

10 St John Street

Inspection report

10 St John Street
Manchester
M3 4DY
Tel: 02074862277

Date of inspection visit: 28 June 2022
Date of publication: 14/07/2022

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. (Previous inspection 27 March 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 inspection 10 St John Street on 28 June 2022. This

inspection was part of the CQC inspection programme to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

10 St John Street provides treatment for men experiencing Testosterone Deficiency Syndrome, erectile dysfunction and prostate health concerns.

The 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.

Our key findings were:

- The provider had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the provider learned from them and improved their processes.
- The provider reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Systems were in place to deal with medical emergencies and staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were carried out appropriately and there were regular checks on the environment and on equipment used.
- Staff were appropriately trained and experienced to deliver effective care and treatment.
- Staff had access to all standard operating procedures and policies.
- The location of the service provided appropriate facilities for patients, including disabled access.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The provider had a clear vision to provide a safe and high-quality service.
- There were clinical governance systems and processes in place to ensure the quality of service provision.
- Staff involved and treated people with compassion, kindness, dignity and respect. Patient feedback highlighted high levels of satisfaction.
- Information about the provider and how to raise concerns was available.
- There was a strong focus on innovation, continuous learning and improvement at all levels of the organisation.

Overall summary

We found one area of outstanding practice:

- Feedback from patients who use the service was continually positive about the way staff treated them. Patients think that staff go the extra mile and their care and support exceeds their expectations. The service was proactive in collecting the views of its patients. We reviewed recent and historic patient survey information. All patient survey information we reviewed detailed very positive feedback about the care and treatment provided. Patients highlighted that all administrative services had been carried out in a professional, courteous and discreet manner. Consultations were always thorough, and patients commented they were always involved in decisions about their care. Patients said the clinic was very professionally run with everyone being friendly and attentive, and communication was always two way and all questions about administration, care and treatment were answered in detail.

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 advisor.

Background to 10 St John Street

10 St John Street is based in Manchester. They are registered for the regulated activity of treatment of disease, disorder or injury.

10 St John Street is an independent healthcare provider. 10 St John Street provides treatment for men experiencing Testosterone Deficiency Syndrome, erectile dysfunction and prostate health concerns. Regulated activities by Centre For Men's Health Limited are undertaken at locations in London and Manchester; however, this report relates to the following registered location:

10 St John Street

Manchester

Greater Manchester

M3 4DY

Information for patients can be accessed via their website (www.centreformenshealth.co.uk). The provider has a registered manager in place. 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 of the Health and Social Care Act 2008 and associated regulations about how the service is run.

Clinical care at the location is provided by a Medical Consultant for the provider, with occasional cover provided by clinical colleagues from the London location. The clinician is trained and experienced in this area of medicine.

Patients visiting 10 St John Street are greeted by a receptionist employed by the landlord. The Manchester based service usually provides a clinic twice monthly.

How we inspected this service

Before the inspection we gathered and reviewed information from the provider. During this inspection we spoke with the registered manager and the clinician.

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 provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction, through regular meetings and their ongoing training.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control. We saw evidence that the latest infection prevention and control audit had been completed in November 2021 and the next planned audit to be in July 2022.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider liaised with the premises management to ensure compliance with fire alarm testing and fire safety including evacuation drills. There was a service level agreement in place with the landlord to ensure that all aspects of health and safety for the building were adhered to, including legionella testing.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- 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.
- The service held emergency medicines including for anaphylaxis, and had a defibrillator and oxygen available in the event of an emergency. We checked these on inspection and found everything was in date and fit for purpose.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

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 used Carebit to manage patient information. Carebit was a digital healthcare platform that was designed to help clinics automate their processes and share patient data easily, securely and efficiently.

Are services safe?

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

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 minimised risks. The vast majority of prescriptions issued were electronic.
- A small range of medicines were dispensed by the provider. These included schedule four controlled drugs which are subject to minimal control. We saw these were appropriately managed by the provider who had sought external pharmacy advice and training for staff to ensure compliance with legal requirements.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional staff.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and 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

Track record on safety and incidents

The service had a good safety record.

- 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. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers 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. There were no recorded significant events in respect of the Manchester location. If there were significant events to be discussed they would be highlighted at the regular clinical meetings.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional staff.

Are services effective?

We rated as good because:

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- Patients had an initial consultation where a detailed medical history was taken. A range of blood tests were offered to patients which were undertaken by a third party provider. We saw that the initial assessment along with the blood testing provided a comprehensive history and any proposed treatment plan was devised in accordance with the latest good practice.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff assessed and managed patients' pain where appropriate.

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. For example, audits were completed of treatment adherence to consider patient retention and success of treatment. In reaction to the findings of this audit improvements were made with patient recall systems and budget plans to enable patients to consider long-term costs and planning. 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.

Effective staffing

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

- All staff were appropriately qualified.
- The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation. We saw evidence of appraisals for staff.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. There was a blended approach to training adopted to include face to face and online (Bluestream) modules. The aim of Bluestream training modules was to support the delivery of the highest quality of patient care, through better staff education, experience and development.

Coordinating patient care and information sharing

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

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, clinicians 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.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP at the outset of treatment.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

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, staff gave patients advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people. We saw multiple positive feedback comments from patients who spoke of the professionalism and detailed approach of clinicians.
- Staff 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

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.
- Staff communicated with people in a way that they could understand.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of patient'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.

Patient feedback

The service carried out its own patient survey/patient feedback exercises.

Feedback from patients who use the service was continually positive about the way staff treat patients. Patients think that staff go the extra mile and their care and support exceeds their expectations.

We reviewed all recent and historic patient survey information. We reviewed historic patient survey information which detailed very positive feedback about the care and treatment provided.

We also saw evidence the service had sent out patient surveys to all patients seen at the Manchester clinic over the last two months. 36 surveys were sent out and they received 13 responses. This included responses from patients who had received long term care and treatment from the service. All the responses were very positive about the care and treatment that had been provided. For example:

- All administrative services had been carried out in a professional, courteous and discreet manner.
- Consultations were always thorough and patients commented they were always involved in decisions about their care.
- The clinic was very professionally run with everyone being friendly and attentive.
- Communication was always two way and all questions were answered in detail.

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 services 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.
- 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.

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.
- Referrals and transfers to other services were undertaken in a timely way.

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.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. We examined the two complaints received in the last year and we observed that these complaints were investigated in a timely and satisfactory manner.
- Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care.

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 at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- 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 staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- 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 patients.
- Leaders acted on behaviour and performance inconsistent with the vision and values.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between all 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.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information, which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

Are services well-led?

- 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.
- The provider had business continuity plans in place and had trained staff for major incidents.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

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 clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.

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.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback.
- The practice carried out its own patient survey/patient feedback exercises.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. Staff from the clinic had published a number of medical papers in relation to testosterone therapy and attended national and international conferences to ensure alignment with the latest clinical research.