

The Leger Clinic

Inspection report

The St Vincent Medical Centre
77 Thorne Road
Doncaster
DN1 2ET
Tel: 01302346988
www.legerclinic.co.uk

Date of inspection visit: 2 March 2022
Date of publication: 08/04/2022

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 comprehensive inspection at the Leger Clinic on the 2 March 2022 as part of our inspection programme. The service was previously inspected in November 2017, but not rated.

The Ledger Clinic is an independent organisation which provides services to NHS patients under a contract with Doncaster Clinical Commissioning Group (CCG) and Bassetlaw CCG. The clinic also offers appointments to private patients. The service offers assessment and treatment for patients suffering from a wide variety of sexual difficulties and testosterone deficiency. This service is supported with lifestyle advice.

Dr Savage 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 protected patients from abuse and avoidable harm. They had systems and processes for monitoring and managing risk.
- There was a strong focus on providing care, treatment and support to achieve good outcomes for patients based on the best available evidence.
- There was a strong, visible person-centred culture. The lead GP was motivated, passionate and inspired to offer care that was kind, accessible and respectful. We received feedback from staff who were committed and enthusiastic to improving patients' lives. We reviewed 80 positive patient feedback forms, they said the care and support exceeded their expectations. The provider would go an extra mile to meet patient's needs. Patients said they had got their lives back and their quality of life had improved.
- There were proactive approaches for patients to access services at a time that suits them, ensured flexibility, choice and continuity of care. The provider had significantly reduced the consultation prices during the pandemic to ensure the service was accessible. The clinic offered appointments on extra days to meet patient's needs. Patients had direct access to a GP by telephone and enquiries were responded to within 48 hours. 80 patient feedback forms were all highly positive about the service they received and confirmed it was quick and flexible.
- Leadership and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff said

Overall summary

they worked well as a team, supported and they had a common focus on improving the quality and sustainability of care and people's experiences. Staff told us the provider was dedicated to providing an exceptional service for patients. The service had a strong focus on the needs of patients. All the patient feedback was positive, and they spoke highly of the service.

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 The Leger Clinic

The provider, which is the Leger Clinic Limited, is registered with the Care Quality Commission to provide regulated activities, treatment of disease, disorder or injury at the Leger Clinic, St Vincent Medical Centre, 77 Thorne Road, Doncaster, DN1 2ET. The clinic holds a list of registered patients who are either referred to the service or contact the provider directly to register as a private patient. The clinic is available to patients who reside in Doncaster and surrounding areas and to patients who live in other areas of England who require the services. The clinic does not see people under the age of 18.

The clinic has a team of four GPs with specialisms, a senior psychosexual therapist who leads a team of three psychosexual therapists, a service manager, admin support and shared reception staff at Saint Vincent's Medical Centre.

The service is based just outside of Doncaster town centre within St Vincent Medical Centre. The clinic has a shared reception area within the medical centre on the ground floor and a shared waiting room and a consulting room on the lower ground floor. There is a lift offering access to people with mobility difficulties. There is free on-road parking on all surrounding streets.

The reception opening hours for patient enquiries are Monday to Friday 8.00am to 5.00pm. The GPs normally hold clinics on the following days: -

Monday 9.00am-3.00pm

Tuesday 9.00am – 5.00pm

Wednesday 10.00am – 2.00pm

Friday 10.00am – 12.00pm

Thursday and Saturday – appointments maybe offered upon patient need.

How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting an interview with the registered manager and service manager using video conferencing.
- Staff completing interview templates.
- Requesting evidence including documents relating to the management of the service from the provider prior to the inspection.
- Reviewing patient feedback received by the provider.
- Speaking with patients by telephone.
- A short site visit.

The provider is not required to offer an out of hours service. Patients who need emergency medical assistance out of the clinic opening hours are requested to seek assistance from alternative services such as their own GP, the NHS 111 telephone service or accident and emergency.

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?

Safety systems and processes

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

- The provider had oversight and monitored the safety risk assessments carried out at this location. 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 and refresher training. The service had systems to safeguard vulnerable adults and children from abuse. 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. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The provider had a process to verify the identity of patients they were treating and staff confirmed this.
- 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 had oversight of the appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

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 induction system for staff, tailored to their role.
- 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 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

Are services safe?

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

- There were appropriate systems and arrangements in place for managing medicines, including emergency medicines and equipment.
- The service kept prescription stationery securely and monitored its use.
- The service does not prescribe any controlled drugs.
- Consultant doctors prescribed to patients and gave advice on medicines in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance, there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues which the provider had oversight of.
- 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. They said there was an excellent and open culture for reporting incidents and concerns. 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. For example, all staff have been updated on the changes to the new email system to ensure patient confidentiality was maintained.
- 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 had systems in place for knowing about notifiable safety incidents.
- 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 and agency staff.

Are services effective?

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. They also followed the British Society for Sexual Medicine (BSSM) guidelines for testosterone deficiency, erectile dysfunction and the further monitoring of this.
- 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.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients either by telephone consultation, email or face to face appointments. If patient's receiving testosterone treatment emailed the service more than 10 times within six months with questions, they were prompted by the website to book a review consultation. This ensured the doctors can monitor more effectively their progress on treatment.

Monitoring care and treatment

The service had plans to be involved in quality improvement activity. For example, the service had quarterly meetings with the Clinical Commissioning Group to discuss performance and benchmarking and ensure quality standards were being met and maintained.

- The service used patient feedback about care and treatment to make improvement. We reviewed 80 positive patient feedback forms confirming patients were happy with the service provided.
- The provider undertook audits of consultations, prescribing and referral decision making. They also confirmed they were undertaking an audit in March 2022 to monitor the prescribing of testosterone and evidence was submitted after the inspection confirming this. The provider was also looking in to whether a worldwide diabetes and testosterone audit was viable for the service.

Effective staffing

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

- All staff were appropriately qualified. There were four GPs who specialised in various areas such as sexual medicine, testosterone deficiency, men's health and sexual function. They were supported by a team of four psychosexual therapists.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/Nursing and Midwifery Council and were up to date with revalidation
- 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 told us they regularly attended conferences nationally and internationally as well as webinars. They said the provider really invested in their careers.

Coordinating patient care and information sharing

Are services effective?

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, appointment summaries (with the patient's consent) were sent to the patient's GP. Where appropriate the service can communicate with the patient's GPs about further care needed.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- 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.

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?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. We reviewed 80 positive NHS and private patient feedback forms, they said the care and support exceeded their expectations. A theme identified from patient feedback and with patients we spoke with, was that the clinic had significantly improved the lives of most patients and their families. Patients said they had got their lives back and their quality of life had improved. There were many thank you's to the clinic in the patient feedback.
- There was a strong, visible person-centred culture. The lead GP was motivated, passionate and inspired to offer care that was kind, accessible and respectful. They told us both private and NHS patients received the same level of care and accessibility. We received feedback from staff who were committed and enthusiastic to improving patients' lives.
- The provider would go an extra mile to meet patient's needs, patients had access to the GPs mobile telephone number for any queries and patients confirmed they could contact them at any time.
- Feedback from patients was very positive about the way staff treat people. They said they were treated with compassion, respect and their privacy were always maintained at reception. Patients said their lives had improved as a result of their care and treatment. They also said staff were professional, approachable, reassuring and cared. Some patients said this was the first time they had felt listened to.
- 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. The provider was in the process of developing educational videos for patients and had a 'frequently asked questions' section on their website.

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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us the GP was very understanding, friendly, supportive, instantly put them at ease and were comfortable talking to the GP about very personal and sensitive information. One patient compared it to having a conversation with a friend. They said they had enough time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected/did not respect patients' privacy and dignity.

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

Are services responsive to people's needs?

We rated responsive as Outstanding because:

There were proactive approaches for patients to access services at a time that suited them, ensured flexibility, choice and continuity of care. The provider had significantly reduced the consultation prices during the pandemic to ensure the service was accessible. The clinic offered appointments on extra days to meet patient's needs. Patients had direct access to a GP by telephone and enquiries were responded to within 48 hours. 80 patient feedback forms were all highly positive about the service they received and confirmed it was quick and flexible.

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 had an innovative and proactive approach to meeting patient's needs. For example, they adjusted how they delivered services to meet the needs of patients during the COVID-19 pandemic by significantly reducing treatment prices by 38%, increasing the accessibility and affordability for people who may have been furloughed or financially affected. The provider realised it was a difficult and stressful time for people and wanted to support patients.
- Patient's individual needs, choice and preferences were integral to the delivery of the services. The clinic provided consultations on Mondays, Tuesdays, Wednesdays and Fridays. However, the service was very flexible and would offer consultations to patients on either a Thursday or Saturday so patients could access treatment at a time to suit them. Patients we spoke to confirmed they had access to the service on a Saturday.
- Private patients had a contract with the service to ensure there was an open and transparent understanding of what to expect from the clinic regarding treatment and costs. The costs are also displayed on the clinic's website.
- 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, patients with mobility difficulties had access to a lift.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients could access the service and appointments in a way and at a time that suited them. All patient enquiries were dealt with on the day or within at least 48 hours. Patients also had direct access to the consultant via their mobile telephone number. Patients we spoke with confirmed the GP was very accessible and the GP was always at the end of the phone for advice. Eighty patient feedback forms reviewed during the inspection said it was a quick, efficient, flexible service they would highly recommend. They said the telephone consultations were very convenient and they had GP of choice for a consultation within less than 24 hours.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the online appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

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 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 complaint policy and procedures in place. The clinic had received one complaint at the time of inspection. The service learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, all staff have been updated on the changes to the new email system to ensure patient confidentiality was maintained.

Are services well-led?

We rated well-led as Outstanding because:

Leadership and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff said they worked well as a team, supported and they had a common focus on improving the quality and sustainability of care and people's experiences.

Staff told us the provider was dedicated to providing an exceptional service for patients. The service had a strong focus on the needs of patients. All the patient feedback was positive, and they spoke highly of the service.

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.
- Staff told us leaders at all levels were visible and approachable. Leaders worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff told us the provider was dedicated to providing an exceptional service for patients. They said the care and attention provided was a passion and not just work.
- 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.

- Leaders had a shared purpose to improving patients and their families lives and strived to deliver and motivate staff to succeed. Staff said they felt respected, highly supported and valued. They were enthusiastic, committed, proud and enjoyed working for the service.
- The service had a strong focus on the needs of patients. All the patient feedback was positive, and they spoke highly of the service. The staff said they worked well as a team, supported and they had a common focus on improving the quality and sustainability of care and people's experiences. The GPs we spoke with and received feedback from were enthusiastic and committed to improving patients' lives.
- Leaders and managers acted on behaviour and performance inconsistent with 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 felt supported to speak openly and raise any concerns.
- 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. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work. Staff told us there was an open-door policy to discuss any improvements or concerns.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. The staff said the GPs were very supportive and fabulous.

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 and management of partnerships, joint working arrangements and shared services promoted interactive and 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 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 improvements.
- The service submitted data or notifications to external organisations as required.
- At the inspection in November 2017, the clinic's website contained a 'contact us' function to request a call back. Those requesting a call back were asked to submit their name, a telephone number and an email address. The provider was not sure of the website provider's information security processes to keep this information safe and told us they would follow this up with them. At this inspection, we found 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 service had reviewed the security of the clinic's website online enquiry system and introduced a new website.

Managing risks, issues and performance

There were some 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.

Are services well-led?

- 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.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of 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. The clinic asked both NHS and private patients to complete feedback forms after their consultations. They had received 80 positive feedback forms from patients who would recommend the service.
- Staff could describe to us the systems in place to give feedback. For example, staff said they felt able to raise suggestions at the team meeting, in person or via email and felt their views were listened to by the senior leadership team.
- 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 strong focus on continuous learning and improvement. Staff told us they regularly attend conferences nationally and internationally as well as webinars. They said the provider really invested in their careers.
- 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 take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. For example, the service reduced prices for consultations during COVID-19 to “help out” those patients who were financially impacted by the pandemic. The provider had a ‘membership model’ for private patients to make treatment affordable for as many patients as possible.