

My Menopause Centre Limited

Inspection report

Unit 2.02, High Weald House
Glovers End
Bexhill-on-sea
TN39 5ES
Tel: 03334441067

Date of inspection visit: 15 March 2022
Date of publication: 13/04/2022

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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

Overall summary

This service is rated as Outstanding overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? – Outstanding

We carried out an announced remote comprehensive inspection for My Menopause Centre Limited on 15 March 2022. This is the first time this service has been inspected by the Care Quality Commission (CQC) following its registration as a new service in March 2021.

My Menopause Centre Limited's mission is to empower women to take control of their menopause via a holistic, evidence-based and personalised approach. The service provides consultations, treatment and advice with experienced doctors specialising in the treatment of menopause symptoms. It is an online service available to all women across the UK. The service also had a remit in terms of promoting evidence-based care and advice that extends across the wider community. This includes the delivery of awareness sessions to employers and their staff, and the general promotion of information via the service's website and social media.

The clinical director, Dr Clare Spencer, is the CQC registered manager. A registered manager is a person who is registered with the CQC 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 this inspection we found:

- We found evidence to uphold the provision of safe care and treatment. Procedures for medicines management were robust to support online prescribing and ongoing monitoring.
- The service worked within evidence-based practice, whilst providing individualised care, and all clinicians were British Menopause Society trained. There was an established programme of quality improvement and clinical audit to demonstrate the efficacy of patient outcomes. There were proactive communication channels with the patients' registered NHS GPs to ensure joined-up, and continuity of care.
- We found that the service was caring and compassionate towards patients and we observed many positive comments received from those who had used the service.
- The provider gave patients follow up options for treatment or tests both on a private basis or by signposting to appropriate follow up via the NHS, further to an initial private consultation.
- We found that the service had strong leadership from experienced, committed and patient-centred clinical and operational managers.
- The service had highly effective governance and assurance processes. Although this was a new service, it had established a robust assurance framework that was aligned to fundamental standards of care.

Overall summary

We saw the following outstanding practice:

- The service had a purpose to empower women to take control of their menopause and thrive during this phase of their life. This required an approach of raising awareness of the menopause, providing advice and information, and highlighting what treatment options might be available. Recognising that not all women have the option to seek private treatment, the service offered free independent advice and evidence-based information on their website and through social channels. For example, the website included a menopause questionnaire which provided a free personalised assessment, information and advice on the range of options to treat their symptoms.

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, supported by a member of the CQC pharmacy team.

Background to My Menopause Centre Limited

My Menopause Centre Limited is registered with the CQC to provide online medical services to patients. The service has a website at <https://appointment.mymenopausecentre.com>

My Menopause Centre Limited is a private limited company. It has a board of directors, and a team consisting of a clinical director GP, three part-time locum doctors, a Chief Operating Officer who oversees daily operations and provides the overall management of the service, and one administrator.

The service provides online video or telephone consultations with a doctor specialising in the treatment of menopause symptoms. The service offers options to patients to access blood tests and prescribed medicines either privately, or to signpost them through NHS routes. It works collaboratively with the patients' own registered NHS GP practices to ensure continuity of care. My Menopause Centre Limited also works with corporate bodies to promote awareness of the menopause and offer support to female employees. It widely shares information for general access through its website, and the service is championing diversity issues.

The opening hours for telephone enquiries are from 9am to 5pm from Monday to Friday. Patients can arrange telephone or online video consultations with a doctor at various times throughout the week. Whilst there is some flexibility, these appointments are usually available on Monday evenings, Tuesday afternoons, Wednesday and Thursday mornings and afternoons, Friday morning and on alternate Friday afternoons. Some appointments are also available on a Saturday.

The service is registered with CQC to carry out the regulated activity of treatment of disease, disorder or injury.

How we inspected this service

This inspection was carried out both remotely and by visiting the provider location

This included:

- Conducting interviews using video conferencing.
- Requesting evidence from the provider submitted electronically.
- A random sample review of patients' notes viewed remotely in conjunction with the clinical director.

To get to the heart of patients' experiences of care and treatment, we 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 service had systems to safeguard vulnerable adults and children from abuse, which included comprehensive safeguarding policies. The policies outlined clearly who to go to for further guidance, and there was an identified safeguarding lead within the service. Staff and locum doctors had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report any safeguarding concerns.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff knew how to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect should this arise.
- The provider carried out recruitment checks on new staff and maintained evidence of this. We reviewed files for two staff working at the service and found that full pre-employment checks had been completed. 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 informed us they were considering how to review DBS clearance on an ongoing basis where this was appropriate.

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.
- There was an effective induction system for locum staff tailored to their role.
- There were appropriate indemnity arrangements in place for all clinicians working in the service.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- We remotely reviewed six random patient records on the day of our inspection. 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 clinicians in an accessible way. We were assured that entries were well documented and contained key information about prescribing, rationale and consent; medical history; a clear treatment plan, and appropriate safety netting.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment. All consultations were shared with the patient's own registered GP with the patient's consent.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. These were mostly referrals back to the patient's own GP, but there were occasions where a patient may need to be referred for an ultrasound scan, and on one occasion a referral was needed to an endocrinologist.
- The administrator had established a 'fail-safe' system to log all bloods that had been requested to ensure that results were received back. The administrator liaised with the patient and the organisation dealing with bloods to check that blood samples were provided, and that a result was subsequently available.
- 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.

Are services safe?

Safe and appropriate use of medicines

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

- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Doctors prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. 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.
- Patients received personalised care taking account of their individual needs including relevant past medical history. We saw evidence of My Menopause Centre Limited's doctors seeking advice from appropriate specialists to optimise patients' care.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They did prescribe one schedule 4 controlled drug (Testosterone), and we found that there were safe systems in place to support this. This was detailed in the My Menopause Centre Limited's Testosterone Prescribing Policy.
- Some of the medicines this service prescribed were unlicensed. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) but are recommended in other pieces of national guidance. The service had a clear rationale for the use of any unlicensed medicines in line with British Menopause Society guidance. Patients were given a full explanation as to their purpose, any potential risk, the intended benefits, as well as their consent. This was documented in their record and the information was provided to them within a written treatment plan after the consultation.
- When unlicensed medicines were prescribed, such as Androfeme (a form of testosterone used in HRT), we found that appropriate systems were in place to check bloods prior to prescribing and then to follow up testosterone levels by monitoring at three months.
- Patient identification was confirmed when they requested an appointment. This was important from a safety perspective, for example, when prescribing medicines, particularly if the medicine was classed as a controlled drug. Patients had to show photograph ID and confirm their name, date of birth, telephone number and email address, as well as the details of their registered GP practice.

Track record on safety and incidents

The service had a good safety record.

- There were 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 incidents and significant events. Staff and locums understood their duty to raise concerns and report incidents and near misses, and leaders supported them when they did so.

Are services safe?

- When staff and locums reported adverse incidents, these were appropriately reviewed or investigated and were assessed in terms of risk. We observed that there had been a few incidents where connectivity had been lost during online consultations. This had been identified as a problem due to firewalls preventing access on patients' laptops. The service then developed a protocol to respond. This included a plan to call the patients on their preferred telephone number already provided after two minutes if the connection was lost, or to reschedule the meeting if the patient preferred this option. The service's administrator also did calls with patients to help prepare them for the consultation if they needed some assistance with specific programmes and computer settings.
- We saw that the service considered if any incidents required follow up with the patient in terms of their duty of candour, but none of these had arisen to date. Incidents were also monitored to see if any required being reported to the CQC as a notification, or to other statutory bodies. Whilst no incidents had met this threshold, we were assured to see that the service was aware of its reporting obligations and was handling this in a proactive way
- 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.

The service acted on medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including locum staff. We saw these were discussed at in-house meetings.

Are services effective?

We rated effective 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)

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines, and the British Menopause Society, and International Menopause Society guidelines. This included the prescribing of medicines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians ensured patients were given sufficient 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 service used information about care and treatment to make improvements.
- The service made improvements through the use of completed audits. 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.
- The service undertook a prescribing audit in March 2022. The audit encompassed:
 - medicines being prescribed in line with guidance.
 - documenting the risks and benefits of a prescribed medicine being discussed with the patient.
 - consent being recorded appropriately where unlicensed medicines had been prescribed.
 - ensuring that privately issued prescriptions matched the written information provided to patients and their own GP.

Forty sets of notes were audited (10 for each prescribing doctor) and it was determined that all prescriptions adhered to the criteria reviewed. Therefore no learning was highlighted, but the provider told us that such audits would be ongoing to provide assurance on effective prescribing. The audit did highlight that a protocol for Utrogestan, a medicine used in Hormone Replacement Therapy (HRT) was required for the service, and we saw that this was under development.

- The service provided us with an audit schedule for 2022. There were two audit topics defined for each quarter, the first on HRT risks and benefits being discussed with the patient had been completed and found to be 100% compliant with the standard. The second was a patient identity verification audit scheduled to take place in March 2022.
- The doctors held their own clinical meetings to discuss relevant issues. We saw minutes from the meeting held in February 2022. We saw that British Menopause Society updated guidance on progestogen prescribing had been discussed and acted on by the clinicians. A new medicine for HRT was also discussed, and it was agreed to write a new patient information leaflet for this. In addition, the meeting was used to share appropriate issues raised from patient consultations for wider learning, and also to discuss any clinical issues arising from complaints or incidents. Relevant medicines safety alerts or prescribing issues were also incorporated into this meeting.
- Doctors planned to attend the British Menopause Society conference in summer 2022 as an opportunity for learning and networking, as well as being able to meet together collectively face-to-face, rather than the usual online discussions.

Effective staffing

Are services effective?

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.
- All the doctors had other commitments outside of the service, two were GPs, one a gynaecology consultant, and the other worked at a sexual health clinic. This gave a broader skills base to the doctors' knowledge and facilitated a patient-centred approach covering all aspects of care at the menopause.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The service told us they would be implementing an in-house appraisal system. At the time of our inspection, no one had worked for the service for a year but this would be addressed later in the current year. It was planned to include the locum doctors who worked for the service to give them objectives and feedback for their role specific to My Menopause Centre Limited. This would be supplementary to their own medical appraisal.
- 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. The service provided us with a mandatory training policy. We saw that staff and locums were up to date with the training required. The service was aware that their training needs were quite specific as an online provider and so were considering any adaptations that may be necessary to their training schedule as the service evolved.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with other services when appropriate. For example, 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. On the rare occasions where consent was not provided, the service worked with the patient to encourage them to share information to ensure continuity of care, this was evidenced in a patient whose notes we examined. We saw evidence of letters sent to their registered GP in line with GMC 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. A form was available for patients to complete and submit this information prior to their first consultation. Any queries or gaps would then be discussed at the initial consultation. If necessary, the service acquired further clarification from the patient's own GP with the patient's consent.
- The information needed to plan and deliver care and treatment was available in a timely and accessible way, and this was shared with patients. This was comprehensive and included links to evidence based guidance as a reference. There were clear and effective arrangements for sharing this information if people had been referred to other services, such as their own GP.
- The practice had a written Information Sharing Policy. This covered all legal aspects of sharing patient information including reference to the General Data Protection Regulation (GDPR).

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, clinicians gave people 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.

Are services effective?

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. Doctors supported patients to make decisions by providing them with appropriate information and options.

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 their experience. We saw numerous examples of feedback relating to the caring and supportive approach displayed by all members of the team.
- 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.
- We reviewed 13 online reviews left by patients about their experience of My Menopause Centre Limited since the service started in 2021. The reviews were all very positive and gave the service a five out of five star rating, Feedback included comments that patients were given time to discuss their problems, and that they felt they were listened to and understood. Patients also said they were provided with clear options to help their decision making and that they felt reassured by the consultation with a knowledgeable and caring doctor. There was also reference to the website being informative and easy to navigate; costs were transparent and upfront; and that it was easy to make an appointment. The service took time to thank and respond to each online patient feedback comment personally.
- The service undertook an ongoing patient survey which was sent to patients following their first consultation. They were in the process of extending this to those patients attending follow-up appointments - these were only starting to get established as the service was new, and patients would get a follow-up to review their HRT at three months or at an annual review dependent on what type of treatment they were receiving. We reviewed the outcomes of the patient survey feedback to which there had been 51 responses. Comments were overwhelmingly positive with patients stating how pleased they had been with the consultation. Patients said they were treated empathetically, felt at ease, and were listened and responded to. Respondents said that they had struggled to get the help they had needed before coming to this service but had now received the help they required, and felt empowered. We saw that 100% of patients said they would recommend the service to friends and family members if they experienced similar issues. The service reviewed patient feedback responses to consider where improvements might be made. For example, it was agreed that all doctors should be specific with patients regarding the timescale for them to receive their personalised treatment plan following their consultation.

Involvement in decisions about care and treatment

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

- Interpreter services were available. We were informed that there had been one consultation with a non-English speaking patient which the patient's husband supported (with the patient's consent) for interpreting purposes. However, the service did have access to an interpreter service if this was required, and this included access to a British Sign Language interpreter.
- Patients reported 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.

Privacy and Dignity

The service respected patients' privacy and dignity.

Are services caring?

- Staff recognised the importance of people's dignity and respect.

Are services responsive to people's needs?

We rated responsive as Outstanding 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 service was working to get a translation facility added to their website for the main languages spoken amongst UK minority ethnicities.
- The service had a purpose to empower women to take control of their menopause and thrive during this phase of their life. This required an approach of raising awareness of the menopause, providing advice and information, and highlighting what treatment options might be available. Recognising that not all women have the option to seek private treatment, the service offered free independent advice and evidence-based information on their website and through social channels. For example, the website included a menopause questionnaire which provided a free personalised assessment, information and advice on the range of options to treat their symptoms.
- A mixture of free and paid for events were held to demystify the menopause and raise awareness of treatment options. Since the service launched in the spring of 2021, 37 events had been organised, 29 of which were held free of charge. Events included organisations such as travel and retail providers, for example:
- A retail organisation - Two sessions had been held to date, with the combined workshop reaching almost 300 managers and employees. Excellent feedback received, the event was recorded and shared across the company in the UK as part of world menopause day.
- Travel company – Approximately 35 attendees attended an online workshop, and approximately 25 attendees joined the call and the video was then shared with other employees across the UK and Europe as part of Menopause Awareness Day. Excellent feedback was received and a director indicated that staff feedback had been excellent and that the call had created a significant impact for employees and the company.
- Feedback from a retail company showed a marked increase in understanding of the menopause, and feeling comfortable to raise issues relating to the menopause, following attendance at the event. This was trialled as a group approach and as it worked so well, it will be rolled out to other organisations.
- A free event, online was held with 12 staff working in a hospice.
- Feedback from all of these sessions (and others that were held) were all extremely positive. The service reviewed and evaluated the feedback they received. Further events were booked or were in planning.
- The workshops were aimed at women but male colleagues, particularly at managerial level, were encouraged to attend to enhance wider understanding about the menopause and promote inclusive workplaces.
- My Menopause Centre Limited also aimed to address diversity and inclusivity through their purpose and work. The service had held in an event in partnership with Channel 4 called 'The Menopause in Colour' focusing on the menopause for women of non-white ethnicities. Approximately 100 attendees joined the event live, and this was then posted on the internet for others to access.
- Another event focused on normalising conversations around the menopause with South Asian women. This event in January 2022 had received a total of 471 views at the time of our inspection.
- Twelve free video posts had been shared across media channels including 'The facts about HRT' and 'sleep tips'
- The website was created with a view of being easy to use. In line with the service philosophy, the content was free to all and key information could be downloaded. This helped people to print information off and take this, for example, to their own GP, for discussion. The service invested in search engine optimisation software which helped people access the information they need more easily.
- Patients were provided with options for their treatment. Where possible, patients were signposted to an NHS route if this was available or they were given clear and transparent information relating to the private costs. For example:

Are services responsive to people's needs?

- Patients were given an option when medicines were prescribed. The service provided written information which was shared with the patient and their GP practice (with the patient's consent), requesting that the GP prescribed the required medication via the NHS route. Alternatively a private prescription could be raised which would be submitted securely to a private pharmacy based in London, who would then arrange delivery directly to the patient's own home, usually within one to two days. Medicines sent to patients' homes by the private pharmacy provider were delivered in discreet packaging, being mindful of confidentiality and respect.
- Patients also had options when blood tests were required. They could arrange these through their own GP practice, or they could be organised via the service privately with an independent provider. The majority of the private tests could be organised by post by the use of a finger-prick kit, alternatively the patient could attend a clinic or arrange for a home visit for collection of a venous sample.
- The service had developed 'Pause' as a space for women to come together and share stories about their menopause experience, ask questions, and to find support and inspiration. It was also used to share the latest news and updates on the menopause. Patients could sign up for this online to receive this information via email. We were told between 5-6,000 patient had already signed up for this.
- The service worked with other organisations and providers that were specifically selected due to their reputation and fit with My Menopause Centre Limited. These included a nutritional therapist, a counsellor and sex therapist, (a service providing personalised fitness coaching in a community of supportive women, helping individuals to take care of their body during the menopause transition), an online mental fitness coaching to improve health, wellbeing, and performance; and a counselling and psychotherapy service.

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, and treatment.
- The first appointment was usually scheduled for an hour to fully understand the patient's symptoms and the impact the menopause was having upon on them. The emphasis was on allowing the patient to talk and for the clinician to listen and to understand how they could help the patient to achieve their own goals. In conjunction with the patient, the clinician would formulate a personalised treatment plan by summarising the consultation and the treatment options discussed.
- Appointments were usually available within three weeks. Patients could book appointments directly online or by telephone. Patients could speak to an administrator to facilitate this between 9am and 5pm Monday to Friday. Appointments with a doctor with specialist skills and qualifications in the menopause were available on Monday evenings, Tuesday afternoons, Wednesday and Thursday mornings and afternoons, Friday morning and on alternate Friday afternoons. Some appointments were also available on a Saturday. At the time of our inspection, the clinic was recruiting additional doctors to expand the times that appointments were available.
- Patients were able to take as much time as was needed to explore their concerns. Additional time was not chargeable.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.

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.

Are services responsive to people's needs?

- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaints policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends to improve the quality of care.
- We were sent a summary of complaints that had been received since the service had started in May 2021. There were a total of three complaints, and we saw that these had been dealt with promptly and compassionately. All complaints had been reviewed to consider any learning, for example, we saw the importance of recognising and responding to potential mental health concerns during consultations had been emphasised to clinicians further to a complaint.

Are services well-led?

We rated well-led as Outstanding 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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- As a new service, there was a commitment from leaders to ensure that the provider was able to demonstrate their adherence to fundamental standards of care as part of their CQC registration. An external consultant was sourced to help advise the service about some of the processes and evidence they would require to achieve this. As a result, we found that the service was well-prepared and organised for our inspection. They demonstrated a willingness to achieve and to seek advice where they felt there was room for further or ongoing improvements.
- The Board comprised of four members including the Clinical Director and the Chief Operating Officer. The skill sets included a former accountant, a former marketing director at national level, and an experienced consultant who sat on a medical advisory board. This combination provided robust oversight in all aspects of the provider's work. The Board usually met on a monthly basis.

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 mission statement and written aims and objectives.
- The service had a realistic strategy and a supporting business plan to achieve priorities. The service had only commenced formally in May 2021 (following an initial month's trial with free consultations being offered) but activity showed a good increase in uptake. For example, in January 2022, they consulted with 57 patients for an initial consultation and 38 others for follow up, and this was supplemented further by the work done with employers and other organisations in the community.
- The growth was monitored in terms of capacity and fed into the service's business plan to help identify the need for additional clinical input. The clinical director informed us that as the service developed, there would be potential to expand the service, for example, to introduce nurses into the clinical team. However, this would only be done by ensuring that the right people were found that had the experience and worked to the organisations value to ensure that quality would not be compromised.
- Those who worked for the service 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 told us that were proud to work for the service.
- The service always focused on the needs of patients.
- Leaders and managers upheld the vision and values.

Are services well-led?

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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 all staff with the development they need.
- There was a strong emphasis on the safety and well-being of all staff. The provider had reinforced that regular breaks were required due to the nature of the service in terms of computer usage. Rest slots were incorporated into doctor's consultation schedules to facilitate this. The service also undertook visual display assessment checks for regular computer users.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally. The service championed intersectionality as demonstrated by their recent collaborative event 'The Menopause in Colour'.
- There were positive relationships between staff and teams.

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. The governance arrangements promoted co-ordinated person-centred care.
- 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 had written protocols, procedures and policies in place to define how things worked within the service. We saw these were clearly written, up-to-date, and easily accessible. These provided evidence of effective systems having been developed and acted as a resource for staff and any future new employees or locums.
- The service held clinical governance meetings every second month. This was open to all staff and locums, and minutes were made available. We observed that topics including significant events, complaints, audits, new guidance and safety alerts were all standing agenda items. The meeting was arranged in sections to reflect adherence to the CQC's five key questions of safe, effective, caring, responsive and well led.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service told us they would submit notifications to external organisations as required, for example, notifications to the CQC as part of their registration.
- 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.

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 including prescribing decisions. Leaders had oversight of safety alerts, incidents, and complaints.

Are services well-led?

- 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.
- The provider had plans in place to respond to business continuity incidents, for example, loss of connectivity and access to web-based programmes.
- Risks were identified and monitored through Board meetings. For example, as a digital business, the service needed a reliable and secure system with the ability to recover quickly in case of any downtime. This was addressed through the service level agreement in place with the website provider.
- We were assured that the procedures used for arranging private blood tests and prescriptions through a third-party were secure. The service monitored arrangements and raised any concerns with these organisations if a problem should arise. For example, we observed that an incidents had been recorded where the pharmacy had made a deliver to the wrong address. This was followed up to try and reduce any recurrence.

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 staff had sufficient access to information.

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.
- Patients and members of the public were invited to request topics they would like the service to provide further information and advice about. For example, a request was made to discuss hair changes during the menopause, and the resulting impact of confidence and self-esteem. This led to the service liaising with a national leading hair professional to organise an event focusing specifically on this topic.
- We received positive feedback from those who worked for the service. Staff and locums informed us they had a supportive induction and had access to ongoing support whenever this was required. Staff relationships were described as being extremely positive. All team members we spoke with, or whom we received written feedback from, described a thorough understanding of how the service worked. In addition to regular team meetings, they told us there was easy and quick access to help from other team members either by telephone, video link or email. Leaders were described as approachable, supportive and thorough in all aspects of clinical governance. Team members said they had been involved in developing the systems used, for example, the patient record software, record and letter templates, and the prescribing pathway.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.

Are services well-led?

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to review individual and team objectives, processes and performance.

There were systems to support improvement and innovation work. The service was continually looking at new ways to promote how they could help women either individually, as groups, or in terms of promoting information and advice to all women.