

Wellman 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 overall. (Previous inspection May 2018 - unrated)

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 The Wellman Clinic as part of our inspection programme.

At the previous inspection in May 2018 the location was unrated, which was in line with our inspection methodology at that time. At that inspection we found the provider was delivering effective, caring, responsive care and was well-led. However we also found safety concerns, specifically around emergency equipment, medicines management, management of safety alerts and infection prevention and control. At this inspection in November 2022 we found these concerns had been resolved. However we have told the provider they should make improvements around prescribing and quality improvement.

Wellman Clinic is an independent medical service which specialises in men's health and wellbeing; including health screening for cancer and mental health conditions, hormone replacement therapy and the treatment of sexual health conditions.

At this inspection we found:

- The service was providing safe care and there were measure in place to manage risks. However we found the provider was not carrying our prescribing audits.
- The service was providing effective care. The effectiveness and appropriateness of the care provided was reviewed. There was some evidence of quality improvement activity, however we have told the provider they should make some improvements to these processes.
- The service was providing caring services. Staff treated patients with compassion, kindness, dignity and respect. Feedback from people who used the service was positive.
- The service was providing responsive care in accordance with the relevant regulations. People were supported to access the service when they wanted to. There were systems and processes in place to manage feedback.
- The service was providing well-led care. Leaders have the capacity and skills to deliver high-quality, sustainable care. They demonstrated a vision to deliver high quality care and promote good outcomes for patients.

Whilst we did not find any breaches of the regulations, the areas where the provider **should** make improvements are:

- Carry out regular prescribing audits to ensure prescribing is in line with best practice guidelines for safe prescribing.
- Devise a programme of systematic and coordinated quality improvement activity.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Overall summary

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 supported by a specialist adviser.

Background to Wellman Clinic

The Wellman Medical Centre LLP provides private medical services from Wellman Clinic, located at 32 Weymouth Street, London, W1G 7BU. Services are predominantly aimed at men's health and wellbeing; including health screening for cancer and mental health conditions, hormone replacement therapy and the treatment of sexual health conditions. The service is registered with the CQC to provide the regulated activities of Diagnostic and screening procedures, Treatment of disease disorder and injury and Surgical procedures.

The service is in a converted residential property with stepped access to a ground floor reception and waiting area, two ground floor consultation and treatment rooms, storage areas and staff kitchen. A side entrance allows for step free access; however, the premises and facilities have not been adapted for those with limited mobility or wheelchair users. Stairs access the first-floor consultation room and administrative office.

Services are available to any fee-paying patient on a pay per use basis. Services are available by appointment only between 9am and 6pm Monday to Friday.

The service is led by the medical director who is also one of three doctors in the clinical team. The clinical team also includes a healthcare assistant. The clinical team is supported by a practice manager and a private personal assistant. Those staff who are required to register with a professional body were registered with a licence to practice. The service has a registered manager, the medical director, who is registered with the Care Quality Commission (CQC) 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.

How we inspected this service

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:

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 safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. The service did not see patients aged under 18.
- 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. It was the provider's policy for all staff to undergo Disclosure and Barring Service (DBS) checks prior to employment.
- Records showed all staff safeguarding and safety training was up to date. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. All clinical staff underwent child safeguarding training as well as adults. However we found the three doctors had undergone safeguarding training up to Level 2. The healthcare assistant (HCA) had undergone this training to Level 1. In line with the intercollegiate training on safeguarding, doctors should be trained up to Level 3 and HCAs up to Level 2. We raised this with the provider who took immediate steps to address this. Following the inspection we received confirmation that the doctors and HCA had undergone safeguarding training to the correct level.
- At the inspection in May 2018 we found systems to manage infection prevention and control were not always effective. We found the service had carried out an infection control risk assessment, however they had not ensured the corresponding action plan was monitored, updated and completed. At this inspection we found an infection control action plan had been carried out in October 2022. Actions were identified including improving cleaning and clinical equipment schedules, check-lists for flushing of taps / showers, improved management of clinical equipment, hand hygiene, sharps management, waste management, training and record keeping. At this inspection in November 2022 the provider shared an action plan which showed all actions had been completed.
- An external company carried out annual Legionella audits and monthly inspections, most recently in April 2022. Internal staff carried out weekly flushes of the water system and following recommendations from the audit, these were recorded.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Equipment calibration and electrical safety testing had been carried out in September 2022. All items had passed. The provider had a contract with an external company for the safe management of healthcare waste.
- The provider carried out appropriate environmental risk assessments including those around equipment use, electricity, personal protective equipment and fire. These took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. The number of doctors had increased by one since the previous inspection. This was due to the lead doctor reducing their clinical time. The doctor's personal assistant and the nurse were trained to work on reception when additional support was required. The service did not use agency staff or locums.

Are services safe?

- The personal assistant managed recruitment and training with oversight from one of the doctors. Healthcare assistants tended to be recruited from Australia. They worked in the UK on a temporary basis and then returned to Australia. They handed over to incoming staff before departing. There was a practice handbook which included all of the service's policies and protocols. All staff were required to read this folder as part of their induction and sign to confirm.
- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. All doctors had appropriate policies in place covering their scope of work and all staff members.
- At the inspection in May 2018 we found the service was not fully equipped to deal with medical emergencies as there was no automatic external defibrillator (AED) present and the service did not have a risk assessment in place, setting out how the risks around this were mitigated. At this inspection in November 2022 we found the service had a defibrillator in place. This was in working order and was checked regularly.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The service did not hold Naloxone (a medication used to reverse or reduce the effects of opioids). They had carried out a risk assessment, considerations of which included the fact that they did not dispense opioids and that there were a number of medical services including hospitals in the vicinity where support could be obtained if required.

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 staff and other agencies 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. They had an arrangement in place for the storage of medical records with an external information management company.
- The service rarely made referrals but there was a process in place to ensure where this was done they were appropriate and timely and 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 systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service did not carry out general medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. However they did carry out audits of all consultations which included a review of prescribing as part of that process. The provider mainly prescribed medicines to treat erectile dysfunction, antibiotics and benzodiazepines (medicines used to treat severe anxiety or insomnia and panic disorders). We told the provider they should carry out prescribing audits to compare practice across the service, ensure prescribing was in accordance with existing guidelines and to promote quality improvement.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Are services safe?

- The provider prescribed Semaglutide for weight loss. This was an antidiabetic medication, licensed in the UK for the treatment of type 2 diabetes. This medicine was also licensed in the USA as an anti-obesity medication for long term weight management, although it was not licensed for this purpose in the UK. The provider had carried out due diligence to ensure it was appropriate to prescribe this medicine off license. Patients were made aware of this on being prescribed.
- The service prescribed benzodiazepines which is a Schedule 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They did not prescribe schedule 4 or 5 controlled drugs.
- At the inspection in May 2018 we found there was no stock control system in place to monitor and keep secure stocks of medicines. At this inspection in November 2022 we found the provider had installed a digital system for managing medicines, including ordering, monitoring and stock taking. This ensured the checking of medicines was automatic and records of medicines were accurate.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. The provider regularly reviewed patient numbers and treatments they provided to assess any safety risks. They mainly provided testosterone replacement therapy and health screening which were relatively low risk. Patients who were unwell were referred to other medical services.

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. Leaders and managers supported them when they did so.
- Significant events were discussed at practice meetings, one to one meetings and daily “team huddles”. There was a safety log and a significant events policy in place. This helped staff identify a significant event and set out the actions to be taken in the event of a significant event. There was a form to be completed in the event of a significant event. Staff knew where this was kept. Staff we spoke with were able to tell us what would constitute a significant event and what they would do to report and escalate it. The service had not had any significant events since the previous inspection.
- 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 had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. At the inspection in May 2018 The service had recently introduced formal systems for receiving and acting on patient, device or medicines safety alerts. However the effectiveness of the system could not be assessed at that time.
- At this inspection in November 2022 we found the service had an effective mechanism in place to disseminate alerts to all members of the team. Alerts were received from the Independent Doctors Federation and the Central Alerting System (CAS) as well as the government website Gov.uk. Relevant alerts were circulated to all doctors by the lead doctor and doctors had to confirm they had read them. Safety alerts were also discussed in clinical team meetings.

Are services effective?

We rated effective as Good because:

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.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.

Monitoring care and treatment

The service was involved in some quality improvement activity.

- The service used information about care and treatment to make improvements.
- We saw some evidence of some quality improvement activity; however we did not see evidence of a systematic, organised programme of quality improvement. We have told the provider they should improve this.
- The service had carried out an audit around complex prostate specific antigen (cPSA) (an enzyme which controls the liquidity of semen) and testosterone replacement therapy (TRT). The audit involved recording the cPSA levels of ten randomly selected patients receiving continuous TRT for 14 to 28 years. The PSA was noted at regular intervals which varied depending on the patient's age. Findings from that audit included the conclusion that the cPSA level accurately identified small areas of prostate cancer at an early stage.
- The service also carried out an audit around coronary artery calcium (CAC) scores in 2009 – 2010 which was repeated in 2022. (A calcium score measures the amount of calcified plaque you have in your coronary arteries). By measuring levels of CAC score the service could advise patients about their future risk of heart disease.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

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. Referrals to other services were rare but there was a process in place to ensure 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 on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

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.
- 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 obtained 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. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. An external company managed the annual patient survey including analysing the results. The most recent survey had been carried out in August 2022. Thirty responses had been received. Feedback received was positive about the care and treatment provided and their overall experience of using the service.
- The service had recently signed up to an online review platform where patients could provide anonymous reviews. Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. The service offered interpretations and translation services, including braille translation. They also had a hearing loop. Whilst the building did not have a lift, doctors were able to use space on the ground floor for patients with limited mobility.
- 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.

- Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- The service's website offered a large amount of information about the health services available.
- 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. They ensured appointments were arranged in a way which supported privacy and confidentiality. The design of the premises with internal and external stairs supported discreet access and exit.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

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.
- The facilities and premises were appropriate for the services delivered. Where necessary, doctors could use rooms on the ground floor for consultations with patients with limited mobility.

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. The majority of test results were available the same day and were reviewed by a doctor on the same day. Patients were contacted with test results within a week unless urgent, in which they would be contacted the same day.
- One type of test carried out had to be sent abroad for analysis. The results of that test could take three to four days. Patients were made aware of this at the time or offered a similar alternative test if preferred, the results of which were available sooner.
- Waiting times, delays and cancellations were minimal and managed appropriately. Same day appointments were available for emergencies but emergencies were unlikely as the service did not see acutely ill patients. Standard appointments were available within the week.
- 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/did not respond 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 had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- The service had received two complaints within the last year. These had both been resolved to the patient's satisfaction. The provider had reflected on the complaints and made adjustments where necessary.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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 realistic strategy and supporting business plans to achieve priorities.
- Staff we spoke with told us they were aware of and understood the vision, values and strategy and their role in achieving them. They told us this was discussed at monthly staff meetings and they were encouraged to contribute ideas for improvement. For example, one member of staff suggested the use of an online platform for gathering patient feedback. This had subsequently been introduced. Staff told us new treatments being offered were discussed with them as well as future plans for the service.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, where a patient had complained about not being contacted by the service at a certain time as arranged, the provider had acknowledged their error and apologised to the patient, explaining to them what had gone wrong. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including healthcare assistants (HCA), were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.

Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff. There were positive relationships between staff and teams. Staff told us they all looked out for each other. This included the doctors who, we were told, were caring, kind and helpful. The provider regularly checked-in with staff to ensure their wellbeing and that they were managing with their workload. Staff told us they regularly met and socialised outside of work as well.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

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.
- 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.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There were some processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and referral decisions. Leaders had oversight of safety 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 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.

- Whilst we found some evidence of quality improvement activity this was not demonstrative of a coordinated, regular programme of quality improvement activity. We also found whilst all consultations were audited, the provider did not carry out regular general medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. We have told the provider they should improve this.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- 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.
- Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Are services well-led?

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- There were systems to support improvement and innovation work. For example the service was researching nicotinamide adenine dinucleotide (NAD) treatment, stem-cell procedures and preventative healthcare.
- Staff could describe to us the systems in place to give feedback. They told us they were encouraged to give feedback at regular team meetings, one to ones and appraisals. They told us their views were welcomed and responded to by the leadership.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The provider told us their focus was on being leaders in their specific field of medicine. They ensured they were on the cutting edge of new developments in their field through research, attendance at conferences and sharing knowledge with other leaders in their field, both local and international.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.