

The Leger Clinic Limited

The Leger Clinic

Inspection report

St Vincent Medical Clinic
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Overall summary

We carried out an announced comprehensive inspection on 8 November 2017 at The Leger Clinic to ask the service the following key questions; are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the clinic was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of the services it provides.

The Ledger Clinic offers services to NHS and private patients and is situated on the first floor of the medical centre with a lift offering access to people with mobility issues. The clinic offers assessment and treatment for males and females suffering from a wide variety of sexual problems. The clinic does not see people under the age of 18.

The provider, which is The Leger Clinic Limited, is registered with the Care Quality Commission to provide services at The Leger Clinic, St Vincent Medical Centre, 77 Thorne Road, Doncaster, DN1 2ET. The clinic is based just outside of Doncaster town centre within St Vincent Medical Centre and the rooms used consist of a shared reception area on the ground floor and a shared waiting room and a consulting room on the first floor. There is free on-road parking on all surrounding streets.

The clinic holds a list of registered patients who are either referred to the service or contact the provider directly to

Summary of findings

register as a private patient. The clinic is available to patients who reside in Doncaster and surrounding areas and also to patients who live in other areas of England who require the services.

As part of our inspection we reviewed 46 Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service. All of the 46 comment cards we received were extremely positive about the service experienced. Patients said the clinic offered an excellent service and staff were sensitive, professional, very caring and treated them with dignity and respect. Comments also told us that the environment was safe, clean and hygienic. Patients told us they received information to help them make informed decisions about their care and treatment. A theme identified, in the cards and with patients we spoke with, was that the clinic had significantly improved the lives of some of the patients.

The clinic is owned by a GP with a specialist interest in sexual dysfunction and administrative duties are performed by GP practice staff co-located in the same building. The GP was also a partner in the GP practice co-located in the same building. The GP was supported by members of administrative staff. Patients could also be seen by a Psychosexual Therapist who worked with the service.

The clinic opening hours are:

- Monday 8.30am to 11.30am
- Tuesday 8.30am to 12 noon
- Wednesday 9am to 6pm
- One Saturday per month from 8.15am to 3pm

The provider is not required to offer an out of hours service. Patients who need emergency medical

assistance out of the clinic opening hours are requested to seek assistance from alternative services such as their own GP, the NHS 111 telephone service or accident and emergency.

Our key findings were:

- There was a system in place for reporting and recording significant events.
- Information about services and how to complain was available and easy to understand.
- Risks to patients were always assessed and well managed.
- The clinic held a comprehensive central register of policies and procedures which were in place to govern activity.
- The GP assessed patients' needs and delivered care in line with current evidence based guidance.
- The GP had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The clinic had good facilities and was well equipped to treat patients and meet their needs.
- The clinic proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider **should** make improvement are:

- Review the security of the clinic's website online enquiry system.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- The clinic had clearly defined and embedded systems, processes and clinics in place to keep patients safe and safeguarded from abuse.
- There were effective recruitment processes in place and all members of staff had received a Disclosure and Barring Service check (DBS check). (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).
- All support staff who acted as a chaperone were trained to carry out this role and had a DBS check in place.
- The clinic issued prescriptions and dispensed medicines to private patients. There was evidence of comprehensive training for clinicians undertaking this role and a policy and protocol in place for the dispensing of medicines. Systems and processes for repeat prescribing, including high risk medicines, kept patients safe.
- There were various risk assessments in place which included a risk assessment for the control of Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The clinic held evidence of Hepatitis B status and other immunisation records for clinical staff members.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- The GP had the skills, knowledge and experience to deliver effective care and treatment.
- The GP and support staff were suitably trained to carry out their roles.
- The clinic ensured sharing of information with NHS GP services when necessary and with the consent of the patient. For example, the clinic sent information of consultations to the patients regular GP.
- The clinic had evidence of quality improvement through clinical audits that were relevant to their population.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- There was evidence of the caring nature of staff. For example, patients shared with us how the GP put them instantly at ease during consultations.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- Patients said they did not wait for long to be seen after they were referred to the clinic and that was continuity of care.
- The clinic had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. No complaints had been made, however the GP proactively gained feedback from patients, including verbal feedback.

Summary of findings

- Translation services were available for patients whose first language was not English.
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Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The service had a clear vision to deliver high quality care and promote good outcomes for patients.
 - There was a clear leadership structure and support staff felt supported by the GP. The clinic had a number of policies and procedures to govern activity.
 - There was an overarching governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
 - The provider was aware of and complied with the requirements of the Duty of Candour. The clinic encouraged a culture of openness and honesty.
 - The clinic proactively sought feedback from staff and patients which it acted on.
 - There was a focus on continuous learning and improvement at all levels.
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The Leger Clinic

Detailed findings

Background to this inspection

The inspection was carried out on 8 November 2017. The inspection was led by a CQC inspector, and a GP specialist adviser.

Prior to the inspection we had asked for information from the provider regarding the service they provide. We carried out an announced, comprehensive inspection on 8 November 2017 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

During our visit we:

- Spoke with a range of staff including, a GP, a clinic nurse, and members of the reception/administration team.
- Reviewed the personal care or treatment records of patients.

- Reviewed 27 comment cards where patients and members of the public shared their views and experiences of the service.'

We informed the local clinical commissioning group that we were inspecting the service; however we did not receive any information of concern from them.

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?

Our findings

Safety systems and processes

The clinic had clear systems to keep patients safe and safeguarded from abuse.

- The GP conducted safety risk assessments. A suite of safety policies were regularly reviewed. Support staff, who also worked for the GP services in the building, received safety information for the clinic as part of their induction and refresher training. There were systems to safeguard vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The clinic worked with other agencies to support patients. Staff took steps to protect patients from abuse, discrimination and breaches of their dignity and respect.
- The clinic consisted of one GP. Checks of staff who supported the service, including checks of professional registration where relevant, on recruitment and on an ongoing basis were completed. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- The GP and support staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The clinic 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. There were arrangements for covering the GP's leave. Support staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.

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.
- With the patient's permission, the clinic had systems for sharing information with the patient's own GP and other agencies to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

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

- The systems for managing medicines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- The clinic reviewed those patients who received regular prescriptions to review medicine prescribed.
- Arrangements for dispensing medicines at the practice kept patients safe.

Track record on safety

The clinic had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The clinic monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The clinic learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. 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. Staff had not reported an incident within the previous 12 months.

Are services safe?

- There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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. We saw that the GP assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical well-being.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition worsened and where to seek further help and support.

Monitoring care and treatment

The clinic had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Recent reviews included a review of prescribing testosterone to those with diabetes and calculating the aging male symptom score to detect testosterone deficiencies.

The GP took part in local and national improvement initiatives and was a certificated member of the Society for the Study of Androgen Deficiency (Andropause Society), of the British and European Societies for Sexual Medicine, the Society for the Study of the Aging Male, and the Sexual Dysfunction Alliance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff had received specific training and could demonstrate how they stayed up to date for the treatment of sexual dysfunction.

- Up to date records of skills, qualifications and training were maintained for the GP.
- The GP had recently completed revalidation.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available in a timely and accessible way through the clinic's paper patient record system. This included care assessments, medical records, investigations and test results.

The GP made referrals to other independent or private sector services and could refer to NHS services.

Supporting patients to live healthier lives

The GP was proactive in helping patients to live healthier lives.

- The clinic identified patients who may be in need of extra support and directed them to relevant services. This included directing patients to an in house psychosexual therapy service.
- The GP encouraged and supported patients to be involved in monitoring and managing their health by asking them to complete patient experience forms in response to the therapies they received. We reviewed 31 forms received within the last 12 months all which were very positive.
- The GP discussed changes to care or treatment with patients and their significant others as necessary.
- The practice supported national priorities and initiatives to improve the population's health. For example, improving men's health and supporting those with diabetes.

Consent to care and treatment

The GP sought patients' consent to care and treatment in line with legislation and guidance.

- Before patients received any care or treatment they were asked for their consent and the GP acted in accordance with their wishes. The GP captured signed consent on specific consent forms relating to the different treatments available.
- The GP understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The clinic had access to interpreter services as an additional method to ensure that patients understood the information provided to them prior to treatment.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The GP and support staff understood patients' personal, cultural, social and religious needs.
- The clinic gave patients timely support and information.
- Support staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 46 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. This was in line with the results of other feedback received by the clinic as part of their own surveys.
- A theme identified, in the cards and with patients we spoke with, was that the clinic had significantly improved the lives of some of the patients.

Involvement in decisions about care and treatment

The GP helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- People we spoke with told us the GP communicated with them in a way that they could understand and offered further information if required.
- The GP told us they would provide patients with further information and access to community and advocacy services, if required.

Privacy and Dignity

The clinic respected and promoted patients' privacy and dignity.

- The GP and support staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The GP understood the needs of its population and tailored services in response to those needs. For example, Saturday morning appointments and evening appointments were offered.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

Patients were able to access care and treatment from the clinic within an acceptable 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.
- The appointment system was easy to use.

Listening and learning from concerns and complaints

The clinic 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 and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The clinic has not received any complaints in the last three years.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership capacity and capability

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

- The GP had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The clinic had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- The clinic had a realistic strategy and plans to achieve priorities.
- Staff were aware of the strategy and their role in achieving it.

Culture

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

- Support staff stated they felt respected, supported and valued. They were proud to work in the clinic.
- The clinic focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Support staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The practice actively promoted equality and diversity.
- There were positive relationships between support staff and the GP.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out,

understood and effective. The governance and management of clinic, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- Support staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- The GP had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. The GP had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. For example, the GP reviewed patient outcomes for the effectiveness of their treatment.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The clinic used information technology systems to monitor and improve the quality of care.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However, the clinic's website www.legerclinic.co.uk contained a 'contact us' function to request a call back. Those requesting a call back were asked to submit their name, a telephone number and an email address. The provider was not sure of the website provider's information security processes to keep this information safe and told us they would follow this up with them.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Engagement with patients, the public, staff and external partners

The clinic involved patients, the public, support staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the clinic previously had articles in the local press to promote positive mens health.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The GP asked patients to complete reviews of treatment they received and linked into national networks to promote best practice.
- The GP took time out to review individual objectives, processes and performance.