

Thurmaston Health Clinic





Inspection report

573a Melton Road, Thurmaston
Leicester
LE4 8EA
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www.thewomenshealth.clinic

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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 well-led?		Good	

Overall summary

This service is rated as Good overall. (Previous inspection 07 2021 – Inadequate)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Thurmaston Health Clinic as part of our inspection programme to follow up on our previous inspection of May/June the previous report from July 2021. The key questions inspected were safe, effective, and well led.

CQC inspected the service in May/June 2021 and rated the service as inadequate overall. CQC asked the provider to make improvements regarding regulation 17 Good governance. This was followed up in October 2021 when we found the necessary improvements had been made. This inspection was a comprehensive inspection to re-rate the provider and we found improvements had been made.

Thurmaston Health Clinic offers private clinic services specialising in Women's Health and Wellbeing including treatment of menopause and vaginal rejuvenation.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Thurmaston Health Clinic provides a range of non-surgical cosmetic interventions, for example cosmetic injectables, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The service has a 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:

- Patients received effective care and treatment that met their needs.
- Improvements had been made following the previous inspection in relation to governance and oversight within the service.
- The service had records of building and premises reports and risk assessments.
- Training and recruitment records were kept for staff within the service.
- Patient feedback was consistently positive about the service and the effects it had on women and their lives.

Staff reported positive relationships with management and felt proud to work for the service

The areas where the provider **should** make improvements are:

Overall summary

- Develop processes to offer patients a chaperone during consultations and have assurance chaperones used are competent, trained and safe to use as chaperones.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a CQC GP specialist adviser.

Background to Thurmaston Health Clinic

Thurmaston Health Clinic is registered with the Care Quality Commission (CQC) and is based at 573a Melton Road, Thurmaston, Leicester, LE4 8EA. The service is registered with the CQC under The Health and Social Care Act 2008 for diagnostic and screening procedures, treatment of disease, disorder or injury and family planning.

The service also has satellite clinics at other sites including:

- Exeter, Holmedale Health, The Consulting Rooms, 34 Denmark Road, Exeter, EX1 1SE
- Manchester, 61a King Street, Manchester, M2 4PD
- Leeds, 93 Water Lane, Leeds, LS11 5QN
- Shrewsbury, Summerfield House, Building 1 Charlesworth Court, Knights Way, Battlefield Enterprise Park, Shrewsbury, SY1 3AB
- Harley Street, 10, Harley Street, London W1G 9PF
- Canary Wharf, Ground Floor, Devere Building, 1 Westferry Circus, London, E14 4HA
- Brighton, Brighton Health & Well Being Centre, 18-19 Western Road, Hove, BN3 1AE
- Bristol, May Wellness Centre, 4 Redland Court Road, Bristol, BS6 7EE.
- West Byfleet, 2nd Floor, Madeira Road, West Byfleet, Surrey, KT14 6DH.

Thurmaston Health Clinic provides private appointments to patients over the age of 18. The service offers a range of treatments for women's health concerns such as treatment for menopause, sexual health, contraception, family planning, cervical smears and vaginal rejuvenation using lasers.

The service has a registered manager and has 13 nurses and one doctor who are self-employed to work across the satellite clinics. There were two further staff who were managers of the service.

The service has a website: www.thewomenshealth.clinic.

Clinics are reportedly open between 9am and 6pm however are by appointment only.

How we inspected this service

We inspected Thurmaston Health Clinic on 4 April 2022 to follow up on previous concerns found in July 2021. Due to COVID-19 pandemic before our on-site visit we requested a range of information from the provider to review. We also requested information following the site visit. We completed a site visit and conducted interviews with staff.

The following key questions were assessed:

- Is it safe?
- Is it effective?
- Is it well-led?

Are services safe?

At the inspection in May/June 2021, safe was rated as inadequate because

- There was limited oversight of the building and premises of the services.
- Policies within the service were not relevant to the service.
- Recruitment and training systems were not effective.

At this inspection we have rated the provider as good because:

- The service had implemented systems for oversight of building and premises they used.
- Policies had been adapted to ensure they were relevant to the service.
- Recruitment and training records had improved.

Safety systems and processes

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

- The provider had records of safety risk assessments of the premises that they used, and systems had been put in place for oversight of these. Some risk assessments had identified actions which required attention however the service liaised with the relevant locations to gain assurance on these outstanding actions. If assurance was not sought in a timely fashion, the practice completed their own risk assessment on the action to ascertain if this affected their work within the building.
- The service had safety policies which were relevant to the service. These were regularly reviewed and available to staff. They outlined clearly who to go to for further guidance. Staff reported they could access policies when working at the other sites as they were all stored on a computer system available to them.
- The service had relevant policies in relation to safeguarding and all locations had the local contacts for safeguarding services should they need them. There was a designated safeguarding lead which staff were aware of. The service had procedures in place should any abuse or safeguarding concerns be raised.
- 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).
- We saw that staff had received up to date safeguarding adults training relevant to their position. At the time of our inspection, there was one staff member who had not completed safeguarding training for children, however this was due to be completed and the practice had completed a risk assessment for this.
- Due to the service having many clinics working on different days, chaperones were not often available from within the service. The service reported that chaperones were not often required due to the nature of the services provided and being an all female workforce, however at the time of our inspection there was no system in place to offer adequate chaperones should it be required. The service reported that the initial consultation paperwork offered a chaperone, however often patients would leave this blank which they interpreted that patients did not require one.
- The service had implemented a system to review and monitor infection control at the sites on a monthly basis as well as gain assurance from the sites for their infection control annual audits.
- The service also had regular legionella assurances from the clinic sites as well as conducting their own regular water temperature checks.

Risks to patients

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

- There were arrangements for planning and monitoring the amount of staff needed and the skills required.

Are services safe?

- There was an effective induction system and process for staff to be trained to provide the services delivered by Thurmaston Health Clinic. The service had also improved systems for recording training required by the provider for staff, and staff training was monitored on an ongoing basis at staff appraisals.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions including maintenance of lasers, autoclaves and PAT testing for electrical items.
- There were systems for safely managing healthcare waste.
- There were appropriate indemnity arrangements in place.
- The service had reviewed its system for emergency medicines and had a risk assessment to determine which emergency medicines would be required within their clinics for the services they provide. Each clinic site had their own emergency medicines which were reviewed regularly for expiry dates.

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.
- Patients were asked if they would share their information with other healthcare services. The service had systems to share information with other agencies if necessary.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines and emergency medicines and equipment minimised risks.
- The service did not prescribe controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Staff prescribed, administered or supplied medicines 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 that protected patient safety.

Lessons learned and improvements made

- There was a policy and system for recording and acting on significant events. At the time of our inspection the service had not experienced any significant events since the previous inspection. Staff understood their duty to raise concerns and report incidents and near misses and reported that they felt supported by management to do so.
- 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?

At the inspection in May/June 2021, effective was rated as requires improvement because

- There was limited evidence of appraisals and supervision for staff within the service
- Mandatory training was not identified or monitored by the provider
- Induction processes were not effective at ensuring staff had appropriate training for the role

At this inspection we have rated the provider as good because:

- Systems for appraisals and supervision had been implemented for staff
- Training records were recorded and monitored by managers
- Records of training at induction were up to date

Effective needs assessment, care and treatment

We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis and/or begin treatment.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used feedback from patients about care and treatment to make improvements. The service monitored effectiveness of treatment via feedback forms from patients in relation to the treatments they had received.
- The service completed internal record audits to monitor staff performance and make improvements to the service.

Effective staffing

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

- All staff were appropriately qualified to complete their job. The provider had an induction programme for all newly appointed staff. There were check ins with new staff at three months and nine months which we saw evidence of.
- Relevant professionals (medical and nursing) were registered with the Nursing and Midwifery Council and were up to date with revalidation.
- The provider had implemented systems to identify the learning needs of staff and provided training to meet them. There was a record of training for each staff member relevant to their role within the service.
- Staff told us that they did not get protected learning time and were told to complete training in their own time.
- Staff were given encouragement to take up further training to develop their skills.

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.

Are services effective?

- Before providing treatment the doctor and nurses, 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 the service did not recommend their treatment for patients.
- 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.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

Staff were 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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Patient feedback was extremely positive about the service in relation to the treatments received and the supportive and kind nature of the staff working within the service. We reviewed patient feedback from the past three months and found that 100% of patients rated the service as over 4.5 out of 5 when asked questions relating to all aspects of the service. 70% of the reviews gave the clinic the top marks. The reasons for lower scores were around finding the clinics and requesting clinics closer to them. Patients reported that the nurses put the needs of the patient first and made them feel comfortable whilst dealing with sensitive issues.
- Patients have reported improvements in both physical and psychological impacts that the service has on them following treatment. Patients reported that the service changed their lives in positive ways following treatment and increased their quality of life in many areas.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

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

Are services well-led?

At the inspection in May/June 2021, well led was rated as inadequate because:

- There was a lack of oversight from management within the service. Managers were not able to demonstrate they had oversight of buildings they used for satellite clinics, staff training and recruitment and systems and processes.
- Policies and procedures were not relevant to the services.
- The provider did not arrange interviews with staff during the inspection.
- The registered manager was unable to locate information within the service during the inspection such as policies, recruitment information and training.

At this inspection we have rated well led as good because:

- A new management structure had been implemented with clear roles and responsibilities.
- Oversight of buildings and premises, training and recruitment had improved.
- Policies and procedures were updated and relevant to the service.
- Staff reported good relationships with the management.

Leadership capacity and capability

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

- Following the previous inspection a new management structure had been implemented within the service. Leaders had clear roles and responsibilities in the areas they were responsible for and staff members understood the leadership model.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff reported that they felt supported by the leadership despite working remotely and reported that leaders were supportive of their needs.

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 to support patients with their women's health needs. The service had a realistic strategy and supporting business plans to achieve priorities.
- 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 by reviewing feedback and acting on complaints from patients.

Culture

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

- Staff we spoke with as part of the inspection reported they felt respected, supported and valued. They told us they were proud to work for the service.
- The service 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. This included appraisal and career development conversations. All staff received regular appraisals in the last year.
- There was a strong emphasis on the safety and well-being of all staff. We saw evidence of leaders liaising with staff to ensure that individuals needs were met and changed working patterns to suit staff and reduce stress.
- 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.

- Following the previous inspection, a new governance structure had been implemented with a new management structure.
- Structures, processes and systems to support good governance and management had been clearly set out and understood. The governance arrangements promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Governance arrangements for health and safety aspects of the different clinic sites had improved and leaders had oversight of records. If the managers were awaiting any documents or risk assessments from the host clinic sites, they created their own risk assessments to ensure their patients were not being put at risk.
- Policies had been reviewed and management had established policies relevant to the service where applicable. Staff told us these were accessible to them within all clinics.
- The service had regular clinical governance meetings which were attended by management and minutes were made available. There were regular meetings for all staff to attend.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were 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 around processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Leaders had oversight of safety alerts, feedback from patients, incidents, and complaints.
- The provider had plans in place for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Are services well-led?

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients and staff and acted on them to shape services and culture. We saw evidence of the service following up on any feedback that wasn't positive.
- Staff could describe to us the systems in place to give feedback.
- We received positive feedback from those who worked for the service. All staff reported they felt proud to work for the service and to make a positive impact on women's lives. All staff were committed to improving physical and mental wellbeing for women on sensitive topics and were committed to empowering women with their health and wellbeing.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement to improve services for women.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

There were systems to support improvement and innovation work. The service was continually looking at new ways to support women's health matters and empower women.