

# Your Sexual Wellbeing@ BHI Parkside

## 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 Your Sexual Wellbeing @ BHI Parkside, as part of our inspection programme. This was the first inspection to the service since their registration with the CQC in January 2023.

Your Sexual Wellbeing @ BHI Parkside is a clinic which provides support for people with concerns about their sexual wellbeing. The service is provided by a qualified medical doctor trained to assess and solve sexual issues with a combined medical and psychological approach.

The clinic doctor and owner of the service 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:**

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

At this inspection we found:

- The service had clear systems in place to keep people safe and safeguarded from abuse.
- The service had systems in place to identify and learn from significant incidents.
- The provider organised and delivered services to meet patients’ needs.
- The service treated patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- The way the service was managed promoted the delivery of high-quality, person-centre care.

**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. The team included a CQC GP Specialist Advisor.

## Background to Your Sexual Wellbeing@ BHI Parkside

Your Sexual Wellbeing @ BHI Parkside provides private treatment for patients aged 18 and over with concerns about their sexual wellbeing. The areas of expertise of the consulting doctor include fear or anxiety of sex or intimacy; painful sex; vaginismus/difficulties with penetrative sex; erectile difficulties; ejaculatory disorders; concerns with desire, arousal, or orgasm; genital infections; unexplained genital symptoms; and sexually transmitted infections.

The service has been registered with the CQC since January 2023 to provide the regulated activities of Diagnostic and Screening Procedures; and Treatment of Disease, Disorder or Injury from a clinic based at BHI Parkside, Stourbridge Road, Bromsgrove, B61 0AZ. BHI Parkside is a Limited Company formed by Bromsgrove Doctors to provide a Medical Centre for patients in the centre of Bromsgrove, Worcestershire.

The regulated activities are carried out by a qualified medical doctor who is also the CQC Registered Manager, Service Manager and service owner.

Patients were able to book consultations on Fridays online through the service website and could contact the service via email seven days a week.

Further details of the service provided can be found at the website: [www.yoursexualwellbeing.com](http://www.yoursexualwellbeing.com)

### How we inspected this service

Before the inspection we gathered and reviewed information from the provider. We also reviewed information held by the CQC on our internal systems. We carried out a site visit and spoke with the provider.

We reviewed the provider's governance policies and looked at a set of healthcare records of patients using the 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:

Patients were protected from avoidable harm and safeguarded from abuse; and the service ensured that facilities and equipment were safe.

## Safety systems and processes

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

- The service had clear systems to keep people safe and safeguarded from abuse. The Service Manager was the designated Safeguarding Lead. Although the service did not treat patients under the age of 18, the Service Manager had undertaken both adult and child safeguarding level 3 training. As part of her role, the Service Manager also supported survivors of sexual abuse with sexual difficulties or concerns.
- The Service Manager had undertaken a Disclosure and Barring Service (DBS) check. These 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.
- Patients were asked if they would like a chaperone for their treatment as part of their consultation prior to any treatment. The service were able to utilise medically trained staff who had undertaken DBS checks operating from the medical centre to fulfil this request.
- The service ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- We saw evidence there were appropriate systems in place to manage infection prevention and control (IPC) risks. The Service Manager had received IPC training.
- The service ensured appropriate environmental risk assessments were carried out by the building landlord. For example, periodic water sample checks and risk assessments took place regarding a bacterium called Legionella which can proliferate in building water systems.

## Risks to patients

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

- The service did not use agency or locum staff.
- The Service Manager understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention and had undertaken basic life support and sepsis training.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately.
- We saw evidence of an 'alert button' within the clinic consultation room which alerted staff within the medical centre of a medical emergency.
- The service was registered with the Information Commissioner's Office (ICO).

# Are services safe?

- The service had appropriate professional liability indemnity in place.

## 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 in place for sharing information with a patient's NHS GP and other agencies to enable them to deliver safe care and treatment with patient consent.
- 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. Electronic records were kept on a secure encrypted system.
- The Service Manager followed current evidence-based guidance and standards, such as the National Institute for Health and Care Excellence (NICE) guidelines and kept themselves informed and updated on patient safety issues.

## 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 emergency medicines and equipment minimised risks.
- At the time of our inspection, the Service Manager had not prescribed any medicines for any patients, however the process for generating prescriptions on the clinical IT system was secure and prescriptions could be monitored effectively.
- With the development of the service, regular medicines audits would be undertaken as part of the annual audit programme to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service does 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 (Neither did they) prescribe schedule 4 or 5 controlled drugs.

## Track record on safety and incidents

### The service had a good safety record.

- The service required patients to complete a comprehensive medical history form prior to each consultation and provided them with additional information after their consultation where appropriate. Aftercare advice was also provided.
- There were systems and policies in place to record and act on significant events, incidents and complaints. At the time of inspection there had been no reported incidents or complaints in relation to regulated activities.

# Are services safe?

- There were risk assessments in place in relation to safety and these showed that effective controls were in place to minimise any safety incidents.

## 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. The Service Manager understood their duty to raise concerns and report incidents and near misses.
- There had been no incidents recorded since the service was registered, however there were adequate systems for reviewing and investigating when things went wrong.
- The service was aware of and complied with the requirements of the Duty of Candour and in the event of an unexpected or unintended safety, the affected patient would be given an apology and provided the necessary support.
- As part of their clinical registration and revalidation process, the Service Manager was required to maintain their professional development and were subject to regular appraisal.

# Are services effective?

## We rated Effective as Good because:

The service had systems to keep up to date with current evidence-based practice. The Service Manager was appropriately qualified to carry out the regulated activities. Patient needs were assessed and care and treatment was delivered in line with current legislation, standards and guidance.

### 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 service assessed patient 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 relevant European sexual health guidance. We discussed examples of recent NICE best practice guidance including testosterone replacement for the treatment of menopause.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The Service Manager was signed up to receive safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- There were policies and protocols in place for the delivery of regulated treatments.
- The service had enough information to make or confirm a diagnosis.
- The Service Manager provided assurance they used an appropriate scale to assess pain in patients.
- We saw no evidence of discrimination when making care and treatment decisions.

### Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements.
- The Service Manager had made arrangements for monthly clinical supervision for the review of her clinical work.
- The Service Manager kept themselves apprised of developments in clinical practice and methodology to improve the quality of the service.
- The Service Manager was in the process of developing an annual audit programme for the service which would include audits such as patient age groups presenting with symptoms of erectile dysfunction and perimenopause; and appointment waiting times.



# Are services effective?

## Effective staffing

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

- The Service Manager was appropriately qualified for the regulated services provided. The Service Manager was registered with the General Medical Council (GMC) and was up to date with revalidation. Records of qualifications and training were maintained.
- The Service Manager has been an NHS Consultant in Sexual Health since 2005 and began practising psychosexual medicine in 2008. The Service Manager has over 20 years of experience dealing with issues affecting sexual health such as recurrent vaginal symptoms or infections, sexually transmitted infections and genital skin problems; and was a qualified Trainer for Psychosexual Medicine.
- The Service Manager understood the importance of continuous learning and at the time of our inspection, was studying for a Diploma in Clinical Sexology and Relationship Therapy.

## Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Patients were referred to more suitable sources of treatment in a timely way where necessary and arrangements were in place to ensure these patients were followed up.
- The Service Manager referred to, and communicated effectively with, other services when appropriate. We discussed patients who may present to the clinic with symptoms of serious mental health problems and the Service Manager provided assurance that such patients would be escalated to appropriate services.
- Before offering treatment, the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Our review of care records confirmed that before providing treatment, the Service Manager ensured they had adequate knowledge of the patient's health and medical history.
- The Service Manager explained that patients were provided with a summary of their consultation information to be shared with their registered GP.
- The service monitored the process for seeking consent appropriately. Consent was recorded within the patient consultation notes.

## Supporting patients to live healthier lives

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

- Where appropriate, the Service Manager would give people advice so they could self-care.
- The Pre-Assessment Questionnaire included elements of health promotion relating to individual patients including risk factors such as smoking, alcohol consumption and recreational drug taking.

# Are services effective?

- Where patients needs could not be met by the service, patients would be redirected 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 Service Manager understood the requirements of legislation and guidance when considering consent and decision making.
- The Service Manager supported patients to make decisions and had undertaken Mental Capacity Act training. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- Patients were required to pay in advance for their consultation and consultation fees were made clear on the service website.

# Are services caring?

## **We rated Caring as Good because:**

The service treated patients with kindness and understanding and involved them in decisions about their care and treatment.

### **Kindness, respect and compassion**

#### **Staff treated patients with kindness, respect and compassion.**

- The Service Manager strove to provide support for patients with concerns about their sexual wellbeing in a safe, confidential, and inclusive space.
- The service sought patient feedback on the quality of care they received after each consultation.
- The Service Manager understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgemental 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.**

- Information was available to help patients be involved in decisions about their care.
- The services offered and consultation fees were available on the clinic's website.
- Interpretation services could be accessed for patients whose first language was not English. As part of the Pre-Assessment Questionnaire, patients were asked to declare their ethnicity which could be used to anticipate any translation needs as appropriate.
- There was a hearing loop system withing the medical centre to assist patients with hearing impairments.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- The Service Manager recognised the importance of people's dignity and respect.
- Consultation room doors were closed during consultations and conversations could not be overheard. We saw on the service website, patients were able to contact the service and submit information in confidence.
- The service was aware of information security, and we saw that patient records were stored securely.

# Are services responsive to people's needs?

## We rated Responsive as Good because:

The service organised and delivered treatment and care to meet the needs of 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 service understood the needs of their patients and took into account their preferences. For example, consultations were routinely carried out face to face between the Service Manager and the patient, however, video consultations were available for patients upon request. In addition, the service had future plans to expand the current availability of consultation appointments.
- 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, wheelchair users were able to access the service.
- Patients were offered one hour consultation times so that they did not feel rushed at their appointment.

### Timely access to the service

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

- The service provided consultation appointments from the clinic on Fridays. Details for how to book appointments were available on the service's website.
- Patients had timely access to initial assessments and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals and signposting to other services were undertaken in a timely way.

### Listening and learning from concerns and complaints

- The service had a complaints policy and supporting procedures in place.
- The service's complaints policy informed patients of further options that may be available to them should they not be satisfied with the service's response to their complaint, for example escalation to independent external services.

# Are services responsive to people's needs?

- Since the service had been registered with the CQC in January 2023, the Service Manager reported that they had received no complaints related to regulated activities. If a complaint was received, they would respond to them appropriately to improve the quality of care. In addition, future audit plans for the service would include complaints to facilitate the analysis of any trends and lessons learned.

# Are services well-led?

## **We rated Well-led as Good because:**

The service had established clear structures, systems and processes to support effective leadership and governance.

### **Leadership capacity and capability**

- The Service Manager had the capacity and skills to deliver high-quality, sustainable care.
- The Service Manager was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them. For example, they were working to increase public knowledge about the service and marketing the service to medical professionals.

### **Vision and strategy**

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

- The service had a clear vision to provide support for people with concerns about their sexual wellbeing in a safe, confidential and inclusive space, using a holistic approach to help people restore sexual function, intimacy, and wellbeing.
- The Service Manager had the capacity and capability to ensure that this vision was delivered.

### **Culture**

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

- The Service Manager took a patient-centred, holistic approach to the care and treatment provided and they delivered the service in line with their vision and values.
- The service promoted equality and diversity and the Service Manager had undertaken equality and diversity training.
- There had been no incidents relating to the regulated activities carried out by the service. The service was aware of, and had systems to ensure compliance with, the requirements of the duty of candour.

### **Governance arrangements**

#### **There were clear systems of accountability to support good governance.**

- Systems and processes were in place to support good governance. The governance arrangements promoted co-ordinated patient-centred care.
- The service had established appropriate policies, procedures and activities to ensure that they were operating safely and as intended. Policies and procedures were available both as hard and electronic copies.

### **Managing risks, issues and performance**

# Are services well-led?

## **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 service had a business continuity policy and risk management policy in place.
- The Service Manager had plans in place for future quality improvement activity and regular clinical audits with the development of the service.

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- The service sought feedback from patients in order to drive improvement.
- The service was aware of the need to submit data or notifications to external organisations when required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable information, records and data management systems.

## **Engagement with patients**

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

- Patients were encouraged to give feedback on the care they had received after each consultation.
- With the development of the service, the Service Manager explained that patient feedback would be audited as part of the annual audit programme.

## **Continuous improvement and innovation**

### **There was evidence of systems and processes for learning, continuous improvement and innovation.**

- The Service Manager explained the service was an innovative concept with the combined medical and psychological approach offered to patients.
- There was a strong focus on continuous learning and improvement. At the time of our inspection, the Service Manager was undertaking a Diploma in Clinical Sexology and Relationship Therapy.
- The service had systems in place ready to undertake clinical auditing and internal reviews of incidents and complaints to support improvement and ensure learning was shared, with the development of the service.
- There were a number of future plans in place to develop and improve the service offered to patients such as increasing the availability of appointments; and developing testing capabilities for sexual transmitted infections and recurrent thrush infections.