

The Menopause Clinic

Inspection report

Newson Health Limited
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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?

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 The Menopause Clinic on 2nd September 2019 as part of our current inspection programme.

This service is registered with CQC under the Health and Social Care Act 2008 to provide an independent doctors services to individual patients. Eleven patients provided feedback in preparation for the inspection. All comments were extremely positive about the service they received. Patients commented that they received excellent treatment, doctors were caring and friendly and that all doctors were knowledgeable and professional.

Our key findings were:

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- There was an open and transparent approach to safety and a system in place for recording, reporting and learning from significant events. The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents happened, the practice learned from them and reviewed their processes to ensure improvements were made.
- There were clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse and for identifying and mitigating risks of health and safety.
- Patients received effective care and treatment that met their needs.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines and best practice.

- Patients told us that all staff treated them with kindness and respect and that they felt involved in discussions about their treatment options.
- Doctors had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- There were clear responsibilities, roles and systems of accountability to support effective governance.
- The way the practice was led and managed promoted the delivery of high-quality, person-centred care.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- There was visible practice and managerial leadership with audit arrangements in place to monitor quality.

We saw areas of outstanding practice:

- There were no set limits to the number of consultations, so doctors were able to make a full assessment of medical needs.
- For patients who were unwilling to consent to information being shared with their GP, duplicate consultation letters were sent to the patient for them to share with their GP should they wish to do so in the future.
- Feedback from patients was consistently positive about the treatment they received. All comments were highly complementary about the service from a variety of sources including the clinic's website, social media sites and from patients who completed comment cards.
- There was a policy in place for providing menopausal support for members of staff. Staff we spoke with told us said they found this beneficial and very much appreciated this in the working environment.
- The provider regularly published articles on menopause and other medical issues. An article on managing osteoporosis in menopausal women had been included in a recent medical publication.

Dr Rosie Benneworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

This inspection was led by a CQC inspector accompanied by a GP specialist advisor.

Background to The Menopause Clinic

Newson Health Limited was founded by menopause specialist Dr Louise Newson. The Menopause Clinic was opened in September 2018, to provide individualised treatment for women with perimenopause and menopause. The clinic provides care to women of all ages and educational events for primary care clinicians.

The service is based in Winton House, Church Street, Stratford upon Avon in Warwickshire and provide care to patients throughout the UK. Additional experts provide advice and treatment in areas including nutrition, pelvic floor physiotherapy, counselling, cognitive behavioural therapy, acupuncture and hypnotherapy.

The Menopause Clinic is a limited company with a board of directors, a team of NHS doctors, an operations team which includes the practice manager and a facilities manager. They are supported by two nurses with special interests in menopause, a health care assistant and an admin team. The clinic provides private consultations and treatment to women who mainly self-refer and is open from 9am to 5pm Monday to Friday.

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

How we inspected this service

Before our inspection we reviewed information we held about the clinic. We also reviewed information that we had received from the provider ahead of the inspection and information available on the providers' website.

The methods that were used included feedback comments from people using the service, interviewing doctors, the practice manager and review of documents.

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?

Are services safe?

We rated safe as Good because:

The Menopause Clinic demonstrated that they provided services for patients in a way that ensured patients' safety was always maintained.

Safety systems and processes

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

- There were systems to safeguard children and vulnerable adults from abuse. The provider told us that these were in place even though there was little or no contact with children unless they attended with their relative.
- All team members were trained in safeguarding to the appropriate level according to their role. For example, doctors had completed appropriate training to level three in safeguarding adults and children.
- Staff checks were carried out at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken routinely. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles they may have contact with children or adults who may be vulnerable). We reviewed files for three members of staff and found that all recruitment procedures had been followed including all security checks.
- There was an effective system to manage infection prevention and control.
- The provider ensured that equipment was safe and maintained according to manufacturers' instructions. All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were systems to manage healthcare waste and guidance to follow in the event a needlestick injury occurred.
- There were appropriate safety policies supported by safety risk assessments. These were regularly reviewed and communicated to all 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.

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. Although the provider recognised that it was unlikely that patients would present with severe infections such as sepsis, we were assured that staff knew how to identify and manage any patients should they present with symptoms.
- Appropriate insurance schedules were in place to cover all potential liabilities, including professional indemnity arrangements.

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 a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance if they were to cease trading.

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 and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Medicines were prescribed, administered or supplied to patients by doctors who gave advice on medicines in line with legal requirements and current national guidance.
- Processes were in place for checking medicines and accurate records of medicines were kept. Arrangements were in place to monitor the stock levels and expiry dates. Monthly reviews of these were carried out by a dedicated member of staff.
- Appropriate medicines and equipment was available in the event of an emergency. This included oxygen and relevant masks. Staff were appropriately trained to respond should an emergency occur. Although a defibrillator was not held on site, staff had access to one held in the nearby local council offices. An appropriate risk assessment had been completed.

Track record on safety and incidents

The service had a good safety record.

Are services safe?

- 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.

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. All staff understood their duty to raise concerns and report incidents and near misses. Support was provided when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. This included ensuring that lessons were learned with potential themes identified. We saw examples where incidents had occurred, and changes had been made in response to the investigation. For example, one form of treatment was now provided in a ground floor room so that appropriate support could be provided if required.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. There were systems for dealing with notifiable safety incidents.
- The provider acted on and learned from patient and medicine safety alerts. There was an effective system to respond to all relevant alerts. Doctors checked patient records to determine whether there were any potential risks to patients when alerts concerned medicines. Although alerts were actioned when received, a spreadsheet would provide further clarity about those that were relevant and required action. We saw that an alert received in August 2019 had been processed, and that alerts were discussed in clinical meetings routinely.

Are services effective?

We rated effective as Good because:

The Menopause Clinic provided effective care that met with current evidence-based guidance and standards. There was a system for completing audits, collecting feedback and evidence of accurate, safe recording of information.

Effective needs assessment, care and treatment **The provider had systems to keep doctors up to date with current evidence-based practice. We saw evidence that doctors assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- Guidelines were available from the National Institute of Health and Care Excellence (NICE) for the doctors. They confirmed that this information was used to deliver care and treatment appropriate to their patients' needs. Patients' immediate and ongoing needs were fully assessed by clinicians.
- Staff ensured patients were given information to help them decide about their treatment options.
- 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 provider completed audits to make improvements to the service provided. Audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- We viewed three of 10 audits which had been carried out during the past year. For example, an audit of test results notifications to patients had been carried out. The spreadsheet showed responses made by individual GPs and whether further action was needed. Further audits had been completed on the use of testosterone, coil fitting and obtaining consent.
- Although no changes or improvements had been made following the audits, follow-up audits were scheduled so that monitoring was maintained.
- The doctors regularly shared information with patients' GPs particularly around HRT management.

Effective staffing

Doctors and management staff had the skills, knowledge and experience to carry out their roles.

- All doctors were appropriately qualified. The provider had an induction programme for all newly appointed doctors.
- The learning needs of doctors in relation to the services provided were understood, and training was provided to meet them.
- Up to date records of skills, qualifications and training were maintained by the provider. Clinicians were registered with the General Medical Council (GMC) and were up to date with revalidation.
- Regular meetings were held to ensure that all staff had up to date information. We saw minutes of a clinical meeting which took place on 28/8/2019. A wide range of topics had been discussed. Minutes of meetings were circulated to all relevant staff.

Coordinating patient care and information sharing **Doctors worked well to deliver effective care and treatment.**

- Patients received coordinated and person-centred care.
- Before providing treatment, doctors ensured they had adequate knowledge of the patient's health and their medicines history.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

Doctors were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, doctors gave people advice, so they could self-care.
- They were proactive in helping patients to live healthier lives, identifying where patients needed additional support and directed them to appropriate services when necessary.
- Where a patient's need could not be met by the service, staff redirected them to the appropriate service.
- Patients were supported with general healthcare advice. The clinic took a holistic approach to each patient assessment to ensure all areas were considered such as health history, diet and lifestyle. We saw examples of patients notes where information had been obtained. An audit had been carried out to ensure that patient

Are services effective?

templates had been completed appropriately. Regular re-audits were scheduled particularly as the service had grown with 12 GPs now providing care and treatment at the clinic.

Consent to care and treatment

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

- Doctors understood the requirements of legislation and guidance when considering consent and decision making.
- Doctors supported patients to make decisions.
- The service monitored the process for seeking consent appropriately.
- Patients who were registered with an NHS GP 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. Where patients were unwilling to consent to information being shared with their GP, duplicate consultation letters were sent to the patient for them to share with their GP should they wish to do so in the future. An alert was also added to patient records where consent to share information with their GP had been declined.

Are services caring?

We rated caring as Good because:

The Menopause Clinic demonstrated that they ensured patients were involved in decisions about their treatment, that their needs were respected, and that services were provided in a way that was caring and supportive.

Kindness, respect and compassion

Doctors and management staff treated patients with kindness, respect and compassion.

- Feedback from patients was consistently positive about the way doctors provided care and treatment for them. We viewed feedback from a range of sources which included the clinic's website, social media sites or from patients who completed comment cards. All comments were highly complementary about the service. Patients commented that they were happy they had found the service; many patients commenting that travelling some distance to receive treatment was worthwhile, and that they always received knowledgeable and informative care and advice.
- The provider had reviewed patient satisfaction forms during August 2019 and found that feedback had been consistently positive. Feedback also noted how patients had found the service, from their website, social media, and other media such as TV show, magazine and friends.
- The provider planned to complete an on-line survey to coincide with their first anniversary of opening. They planned to survey patients over a three-month period to gather information to help with further development of the service.

- Doctors understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Doctors and management 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 although the provider told us that requests for an interpreter were very rare.
- Eleven patients told us through the feedback comment cards that they felt listened to and supported by doctors and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- Doctors helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients can access and understand the information they are given).

Privacy and Dignity

The service respected patients' privacy and dignity.

- Doctors recognised the importance of people's dignity, privacy and respect.
- Patients commented that doctors were respectful and ensured their dignity was always maintained.

Are services responsive to people's needs?

We rated responsive as Good because:

The Menopause Clinic ensured they responded to patients' needs for treatment and that they were able to deliver those services.

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.

- All patients had a named doctor to oversee their care with known buddy arrangements in place to cover for absences. This ensured that all patients received continuity of care.
- There were no set limits to the number of consultations, so the doctors could make a full assessment of individual medical needs.
- Diagnostic testing was carried out at the clinic. Blood tests results were discussed with patients by telephone or during face to face appointments. We saw records to confirm these processes and that information had been shared with patients.

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, diagnosis and treatment.

- Patients reported that the appointment system was easy to use. They could contact the clinic through a variety of means such as telephone, email and messaging facilities.
- The clinic told us that they received some patient referrals from GPs and oncologists.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The provider had complaint policy and procedures in place.
- Information about how to make a complaint or raise concerns was available.
- Staff were aware of the complaints policy and would inform the practice manager about a complaint when appropriate. Staff told us they would treat patients compassionately in the event they wished to make a complaint.
- Seven complaints had been made during the past year. We reviewed three complaints and found that the complaints procedure had been followed. Although none of the complaints had been upheld the practice had reviewed their procedures and where applicable had amended these to ensure similar situations would not arise in future. For example, the patient template had been amended to capture all aspects of discussions during consultations.

Are services well-led?

We rated well-led as Good because:

The Menopause Clinic provided services which were well led and well organised, within a culture that was keen to promote high quality care in keeping with their systems and procedures.

Leadership capacity and capability

The provider told us that their service consisted of dedicated and professional practitioners and staff who strived to be acknowledged by their patients, suppliers and regulators as the leader in the medical services. This would be achieved by ensuring that they recruited and trained highly professional staff whose ambitions were to exceed patient expectations.

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

- The management team were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The management team were visible and approachable. They worked closely with all doctors to make sure they prioritised compassionate and inclusive leadership.
- Responsibilities were shared between the directors which included responsibility for the safety and clinical governance, financial and clinical management.

Vision and strategy

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

- The clinic believed they were at the forefront of challenging the provision of HRT, offering robust assessment, treatment and follow up care that was accessible to patients and not profit driven. This view was supported by patients who provided positive feedback on the service they received.
- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with doctors and management staff. Progress was monitored accordingly, including during the weekly management meetings and regular staff meetings.
- Doctors were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- All staff we spoke with felt respected, supported and valued. They were proud to work for The Menopause Clinic. Staff were keen to comment on how much they enjoyed working at the clinic and that this was the best place they had worked.
- The service focused on the needs of patients.
- The provider acted on behaviour and performance inconsistent with the vision and values.
- 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 was a strong emphasis on the safety and well-being of all staff. For example, there was a policy in place for providing menopausal support for members of staff. Staff told us they were able to access support and in some instances treatment for menopausal related problems which made them feel more valued as employees and individuals.
- The provider actively promoted equality and diversity. They identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- There were positive relationships between all doctors and management staff.

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.
- All staff were clear on their roles and accountabilities. There were established policies, procedures and activities which ensured they were operating in a safe way.
- Processes for reviewing policies and procedures were in place to ensure these were kept under regular review.

Are services well-led?

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of staff could be demonstrated through audit of their consultations and prescribing decisions. The provider had oversight of safety alerts, incidents, and complaints.
- Audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of monitoring and changes made to services to improve quality if needed.
- The provider had plans in place and had trained staff for major incidents.
- All staff were annually appraised and regular supervision was carried out. Doctors were supported to meet the requirements of professional revalidation where necessary.

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.
- Quality and sustainability were discussed in relevant meetings where all doctors and management staff had enough access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- Regular meetings were held to ensure that all staff had up to date information. We saw minutes of a clinical meeting held in August 2019 which included a wide

range of topics for discussion. Minutes of meetings were circulated to all relevant staff. Adding standing agenda items such as patient safety alerts and significant events to meeting agendas would ensure that discussions were held routinely as well as providing an audit trail of discussions and action taken.

Engagement with patients and staff

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

- Views and concerns were encouraged from patients and the provider acted on them to shape services and culture.
- Staff told us the provider encouraged them to comment or share their views to help further develop the service and working arrangements.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. All learning was shared through immediate feedback and at regular staff meetings.
- The providers regularly published articles on medical issues including menopause and other factors. For example, an article on managing osteoporosis in menopausal women had been included in a recent medical publication.
- Plans for the next year included extending hours for clinic appointments, changes to the IT systems and further research, development and education provision within the medical field.
- The main challenges to the provision of services included funding for patients and the low level of awareness of HRT generally. The clinic provided educational training for GPs on menopause and planned to develop this further and make the training more widely available. A research and education course had been planned for 26th September 2019 for GPs and other interested parties. The provider had published a book the week prior to the inspection on menopause.