openness, honesty and transparency were demonstrated when responding to incidents and patient feedback complaints. There was an incident log and it was used to monitor events which may require changes to the services to be made.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal in line with the registration requirements of the clinicians.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- There were processes and systems to support good governance and these were clearly set out in documents and understood by staff.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Policies and governance documentation was stored appropriately, accessible to staff and updated when needed.
- The service submitted data or notifications to external organisations as required.

Are services well-led?

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was effective identification, assessment and mitigation of risks which may occur in the delivery of services.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their work and peer discussions.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Patient care records were appropriately monitored, recorded and stored.

Engagement with patients, the public, staff and external partners

The service involved patients and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients and GP practices and acted on them where necessary.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of incidents and patient feedback. Learning was considered from external sources such as national guidance and experts in the field of care.
- There was consideration of future clinical audit to identify further improvements to the service.