

Menopause Expert

Inspection report

88 Rodney Street

Liverpool

L1 9AR

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Overall summary

This service is rated as good. They have not previously been inspected and 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 at Menopause Expert as part of our inspection programme. This location has not previously been inspected since it was registered with the Care Quality Commission (CQC) in 2019.

The provider Ms Katherine Cooke offers specialist support and treatment for women to help them make informed choices about their menopause. It is based in clinic premises in Rodney Street, Liverpool.

The managing director (Katherine Cooke) 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.

At the time of the inspection there were no patients attending or receiving regulated services and we were unable to ask them about the service. However, we reviewed comments from patients that the service had received online.

Our key findings were:

- Patients received care that was delivered safely and effectively.
- Patients’ needs were fully assessed, and care and treatment were tailored to individual needs.
- Clinicians assessed patients according to appropriate guidance, legislation and standards and delivered care and treatment in line with current evidence-based guidance.
- There were sufficient staff who were suitably qualified and trained.
- Patients received detailed and clear information about their proposed treatment which enabled them to make an informed decision. This included costs, risks and benefits of treatment.
- Patients were offered appointments at a time convenient to them and treatment was offered in a timely manner.
- Information about services and how to complain was available and easy to understand.
- There was an effective governance framework in place in order to gain feedback and to assess, monitor and improve the quality of the services provided.
- The provider was aware of the requirements of the Duty of Candour.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Menopause Expert

The Menopause Expert service operates from premises located at 88 Rodney Street, Liverpool, L1 9AR. They are also known as Menopause Expert Kathie Cooke. Their website can be viewed here:

<https://menopause-expert-kathie-cooke.co.uk/>

They provide care and treatment of menopause to women.

Opening hours/hours of operation:

Monday, Wednesdays and Saturdays 9am – 3pm

Some evenings are offered to meet demand and patient needs.

The service is registered with CQC under the Health and Social Care 2008 to provide the following Regulated Activity: Treatment of disease, disorder or injury.

How we inspected this service

Before visiting we reviewed a range of information we hold about the service and asked the service to send us a range of information. This included their latest statement of purpose, details of staff employed including, their qualifications and proof of registration with their professional bodies. As part of the inspection we reviewed feedback gathered from patients and from the administrative assistant and spoke to the registered manager. We also reviewed a range 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:

The service provided care in a way that kept patients safe and protected them from avoidable harm.

Safety systems and processes

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

- The provider had safety risk assessments in place. It had appropriate safety policies, which were regularly reviewed and updated. The service had systems to safeguard people from abuse.
- The service worked with other agencies and healthcare providers, where relevant, and staff took steps to protect patients from abuse, 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).
- The provider was the sole clinician and had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify, report and analyse concerns.
- There was an effective system to manage infection prevention and control, including, clinical waste management, Legionella risk, cleanliness, single-use items and vaccination of clinical staff.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- The premises had appropriate environmental risk assessments in place.

Risks to patients

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

- The provider was the sole clinician, and this was sufficient for the needs of the service. There was a remote administrative assistant who provided sufficient administrative skills and time resource.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were appropriate indemnity arrangements in place.
- There was suitable equipment on the premises to deal with medical emergencies.

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.

Safe and appropriate use of medicines

The service had systems in place for appropriate and safe handling of medicines.

- The provider did not stock any medicines.

Are services safe?

- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- The provider prescribes medicines on a private electronic prescription. This is held and managed safely and securely. They do not, administer or dispense medicines to patients.
- Bio identical hormones may sometimes be used for women in the menopause. These products are not regulated by the MHRA UK (the national regulatory authority). The service does not advise or prescribe these products. Only regulated licensed body identical products are prescribed, in line with evidence-based guidance.

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 to help understand risks and lead 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.
- There were adequate systems for reviewing and investigating when things went wrong. We discussed how the service would learn and take action to improve safety in the service. The service had no incidents that had occurred.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. There was no formal record of these alerts, however the provider rectified this and immediately introduced a system for logging and documenting relevant safety alerts.

Are services effective?

We rated effective as Good because:

People received effective care and treatment that met their needs.

Effective needs assessment, care and treatment

Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance relevant to their service.

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards including the British Menopause Society (BMS) and the National Institute for Health and Care Excellence (NICE).
- 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 and implement care and treatment plans.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service reviewed information and feedback about care and treatment and would make improvements as necessary. Feedback received from patients was 100% positive. The service had an audit programme in place. They monitored infection prevention and control and patient outcomes through clinical audit.
- Audits undertaken included audit of infection, prevention and control, General Data Protection Regulation (GDPR), safe prescribing and consent compliance.

Effective staffing

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

- All staff were appropriately qualified and experienced. The clinician was registered with the British Menopause Society (BMS) as a menopause expert. The BMS has defined a menopause specialist as "a healthcare professional with a special interest in menopause, demonstrating expertise in managing more complex cases and receiving external referrals."
- The provider held extended role qualifications and specialist skills certificates in menopause care.
- The provider was registered with the Nursing and Midwifery Council (NMC) and was up to date with revalidation.
- Records of skills, qualifications and training were maintained.

Coordinating patient care and information sharing

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

- Before providing treatment, clinicians ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and treatment with their registered GP on each occasion they used the service.

Are services effective?

- The provider had risk assessed the treatments they offered. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with professional guidance.

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 people advice so they could self-care. Information, guidance and advice was readily available at the clinic and on the website.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, in the case of dietary and lifestyle factors which could impact on patients' health, menopause symptoms and their care and treatment.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs. In the case of urgent referrals, these were processed quickly and followed up to ensure safety netting.

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:

People received care and treatment in a caring manner

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, available to date, from patients was 100% positive about the way staff treat them.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to 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.
- Patient reviews and feedback told us that they felt listened to and supported by staff to make an informed decision about the choice of treatment available to them.
- 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 people's dignity and respect.
- Consultation rooms offered privacy and afforded dignity to patients.

Are services responsive to people's needs?

We rated responsive as Good because:

Services were tailored to meet the needs of individual patients and were accessible.

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.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the premises were accessible to disabled patients and means of communication was adjusted for hard of hearing and partially sighted 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.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The appointment system was easy to use.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available.

The service had a complaint policy and procedure in place. The service had received no complaints. We discussed how they would deal with any complaints and learn and improve from them where appropriate.

Are services well-led?

We rated well-led as Good because:

There was an effective governance framework in place that demonstrated quality assurance and improvement. The service demonstrated a culture which focused on the needs of patients and a commitment to delivering the best possible care and outcomes.

Leadership capacity and capability;

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

- The provider was the sole clinician. They demonstrated skills, knowledge and experience about issues and priorities relating to the quality and future of services and understood any challenges.
- The provider was visible and approachable and worked closely with the administrative assistant.

Vision and strategy

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

- There was a clear vision and set of values. The provider and staff understood their roles in achieving them.

Culture

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

- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated in discussions around responding to incidents and complaints if they occurred. 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 were processes for providing staff with the development they needed, including appraisal. Staff received regular annual appraisal and clinical supervision (where relevant). Clinicians could demonstrate that they met the requirements of professional revalidation.
- There was an emphasis on the safety and well-being of staff.
- The service promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally. Positive relationships between staff were demonstrated.

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 set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- Policies, procedures and activities had been developed and implemented to ensure safety and effective care and treatment. These were reviewed and revised as needed on a regular basis.

Are services well-led?

- The service was aware of the need to submit data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- There were systems to support improvement and innovative work. The provider reflected on their work and patient outcomes.
- The provider had published articles and reviews. They attended and participated in the British Menopause Society's annual conference, were part of the menopause strategy clinical steering group run by NHS England and taught on the menopause course for nurses.

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 risks including risks to patient safety.
- The provider had oversight of safety alerts, incidents, and complaints.
- Clinical audit was undertaken to assess and review the quality of care and outcomes for patients.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was reported on, assessed and reviewed. Performance information was combined with the views of patients.

Engagement with patients, the public, staff and external partners

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

- There were systems in place for staff and patients to give feedback.
- The service encouraged and heard views from patients and staff and would act on them where appropriate to shape services and culture.

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.
- There were systems to support improvement and innovative work. The provider reflected on their work and patient outcomes.
- The provider had published articles and reviews. They attended and participated in the British Menopause Society's annual conference, were part of the menopause strategy clinical steering group run by NHS England and taught on the menopause course for nurses.
- The service used the latest innovations and proven techniques, supported by evidence-based standards, guidelines and best practice.
- The provider participated in international menopause research trials.
- The provider has appeared on the local BBC radio station talking about their work.