

Bourne2Care

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 overall.

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 Bourne2Care on 14 February 2023. This is the first time this service has been inspected by the Care Quality Commission (CQC) following its registration as a new service in November 2021.

Bourne2Care is a private menopause clinic in the West Midlands. The service provides consultations, treatment and advice by a nurse practitioner specialising in the treatment of menopause symptoms. The service offers online and face to face appointments to patients across the West Midlands and beyond.

Diane Porterfield is the director and 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:

- Patients received care that was delivered safely and effectively.
- Patients' needs were fully assessed, and care and treatment was tailored to individual needs.
- Clinicians assessed patients according to appropriate guidance, legislation and standards and delivered care and treatment in line with current evidence-based guidance.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- The provider was aware of the requirements of the Duty of Candour.
- There was an effective governance framework in place in order to gain feedback and to assess, monitor and improve the quality of the services provided.
- The provider managed the service in a way which delivered high quality person centred care and treatment.

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. The team included a GP specialist advisor.

Background to Bourne2Care

Bourne2Care is a private limited company and was set up by the registered provider – Diane Porterfield, who is a registered nurse, an independent prescriber and is a member of the British Menopause Society. Diane Porterfield is a sole trader who is the only director, the registered manager and who provides the clinical care. There are two other staff who are subcontracted to provide administration support, relating to clinic bookings, telephone calls and day to day management. The service provides online video or face to face appointments in the treatment of menopause symptoms. Patients self refer and services offered include an initial consultation and assessment to identify and discuss symptoms and concerns, impact on the patients life, advice and options for treatment and access to information. The provider is able to discuss and if required, prescribe hormone replacement therapy for the individual. Bourne2Care also works with corporate bodies and healthcare providers to promote awareness of the menopause and offer support to employees and employers in the workplace.

The provider is registered with the Care Quality Commission to carry out the following regulated activities: Diagnostic and screening procedures and treatment of disease, disorder or injury.

The service is open Monday to Friday between 9am and 4.30pm for online appointments which can be made by telephone or booked online. Patients can also contact the service by email during these times, for any queries they may have. Appointments can be made to be seen face to face at satellite clinics which are held at various locations every 4-12 weeks at satellite clinics across the Midlands.

How we inspected this service

Before our inspection we reviewed information we held about the provider. We also requested and reviewed information from the provider before the inspection and information available on the providers' website. We carried out a site visit, reviewed records and interviewed the provider.

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:

The service provided care in a way that kept patients safe and protected them from avoidable harm.

Safety systems and processes

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

- The provider carried out the majority of appointments through online consultation from the registered location with occasional face to face appointments offered at satellite locations should patients require this. They understood the requirements and had carried out safety risk assessments and implemented appropriate safety policies and procedures to keep people safe. For example, infection prevention and control, Health & Safety, chaperone and lone worker policies. The provider had a business continuity and strategy in place for the next 12 months.
- The service had systems to safeguard children and vulnerable adults from abuse.
- The service did not treat children. There were safeguards in place at registration, which placed all patients through an identity verification process, and this was used to ensure the patient was over 18 and who they said they were.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. 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 provider was the sole clinician and employed two staff members who were subcontracted to provide administrative support. All staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify, report and analyse concerns.
- The provider told us the actions they would take to support patients and protect them from neglect and abuse. They told us when they would contact the patient's GP and the local authority to safeguard patients.

Risks to patients

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

- The provider was the sole clinician, and this was sufficient for the needs of the service. There were two remote staff who provided sufficient administrative and time resource. However, arrangements had been made with another menopause specialist provider should patients require support during unexpected extended leave or periods of sickness.
- The provider, as a registered nurse, 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. In the case of an emergency the NHS ambulance service would be contacted. For patients who required non urgent medical attention the patient would be recommended to contact their GP.
- The provider responded to all emails and queries from patients following their initial appointment and between follow-up appointments. This meant patients were given prompt advice and guidance, including when to return to their GP for medical care and treatment.
- The provider had evidence to demonstrate they had arranged professional indemnity insurance. This insurance is intended to protect professionals and their businesses in the event of claims made by a client (or third party) suggesting that they have suffered loss as a result of non-performance, breach of contract and/or professional negligence by the service received.

Are services safe?

Information to deliver safe care and treatment

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

- Patient records were stored electronically. We reviewed five random patient records on the day of our inspection. 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 patient records were detailed. They demonstrated a comprehensive health assessment had been completed by the provider before the recommendation of any treatment.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, a patient's GP to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- 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.
- The provider was a member of the British Menopause Society (BMS) and we saw evidence of continued professional development. The provider also had access to a menopause specialist who was a qualified trainer in the speciality and received regular supervision.

Safe and appropriate use of medicines

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

- The provider did not stock any medicines. The provider prescribed hormone replacement therapy medicines to patients and gave advice on the medicines in line with legal requirements and current national guidance. Medicines prescribed were on a private electronic prescription, which was held and managed safely and securely.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patients received personalised care, taking account of their individual needs including relevant past medical history. The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- They did prescribe one schedule 4 controlled drug (Testosterone), and we found that there were safe systems in place to support this in line with National Guidance. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) but are recommended in other pieces of national guidance. The service had a clear rationale for the use of Testosterone in line with British Menopause Society guidance. Patients were given a full explanation as to their purpose, any potential risk, the intended benefits, as well as their consent. This was documented in their record and the information was provided to them within a written treatment plan.
- When unlicensed medicines were prescribed (such as a testosterone used in HRT), we found that appropriate systems were in place to check bloods prior to prescribing and then to follow up testosterone monitoring within three months of starting testosterone. The provider had systems in place so that prescriptions provided medication for three months only and would not be reissued without a blood test.
- Patient identification was confirmed when they requested an appointment. This was important from a safety perspective, for example, when prescribing medicines, particularly if the medicine was classed as a controlled drug. Patients had to show photograph ID and confirm their name, date of birth and contact details, as well as the details of their registered GP practice.

Are services safe?

Track record on safety and incidents

The service had a good safety record.

- The provider had developed assessments which patients were required to complete prior to their consultation. This included information about the patient's medical history which enabled the provider to more effectively assess the safety of medicines and treatment.
- The provider was aware of the need to act on and learn from relevant external safety events as well as patient and medicine safety alerts and there were systems in place to support this. The provider kept up to date in menopause treatments through the British Menopause Society and by adhering to national best practice guidelines.

Lessons learned and improvements made

The service learned and made improvements 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 and the provider encouraged a culture of openness and honesty.
- There had been no significant events identified since the service registered with the Care Quality Commission. The provider understood the need to record and act on any future significant events and incidents. They described the importance of investigating when things went wrong, informing the patient and complying with the Duty of Candour regulation.

Are services effective?

We rated effective as Good because:

The provider demonstrated effective care and treatment was provided which was evidence based and followed national best practice guidance and standards.

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.

- 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 and the British Menopause Society (BMS). This included the prescribing of medicines.
- The provider carried out an initial health assessment to ensure they had enough information to make or confirm the decision for a treatment plan.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were made to follow up patients after six weeks and a further review at three months to ensure the care and treatment plan had been effective. This follow up would be prior to the repeat prescriptions for hormone replacement therapy being provided. Patients were able to self-refer to the service for future consultations if needed
- Patients were able to receive an online consultation using video conferencing or a face to face appointment to discuss their needs.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service reviewed information and feedback about care and treatment and would make improvements as necessary. Feedback received from patients was 100% positive.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, the provider had completed a medication audit and a testosterone effectiveness audit.

Effective staffing

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

- The provider was appropriately qualified, registered with the nursing and midwifery council (NMC) and was up to date with revalidation.
- The provider was a registered nurse and had completed a nationally recognised and accredited Menopause training.

Coordinating patient care and information sharing

The provider worked well with other organisations, to deliver effective care and treatment.

- We saw records which showed the provider assessed, planned and delivered care and treatment.

Are services effective?

- Patients received coordinated and person-centred care with information shared with their GP so that the GP was aware of the need for further action.
- Before providing treatment, the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- There were clear and effective arrangements for booking follow up appointments

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, the provider gave people advice so they could self-care. For example, lifestyle changes such as exercise, diet, and wellbeing as part of their consultation.
- Risk factors, where identified, were highlighted to patients and to their GP so additional support could be given. For example, the ongoing prescribing of specific medicines or when it was not advisable to prescribe certain medicines.
- Where patients needs could not be met by the service, the provider redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- The provider obtained consent from patients prior to sharing information with their GP and holding records relating to their personal and medical information.
- The provider understood the requirements of legislation and guidance when considering consent and decision making.

Are services caring?

We rated caring as Good because:

The provider delivered a caring service in which patients were involved in decisions about their care and treatment.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- The service undertook an ongoing patient survey which was sent to patients following a consultation and feedback from patients was 100% positive about the way staff treated them.
- We reviewed a number of patients feedback through online reviews and feedback sent to us on give feedback on your care. Feedback we reviewed was overwhelmingly positive about patients experience of Bourne2Care with patients reporting that they felt listened to, supported, were treated, kindly, warmly and shown care and compassion.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- The provider had considered how they would support patients who did not have English as a first language and were aware of how to access information in other languages and would use a recognised system to translate verbal conversations.
- Patients reviews and feedback told us that patients felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. The provider respected confidentiality at all times.

Are services responsive to people's needs?

We rated responsive as Good because:

Services were accessible and tailored to meet the needs of individual patients.

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, if patients were unable to attend remote online appointments, they could attend for a face to face appointment or additional clinic times were arranged outside of normal business hours to meet the needs of patients who required it.
- The facilities and premises were appropriate for the services delivered. The provider had arrangements to use rooms within aesthetic settings that provided a confidential meeting space.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

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, and treatment.
- Consultations were scheduled for an hour to fully understand the patient's symptoms and the impact the menopause was having upon on them. The emphasis was a holistic approach and allowing the patient to talk and for the clinician to listen and to understand how they could help the patient to achieve their own goals. In conjunction with the patient, the clinician would formulate a personalised treatment plan by summarising the consultation and the treatment options discussed.
- Patients could book online appointments between 9am and 4.30pm Monday to Friday or be seen face to face at satellite clinics if these hours were not suitable to meet their needs.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

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 on the service website. The complaints policy provided detail on how the provider would respond to complaints and the timescales in which the complainant would receive a response.
- The service had received no complaints. We discussed how they would deal with any complaints and learn and improve from them where appropriate.

Are services well-led?

We rated well-led as Good because:

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

Leadership capacity and capability;

- The provider was the sole clinician. They demonstrated skills, knowledge and experience about issues and priorities relating to the quality and future of services and understood any challenges. For example, the provider was aware that demand was increasing and to ensure the success of the service, they needed to recruit additional clinicians to work within the service.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future development of the service.
- The service was run solely by the registered individual with no direct staff employed.

Vision and strategy

The service had a clear vision and credible 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 mission statement and written aims and objectives for the next 12 months and a long term plan.
- The service had a strategy and monitored progress against delivery of this.

Culture

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

- The service focused on the needs of patients.
- The provider had not identified any incidents or received any complaints. Through discussion the provider demonstrated they would respond with openness, honesty and transparency if required to respond to incidents and complaints.
- The provider had a policy and procedure to ensure compliance with the requirements of the duty of candour.
- The service actively promoted equality and diversity and the provider had completed equality and diversity training.

Governance arrangements

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

- The provider understood their responsibilities and 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 provider received support and updates from British Menopause Society (BMS) to keep updated on changes and research based practice.
- The provider was clear on their roles and accountabilities including in respect of safeguarding, safe evidence based prescribing and information governance.

Are services well-led?

- The provider had established policies, procedures and assessment tools to ensure safety and demonstrate 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 risks including risks to patient safety.
- The provider had oversight of safety alerts, incidents, and complaints.
- Clinical audit was undertaken to assess and review the quality of care and outcomes for patients.
- We were assured that the procedures used for arranging private blood tests and prescriptions through a third-party were secure. The service monitored arrangements and raised any concerns with these organisations if a problem should arise.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was reported on, assessed and reviewed. Performance information was combined with the views of patients.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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.

Engagement with patients, the public, staff and external partners

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

- There were systems in place for staff and patients to give feedback. For example, patients were encouraged to provide feedback following each consultation.
- The service encouraged and heard views from patients and would act on them where appropriate to shape services and culture.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- There were systems to support improvement and innovative work. The provider reflected on their work and patient outcomes.
- The provider attended and participated in the British Menopause Society's annual conference and attended regular updates for continued professional development.
- There were systems to support improvement and innovation work. The service was continually looking at new ways to promote how they could help people either individually, as groups, including how to promote information and advice..