

Health in Menopause

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 Health in Menopause on 14 April 2022. This is the first time this service has been inspected by the Care Quality Commission (CQC) following its registration as a new service in July 2020.

Health in Menopause is a private menopause clinic in Nottingham. The service provides consultations, treatment and advice by an experienced doctor specialising in the treatment of menopause symptoms. The service offers face to face, online and telephone appointments to women across the East Midlands and beyond.

Dr Alice Duffy is a sole trader, the only director, General Practitioner (GP) and the CQC registered manager. A registered manager is a person who is registered with the CQC to manage the service. 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.

We reviewed feedback provided by 62 patients on the providers website before our inspection and during our onsite visit we saw surveys that were analysed on a three monthly basis.

Our key findings were:

- We found evidence to uphold the provision of safe care and treatment. Procedures for medicines management were robust to support online prescribing and ongoing monitoring.
- The provider worked within evidence-based guidance, whilst providing individualised care, and the provider was British Menopause Society trained.
- There was an established programme of quality improvement and clinical audit to demonstrate the efficacy of patient outcomes.
- There were proactive communication channels with the patients' registered NHS GPs to ensure continuity of care.
- We found that the service was caring and compassionate towards patients and we observed many positive comments received from those who had used the service.
- The service was easily available and accessible for this dedicated patient group, including information freely available on the providers website.
- We found that the service had strong leadership from an experienced, committed and patient-centred clinical provider.
- The service sought support with all aspects of governance through appropriate dedicated menopause associations and expert peers.

Overall summary

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

- The provider should source feedback on the quality of clinical care patients received and any improvements in health.
- The provider should ensure they have records that provide assurance that the defibrillator is regularly checked by the owner of the building.
- The provider should embed the new vision and values statement with a strategy to monitor achievement.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector who had access to advice from a member of the CQC medicines team.

Background to Health in Menopause

Health in Menopause Limited is registered with the CQC to provide medical services to patients. The service has a website at <https://www.healthinmenopause.co.uk/>

Health in Menopause Limited is a private limited company located in a privately owned fully serviced office. Dr A Duffy is a sole trader who is the only director, the registered manager and GP providing the clinical care. There are no other staff employed within the service. Administration support, relating to clinic bookings and telephone call monitoring is provided through a service level agreement as part of the lease with the building's owners.

The service provides face to face, online video or telephone consultations with a doctor specialising in the treatment of menopause symptoms.

The service offers a range of blood tests and prescribed medicines to patients. It works collaboratively with the patients' own registered NHS GP practices to ensure continuity of care.

Appointments can be made by telephone, booked online and the facility is available to email for queries. Fast track appointments are available. Clinic days are Monday to Thursday 9am to 5:30pm.

The service is registered with CQC to carry out the regulated activities of treatment of disease, disorder or injury and diagnostic and screening procedures.

How we inspected this service

This inspection was carried out both remotely and by visiting the providers location.

This included:

- Visiting the providers location.
- Reviewing information provided to us before our site visit.
- Reviewing patient feedback.

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 providers policies outlined clearly who to go to for further guidance and the provider had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report any safeguarding concerns. Contact details for the local authority were readily available on the clinical systems in use. The provider used the NHS Safeguarding application to check for updates and changes to any legislation.
- The provider worked with other agencies to support patients and protect them from neglect and abuse. The provider knew how to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect should this arise.
- The provider had an appropriate clear Disclosure and Baring Service (DBS) check to 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. The provider did not employ any staff directly within the service. Support with administration was provided from a location remote to the clinic as part of the service level agreement with the landlord of the building. The administrator had limited access to the clinical system and did not have access to clinical information or patient data. The provider undertook a risk assessment to assess if they required to complete a DBS for the administrator, the risk was identified as low so it was not required.
- There was an effective system to manage infection prevention and control. The clinical area was visibly clean and free from dust. The cleaning of the general areas within the building was part of the service level agreement (SLA) with the building's owner. The cleaning of the clinical areas was by a private agreement between the provider and cleaning service with the cleaning specification decided by the provider. Cleaning schedules which identified cleaning requirements were in place. The provider received a monthly invoice which identified what cleaning had been undertaken and how.
- A Covid framework was in place which advised practices on how to keep patients safe. This included cleaning of equipment between patients.
- The location did not have a static water tank or any infrequently used water outlet. A risk assessment was in place which supported the risk of legionella as low.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. PAT testing was completed in March 2022.
- There were systems for safely managing healthcare waste. An SLA was in place with a private contractor to collect clinical waste monthly. Clinical waste was stored in a locked clinical waste container in a secure area.
- The management of sharps was appropriate with sharps bins in place, dated, not over filled and partially closed.
- The provider carried out appropriate environmental risk assessments, which 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.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example, sepsis.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines to deal with medical emergencies which were stored appropriately and checked regularly. If medicines recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

Are services safe?

- There was suitable equipment to deal with medical emergencies which were stored appropriately. Equipment kept by the provider was regularly checked. However, the defibrillator was owned and checked by the owner of the building and the provider did not have oversight of the checking regimen. Since our inspection the provider has sent assurance that the defibrillator and its battery is checked monthly.

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 other agencies to enable them to deliver safe care and treatment. Information would be shared with the patient's own GP following patients consent which was included on the pre-registration questionnaire.
- Summaries were completed for any GP referrals for ease of access.
- 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. All records would be encrypted by the supplier of the clinical system and stored on a database.
- Blood test results were delivered directly into the electronic patient record and an email was sent to the provider alerting them the results were available. Once reviewed the results were shared with the patient electronically with any actions identified.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. The provider had developed a clinical pathway in collaboration with colleagues to ensure a patient with problematic bleeding was referred to the appropriate service. If any other referrals were required, the patient would be referred back to their GP.

Safe and appropriate use of medicines

The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Doctors prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- 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 in a letter immediately after their consultation.

Are services safe?

- When unlicensed medicines were prescribed, such as Androfeme (a form of testosterone used in HRT), we found that appropriate systems were in place to check bloods prior to prescribing and then to follow up testosterone levels by monitoring at three months. Prescriptions provided medication for three months and would not be reissued without a blood test. We saw evidence of a patient who requested a repeat prescription being advised that they needed a blood test before this could be completed.
- 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, telephone number and email address, as well as the details of their registered GP practice.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. This included Health and Safety and Fire risk assessments.

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.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, a missed email requesting a change in medication led to the previously requested medication being incorrectly prescribed. This led to changes in how medications were requested by patients.
- The provider had an effective mechanism in place to review and act on medical alerts.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence based practice. We saw evidence that the provider 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, and the British Menopause Society (BMS) , and International Menopause Society (IMS) guidelines. This included the prescribing of medicines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians ensured patients were given sufficient information to help them decide about their treatment options. We saw letters sent to patients and their GPs which included comprehensive information relating to patient decisions, choices and care.
- 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 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. An audit of compliance with photographic identity requirements was completed which highlighted gaps in compliance, this had led to changes in the way the information was collected and recorded. A follow up audit was planned for April 2023.

Effective staffing

The provider had the skills, knowledge and experience to carry out their role.

- The provider was appropriately qualified, registered with the General Medical Council (GMC) and was up to date with revalidation
- The provider understood their learning needs and attended training as required. They ensured practice was in line with up to date research and guidelines through membership of the BMS, IMS and European Menopause and Andropause Society (EMAS).
- The provider utilised the BMS and Newson Health Menopause Society (NHMS) members forum and groups to access information and support for challenging cases from experts in menopause health.
- Up to date records of skills, qualifications and training were maintained.

Coordinating patient care and information sharing

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

Are services effective?

- Patients received coordinated and person-centred care. The provider referred to and communicated effectively with other services when appropriate. For example: all patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP, a summary of care was included on all correspondence as well as full clinical details.
- Before providing treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Patients were requested to complete a pre consultation form and submit prior to their first consultation. Any queries or gaps would then be discussed at the initial consultation. If necessary, the service acquired further clarification from the patient's own GP with the patient's consent.
- The information needed to plan and deliver care and treatment was available in a timely and accessible way, and this was shared with patients. This was comprehensive and included links to evidence based guidance as a reference. There were clear and effective arrangements for sharing this information if people had been referred to other services, such as their own GP.
- The provider had risk assessed the treatments they offered.

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. There was a focus on a holistic approach to patient care. The provider had recently linked with a nutritionist, yoga specialists, a cognitive behavioural therapist (CBT) and a solution focused therapist to empower women to optimise long term health.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their GP for additional support.
- The service had a purpose to empower women to take control of their menopause and thrive during this phase of their life. This required an approach of raising awareness of the menopause, providing advice and information, and highlighting what treatment options might be available. Recognising that not all women have the option to seek private treatment, the service offered free independent advice and evidence-based information on their website. For example, the website included a menopause symptom checker and a range of information relating to health in menopause, symptoms and treatments which women could access for free.
- Where patients needs could not be met by the service, the provider redirected them to the appropriate service for their needs. For example: a patient with complex needs that could not be managed by the provider was signposted to a choice of providers with appropriate knowledge.

Consent to care and treatment

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

- The provider understood the requirements of legislation and guidance when considering consent and decision making and supported patients to make decisions.
- Consent was documented within the patient care records.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The provider sought monthly feedback on customer satisfaction but not on the quality of clinical care and any improvements in health. Following our inspection, the provider sent us assurance that in future surveys patients would be asked to comment on their clinical outcomes.
- Feedback from patients was positive about their experience. We saw numerous examples of feedback relating to the caring and supportive approach displayed by the provider.
- The provider understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The provider gave patients timely support and information. We reviewed 62 online reviews from patients about their experience of Health in Menopause Limited since the service started in 2020. The reviews were all very positive. Feedback included comments that patients were given time to discuss their problems, and that they felt they were listened to and understood by a friendly and kind professional doctor. Patients also said they were pleased with the easy to use website and swift response from the service.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. The provider would access interpreters from the British Sign Language Association as required. Patients communication needs would be identified at registration with the service and any requirements would be sourced.
- Patients told us through comments on the providers website, that they 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.
- The provider communicated with people in a way that they could understand, for example, communication aids and easy read materials were available and sourced as required.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. The provider had a comprehensive Dignity and Respect policy in place with a question specifically relating to the subject on the monthly patient feedback. We saw patients had responded 100% positively in relation to dignity and respect on the feedback we reviewed.

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 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. Services were dedicated to the specific client group of women who required advice, information and treatment in relation to their menopause.
- Information related to menopause and a range of concerns was available free on the providers website. This included a menopause check sheet and information on health in menopause, medication and symptoms.
- 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, information on the providers website advised how a patient with mobility problems could access the service.
- The provider initiated a reminder email to be sent to all patients the evening before an appointment following feedback from a patient.
- Patients had options when blood tests were required. They could arrange for these to be completed at the providers location or they could be organised with a national private provider.

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.
- A first appointment was usually scheduled for up to an hour to fully understand the patient's symptoms and the impact the menopause was having upon on them. The emphasis was on individualised support and achieving symptom relief, improved quality of life and enhanced long-term health.
- Appointments were usually available within six weeks. Patients could book appointments directly online or by telephone. Patients could speak to an administrator to facilitate this between 9am and 5pm Monday to Friday. Appointments with the provider who had specialist skills and qualifications in the menopause were available on Monday to Thursday between 9am and 5pm.
- Appointments were scheduled for no longer than one hour with a 15-30 minute break thereafter. This meant that if a patient was identified as needing an urgent review this could always be accommodated.
- We saw letters completed on the day of a women's appointment which were sent to the patients and their registered GP. Prescriptions were sent electronically to the pharmacy system, filled and posted to the patient with 48 hours of the receipt of the request.
- 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/did not respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available on the providers website.

Are services responsive to people's needs?

- No formal complaints have been received since registration with the CQC however feedback was reviewed and if not totally positive actions were taken. For example, issues with the booking system were identified and this led to improvements in the way the two providers worked together. We saw evidence of learning from this in the significant event report.
- 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 provider told us how a patient who had not had appropriate blood samples taken received an apology and a full refund of the cost of the consultation.
- Staff treated patients who had concerns compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their concerns.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

The provider who was also the owner, registered manager and lone clinician had the capacity and skills to deliver high-quality, sustainable care.

- The provider was knowledgeable about issues and priorities relating to the quality and future of services.
- As a lone practitioner of a private service the requirement to plan for future leadership of the service was not an issue. If a decision was made to close the service this would be planned. In the event of a prolonged unexpected disruption to services patients could be signposted to other providers.

Vision and strategy

The provider had a clear vision which was based on delivery of high quality care and to promote good outcomes for patients. However, this was not formalised into a written statement.

- At the time of our inspection the provider did not have a formal, written clear vision and set of values. They could however tell us their vision was to improve women's health and life in menopause by providing evidenced based gold standard care. Following our inspection, the provider has sent us a formal vision and values statement that will be added to their website.

Culture

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

- The provider demonstrated behaviour and performance consistent with the verbal plans for the service. They were open, receptive and honest when dealing with concerns
- Openness, honesty and transparency were demonstrated when responding to incidents and concerns. For example, we saw learning and emails which gave apologies and explanations to patients who had raised concerns..
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes in place for providing the manager with an annual appropriate medical appraisal by the Independent Doctor's Federation (IDF) and this was planned for February 2023.

Governance arrangements

The provider was a lone worker therefore governance within the service sat with them alone.

- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The provider received support and updates from British Menopause Society (BMS), International Menopause Society (IMS) and European Menopause and Andropause Society (EMAS) to keep updated on changes and research based practice.
- The information used to monitor performance and the delivery of quality care was accurate and useful. For example, medication audits showed effective prescribing, compliance with photographic identity audit and had highlighted gaps in compliance which had led to improvements.

Are services well-led?

- The provider told us they would submit notifications to external organisations as required, for example, notifications to the CQC as part of their registration.
- 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.

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.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to maintain quality by plans to reaudit.
- The provider had plans in place for business continuity in the event of an event affecting the day to day running of the service.
- 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 used to ensure and improve performance. 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.
- The service submitted data or notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from patients and acted on them to shape services and culture.
- The provider had worked in collaboration with an external menopause charity. In 2021 they assisted in the writing of HRT Pathways to support GPs to manage menopause, the pathways had been submitted to NHS England. In 2019 they launched the Confidence in Menopause course. The course was freely available online to health care professionals (HCPs). By May 2021 14,600 HCPs had accessed the course.