

Preventative Health Doctors Limited

The Men's Health Clinic

Inspection report

The Men's Health Clinic

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Overall summary

We carried out an announced comprehensive inspection on 3 October 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service is registered for the provision of treatment and advice by a medical practitioner. The primary aim of the clinic is to support and treat males with low testosterone through testosterone deficiency syndrome (TDS) and provide testosterone replacement therapy (TRT) where needed.

We received 26 Care Quality Commission comment cards and eight emails. These were positive regarding the environment, staff, efficiency of service, care delivered and the caring attitude of the provider. Many clients

Summary of findings

stated that the service was professional, and that staff took time to explain the process to them. They found the provider professional and would recommend the service to others.

Our key findings were:

- The service was offered on a private, fee paying basis and was accessible to people who chose to use it.
- Procedures were safely managed and there were effective levels of client support and aftercare advice.
- There were systems, processes and practices in place to safeguard clients from abuse.
- Information for clients was comprehensive and accessible. Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- The service encouraged and valued feedback from clients via the website.

There were areas where the provider could make improvements and should:

- Review the need for medicines used in emergencies, for example, in the event of anaphylaxis (a severe potentially life-threatening allergic reaction).

The Men's Health Clinic

Detailed findings

Background to this inspection

We carried out this inspection on 3 October 2018. The inspection team consisted of a lead CQC inspector and a GP Specialist Advisor.

As part of the preparation for the inspection, we reviewed information provided to us by the service. In addition; we reviewed the information we held on our records regarding this provider.

During the inspection we utilised a number of methods to support our judgement of the services provided. For example, we interviewed the provider and staff, looked at the clinical systems and patient records, reviewed documents relating to the service and CQC comment cards and testimonial emails sent prior to our inspection.

The primary aim of the clinic is to support and treat males with low testosterone through testosterone deficiency syndrome (TDS) and provide testosterone replacement therapy (TRT) where needed.

The service operates from Lilliput Health, Lower Ground Floor, Elms Avenue, Poole, Dorset, BH14 8EE.

The provider currently rents a consulting room in premises run by Lilliput Health Ltd in Poole. There is level access and accessible facilities for any patient with mobility issues.

The service is led by two directors, a General Practitioner and a co-director. Both directors also work for the South Western Ambulance Service NHS Foundation Trust (SWASFT) out of hours service.

To get to the heart of customers' 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?

Our findings

Safety systems and processes

The clinic had systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. For example, the medical director had been trained to adult safeguarding level three.
- We saw evidence that both directors were up to date with all professional training requirements through their secondary role with the South Western Ambulance Service NHS Foundation Trust (SWASFT).
- Both the directors had a completed Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or persons who may be vulnerable).
- Chaperones were not routinely used by the clinic. However, there was clear information on display offering this service. (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate examination or procedure)
- The premises were maintained to appropriate standards of cleanliness and hygiene. Clients commented that the practice appeared hygienic and clean. Single use equipment was used, and we saw appropriate systems were in place for clinical waste disposal.
- Infection control measures were in place to reduce the risk and spread of infection. We inspected the consultation room and waiting areas which were clean and were in good overall condition.
- Systems were in place for the prevention and detection of fire. The landlord used an external provider to undertake risk assessments and equipment was readily available. The provider had systems to check risk assessments were completed and valid.

Risks to customers

- The clinic had arrangements in place to respond to emergencies and major incidents, this was to use the equipment provided in the GP practice in the same building.

- The clinic did not have access to medicines for treatment for emergencies. For example, in the event of anaphylaxis (a severe potentially life-threatening allergic reaction).
- All staff had received basic life support training.
- The director liaised with the premises management to ensure compliance with fire alarm testing and all electrical equipment was safe to use.
- The provider had employer's liability insurance cover and clinicians had medical indemnity insurance in place. The medical director was registered on the GMC and performers list.

Information to deliver safe care and treatment

The clinic had appropriate measures to assure the identity and consent of patients using the service. New patients undertook a range of blood tests and completion of health questionnaires to direct the medical director to identify the most appropriate course of treatment. At the time of our inspection the clinic did not obtain details of the clients GP, however they have since sent us copies of updated documents showing that this information will be obtained for emergency situations.

Safe and appropriate use of medicines

The arrangements for managing medicines, including emergency medicines in the service minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Due to the rental of the room and lack of storage facilities on the premises medicines and clinical equipment, for example, needles and syringes were temporarily stored off site and transported to the clinic when needed for new clients. The medical director was aware that this was not completely satisfactory but the need for this would cease when they moved into their own premises in the New Year.
- Medicines used were prescribed privately on a template and printed or emailed to clients as necessary.
- Overall prescribing for the service appeared appropriate. Some medicines prescribed were not as per current guidelines set by the British Society of Sexual Medicine (BSSM). All these risks were explained to the clients and written consent was obtained for their use.

Track record on safety

Are services safe?

There was a system in place for reporting and recording significant events. However, they did not have a clear understanding of what was a significant event. Immediately following our inspection, the directors sent us a copy of their new significant event policy to include matters of a more minor nature that may occur during the day to day running of the clinic with six monthly reviews.

The provider encouraged a culture of openness and honesty. Should unexpected or unintended safety incidents occur there were processes and policies in place which showed the clinic would give affected people reasonable support, truthful information and a verbal or written apology. Discussions with the providers showed so far they had not experienced safety incidents.

Lessons learned and improvements made

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Clients who used the service had an initial face to face consultation where a detailed medical history was taken, blood investigations performed and a physical examination undertaken. Clients were also provided with detailed information regarding the treatment options available. Dependant on these results a further consultation took place to again review treatment options, signed consent forms were completed and patients were supplied with their treatment after being shown how to inject it themselves.

Clients had to attend further consultations, either face to face or through skype at four to five weeks and then six monthly. For each of these reviews blood tests were required and these could be undertaken in the clinic or through a third party provider.

All clients had contact details for the provider and were encouraged to contact them if there were any concerns.

The provider told us they received safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) and acted on them where relevant.

Monitoring care and treatment

The provider kept a record of each consultation provided and clients were given comprehensive details of what complications may arise and what to look for. Details were given and instructions about how to contact the service should any complications arise were provided.

Effective staffing

The service was led by two directors, one also worked as a GP for SWAST and they kept up to date in their specialist fields. They had medical indemnity cover and were registered on the professional registers. For example, the General Medical Council. They had completed mandatory training in subjects including basic life support, safeguarding and fire safety.

Consent to Care and Treatment

We found that staff sought clients' consent to care and treatment in line with legislation and guidance.

The provider had developed protocols and procedures to ensure that consent for procedures and treatment were obtained and documented. Consent forms were bespoke to each treatment and contained detailed information on the benefits and risks associated with the treatment.

Are services caring?

Our findings

Kindness, respect and compassion

The service demonstrated a good understanding of the personal needs of their patients. Treatment offered by the service addressed issues around sexuality and we saw that the dignity and privacy of patients was fundamental to the provider's approach. This was reflected in the patient feedback received on our CQC comment cards.

Involvement in decisions about care and treatment

The provider ensured that clinical consultations were thorough and patients told us that they felt fully involved in treatment options. Feedback on comment cards confirmed these findings.

Privacy and Dignity

Facilities for service users were private and we saw that patients were treated in ways which respected their dignity. For example:

Doors were closed and locked during consultations to maintain privacy and dignity when physical examinations were taking place and conversations taking place in these rooms could not be overheard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service was offered on a private, self-referral fee-paying basis. Men who chose to use it were screened by the service to ensure they could potentially benefit from treatment. The service demonstrated to us on the day of inspection that they understood the needs of their service users and had developed services to meet those needs:

- The service had developed a range of information and support resources which were available to patients.
- They had a closed Facebook group to assist and support the service users.
- The website for the service was comprehensive and informative.

Timely access to the service

The service operated several times a week, and patients were able to access appointments in a way that was convenient to them rather than there being fixed opening times. Consultations were face to face, through skype or in the patient's home. This was confirmed in the CQC patient feedback cards we received.

Listening and learning from concerns and complaints

The service had a complaints policy in place and information relating to making a complaint was displayed prominently on their website. We discussed the complaint handling with the service although no complaints had been received.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for clients. When we discussed this patient centred approach with staff on the day of inspection it was clear that they understood and accepted this and the values that underpinned it.

Culture

The provider was aware of, and complied with, the requirements of the Duty of Candour. Whilst no unexpected or unintended safety incidents had occurred within the service, we were told they would give affected clients reasonable support, truthful information and a verbal and written apology.

Governance arrangements

The service had a governance framework in place, which supported the delivery of quality care. This outlined the structures and procedures in place and ensured that both directors were of their own roles and responsibilities.

Service specific policies and protocols had been developed and implemented and were accessible in paper or electronic formats. All the policies viewed were current and reflected the services being delivered.

Clinical audit had yet to be undertaken. However, the provider had identified two areas where clinical audit would be beneficial and will be conducted when they move into their new premises.

Appropriate and accurate information

The provider gathered detailed information concerning the health background of all clients prior to and during consultations. We saw that there were safeguards to manage digital data securely and accurately. However, due to their current consulting room being rented from a landlord paper notes were stored off site and transported to the clinic as and when needed. The provider was aware that these arrangements were not ideal and this would be rectified when they moved into new premises.

Engagement with patients, the public, staff and external partners

The clinic sought and made use of patient feedback gathered at each consultation as a measure to improve services. We also received 26 Care Quality Commission comment cards and eight emails from users of the service. These were very positive regarding the care delivered and mentioned the friendly and caring attitude of staff. Responses stated that the service was professional, thorough and easy to access and that they were treated with dignity.

Continuous improvement and innovation

The directors had developed a work plan to address key service areas where they sought to improve their performance. These areas included work in relation to:

- Strengthening the consistency of medical note taking
- Ongoing review of policies and procedures
- Seeking guidance from external consultants across the globe.

The new premises would also allow for the clinic to take the philosophy of prevention further by addressing other aspects of health, for example, diet, lifestyle and exercise.