

The Men's Health Clinic

Inspection report

Lilliput Health, Lower Ground Floor
Elms Avenue
Poole
Dorset
BH14 8EE
Tel: 07891955856
www.themenshealthclinic.co.uk

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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. (Previous inspection) October 2018– not rated.

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 at The Men's Health Clinic as part of our inspection programme.

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 levels through testosterone deficiency syndrome (TDS) and provide testosterone replacement therapy (TRT) where needed.

The Medical Director 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.

We reviewed a sample of 89 feedback emails provided on the day of inspection and spoke with one client. Feedback was positive, describing the service as being professional, caring and informative. Clients stated they were given information to allow for an informed decision and details of what the treatments would include.

Our key findings were:

- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- Medicines and emergency equipment were safely managed.
- The service was offered on a private, fee paying basis only.
- The practice had facilities and was well equipped to treat patients and meet their needs.
- Patients received full and detailed explanations and costs of any treatment options.
- The service had systems in place to identify, investigate and learn from incidents relating to the safety of patients and staff members.
- There were effective governance processes in place.
- There was an infection prevention and control policy; and procedures were in place to reduce the risk and spread of infection.
- There were clear systems in place to receive, manage and learn from complaints.

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. The team included a GP specialist adviser.

Background to The Men's Health Clinic

The Men's Health Clinic is a private fee-paying preventative health clinic primarily for men over the age of 30 years located at The Men's Health Clinic, 9-10 Longham Business Park, 168 Ringwood Road, Ferndown, Dorset, BH22 9BU. The building is new and purposely designed to offer the services.

The clinic is open on Monday to Friday between the hours of 8:30am and 1:30pm. Patients have the option of being seen at the clinic or at home on special request. Follow up appointments are also available through skype.

The clinic provides the regulated activities of: Treatment of disease, disorder or injury and diagnostics and screening. Further information about the service can be found at www.themenshealthclinic.co.uk.

The clinic was set up in January 2016. Its primary focus is diagnosing male hypogonadism and treating men with Testosterone Replacement Therapy where indicated. They also provide diagnostic services for nutritional deficiencies to provide a more holistic approach to patient care. Their focus is on prevention rather than cure so that men can lead both active and healthy lifestyles.

The service is led by two directors, a General Practitioner and a co-director. The provider/director of the company also has post graduate diplomas in Fitness & personal training. He is also a member of the British, European and International Societies of Sexual Medicine and The Society for The Study of Androgen Deficiency.

Our inspection team was led by a CQC lead inspector and a GP specialised advisor. The methods that were used at this inspection included speaking with the provider, interviewing staff, observations 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?

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. For example, the medical director had been trained to adult safeguarding level three.
- Both the directors and the receptionist 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).
- The premises were maintained to high 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 rooms and waiting areas which were clean and were in good overall condition.
- 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 customers

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

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were suitable medicines and equipment, for example a defibrillator and oxygen, to deal with medical emergencies which were stored appropriately and checked regularly.
- All staff had received basic life support training.
- The provider had employer's liability insurance cover and clinicians had medical indemnity insurance in place. The medical director was registered on the General Medical Council and performers list.

Information to deliver safe care and treatment

- The clinic had appropriate systems in place 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. Details of the clients registered GP were recorded to be used in the event of 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).

- The systems and arrangements for managing medicines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- 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). Other medicines prescribed were prescribed off licence to manage associated symptoms. This meant that they were being used outside the scope of the manufacturer's guidelines but appropriate for this client group. All these risks were explained to the clients as well as written guidance provided in an information pack and written consent was obtained for their use.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses and supported them when they did so.
- 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, it was found that a medicine used for treatment would show signs of crystallisation if subjected to a lower temperature. The providers contacted the manufacturer and found the medicine could be warmed without a

Are services safe?

negative effect. To ensure further stability for the medicines they sourced neoprene pouches that retained good chemical stability and maintained flexibility over a wide temperature range.

- 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.

Are services effective?

We rated effective as Good because:

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. Since our last inspection, an additional testing mechanism had been put in place to monitor progress with other physiological parameters that can be improved through treatment. 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 self administer their medicine.
- Clients had to attend further consultations, either face to face or through skype at four to five weeks ten to eleven 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.
- We saw 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 service was actively involved in quality improvement activity.

- At our inspection in October 2018 we found clinical audit had yet to be undertaken. At this inspection we found the service monitored their service through the use of audits. For example, blood tests were audited to ensure that results were reviewed in a timely manner and an audit of client records had been audited to ensure a blood pressure reading had been recorded during consultation. A second audit was yet to be repeated.

Effective staffing

- The service was led by two directors, and they kept up to date through training and professional membership 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.

Coordinating patient care and information sharing

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

- We found that staff sought clients' consent to care and treatment in line with legislation and guidance.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- 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.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported clients to make decisions. Where appropriate, they assessed and recorded a client's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service demonstrated a good understanding of the personal needs of their clients. 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 client feedback received on our inspection.

Involvement in decisions about care and treatment

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

- The provider ensured that clinical consultations were thorough. Clients told us 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. They felt fully involved in treatment options. Feedback on emails confirmed these findings.

Privacy and Dignity

The service respected respect patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- 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?

We rated responsive as Good because:

Responding to and meeting people's needs

- The service was offered on a private, self-referral fee-paying basis. Men who chose to use the service were screened 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 clients and had developed services to meet those needs.
- The facilities and premises were a newly built and 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 by arrangement the provider could visit clients in their own homes.
- The service had developed a range of information and support resources which were available to clients.

- The website for the service was comprehensive and informative.
- The service had a closed Facebook group to assist and support clients.

Timely access to the service

- The service operated Monday to Friday between 8:30am and 1:30pm, and patients were also 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 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 and in the initial introductory pack. We discussed the complaint handling with the service although no complaints had been received.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

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

- 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.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of clients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. Staff were considered as valued members of the team. They were given protected time for professional development and evaluation of their work.

- There was a strong emphasis on the safety and well-being of all staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- 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.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were 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 client safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, and prescribing decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of clients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account

Are services well-led?

- 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 robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The clinic sought and made use of patient feedback gathered at each consultation as a measure to improve services. We also reviewed 89 emails from users of the service. These were very positive regarding the care

delivered and mentioned the professional, friendly and caring attitude of staff. Responses stated that the service was thorough, easy to access and that clients were treated with dignity.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.

The move to new premises had enabled the provider to extend their services to include preventative treatments by addressing other aspects of health, for example, diet, lifestyle and exercise.