

The Bronte Clinic

Inspection report

9a
Wilbraham Place
London
SW1X 9AE
Tel: 02034882582
www.thebronteclinic.com

Date of inspection visit: 30 January 2023
Date of publication: 20/03/2023

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

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Overall summary

This service is rated as Good overall. This was the service's first inspection since registration with the Care Quality Commission.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Bronte Clinic as part of our inspection programme. This was the service's first inspection since registration with the Care Quality Commission.

The Bronte Clinic is an independent healthcare service specialising in women's health and wellbeing.

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. The Bronte Clinic provides a range of non-surgical cosmetic interventions, for example dermal fillers and chemical peels which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Our key findings were:

- The service was providing safe care. There were clear systems for managing risks.
- The service was providing effective care. The effectiveness and appropriateness of the care provided was reviewed. There was some evidence of quality improvement activity.
- The service was providing caring services.
- Staff treated patients with compassion, kindness, dignity and respect. Feedback from people who used the service was positive.
- The service was providing responsive care in accordance with the relevant regulations. People were supported to access the service when they wanted to. There were systems and processes in place to manage feedback.
- The service was providing well-led care. Leaders have the capacity and skills to deliver high-quality, sustainable care. They demonstrated a vision to deliver high quality care and promote good outcomes for patients.

Whilst we did not find any breaches of the regulations, the areas where the provider **should** make improvements are:

- Review and improve the scope of quality improvement activity including audits.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Overall summary

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

This inspection was carried out by a CQC lead inspector accompanied by a specialist adviser.

Background to The Bronte Clinic

The Bronte Clinic is an independent healthcare service specialising in women's health and wellbeing. The service is located in central London at 9a Wilbraham Place, Belgravia London SW1X 9AE. It is housed within a shared building in a mixed residential and commercial location. The location is conveniently accessible by public transport and controlled parking is available on surrounding streets. More information about the service can be found on their website; www.thebronteclinic.com.

The provider is a partnership consisting of two medical doctors who carry out the regulated activities along with a third doctor. Not all of the activities carried out by the provider require registration with the Care Quality Commission. For example, as well as advice and treatment around the menopause, general GP services including health screening and family planning, the service also provided cosmetic treatments which do not require registration with the Care Quality Commission.

The service's opening hours were 9am to 1pm on Mondays, Tuesdays and Thursdays. Appointments were available remotely as well as face to face. Services were available to patients aged over 18 years only.

How we inspected this service

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- The provider conducted safety risk assessments. These were mainly carried out by the landlord and included health and safety, fire and infection control risk assessments. Records showed these had most recently been carried out in July and September 2022. Safety checks including electrical safety, fire equipment and fire drills were carried out regularly.
- There were appropriate safety policies in place, 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 did not see patients aged under 18 years.
- The service had systems to safeguard vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- Doctors had processes in place to communicate with a patient's GP where there were safeguarding concerns. The safeguarding policy included contact details for local services where safeguarding concerns could be reported. 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. It was the service's policy for all staff to undergo Disclosure and Barring Service (DBS) checks before employment. (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).
- There was an effective system to manage infection prevention and control. There was an infection control policy in place and all staff had undergone regular infection control. Infection control audits were carried out every six months training. A legionella risk assessment had been carried out in January 2023. No further action had been identified.
- 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 carried out appropriate environmental risk assessments, which took into account 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.
- The service did not use agency or locum staff.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff had undergone regular basic life support training. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover the scope of each doctors practice.
- 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.

Are services safe?

- A defibrillator was available and was in working condition, however it gave a warning that the battery was running low. The provider was aware of this and had already taken steps to ensure the battery was replaced. Defibrillator pads were in date as were the first aid kit and spillage kits. Oxygen was available and was checked regularly.

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

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

- The systems and arrangements for managing emergency medicines and equipment minimised risks. The service did not use paper prescriptions. Prescriptions were sent electronically to pharmacies.
- The service did not carry out stand-alone medicines audit as the number of patients they saw in relation to the regulated activity was low. However, prescribing was reviewed as part of a notes audit which included consideration of what medicine had been prescribed and the reason, if appropriate instructions were given to the patient, any risk factors and contraindications explained.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed and administered and gave advice on medicines in line with legal requirements and current national guidance. The provider did not hold medicines apart from emergency medicines. 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.
- Some of the medicines this service prescribed were unlicensed for that purpose in the UK. For example, they prescribed testosterone (a male sex hormone that plays a role in reproduction, growth, and maintenance of a healthy body) off-license for women suffering with a low libido. One type of testosterone they prescribed was licensed in Australia, not in the UK, to be prescribed for low libido in women. The other type they prescribed to women was only licensed in the UK for men. Whilst 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, the provider followed the recommendations and guidance of organisations such as the British Menopause Association to ensure prescribing practice was safe.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

Are services safe?

- 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.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. There had been one significant event which was a data breach. We saw this incident had been recorded, investigated, remedied and learning was identified and shared. There was a significant event policy in place which had been reviewed recently and staff had signed to confirm they had read it. There was a lead member of staff for managing significant events.
- The provider was aware of and complied with the requirements of the Duty of Candour. There was a relevant policy in place which had been reviewed recently. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and an apology.
- 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. All doctors at the service also worked in the NHS and received medicines and equipment safety alerts in those roles. These safety alerts were circulated within the service.

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 and guidance from the British Menopause Association and Faculty of Family Planning and Reproductive Health Care.
- 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.
- Due to the nature of the service they did not see patients who were in chronic pain. They told us such patients would usually be under the care of their regular healthcare provider or would be referred to their GP. Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service carried out some quality improvement activity.

- Due to the low level of regulated activity at the service they had not yet carried out clinical audits. They did carry out some quality improvement activity such as notes audits which reviewed the legibility of the notes, if they were dated and signed, included the correct patient name, brief summary of the consultation, medical questionnaire, risk of contraindications, treatment plan, outline of presenting condition and after care as well as prescribing.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. The provider had recently contracted with a self-employed personal assistant who worked ten hours a week for the service. They worked from home and had undergone a full induction including all policies and mandatory training. They had also attended an orientation on-site. Records showed all required background checks had been carried out and included identity documents and references.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) 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 were encouraged and given opportunities to develop.
- The service did not offer immunisation or reviews of patients with long term conditions.

Coordinating patient care and information sharing

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

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, patients could be referred to other services for ultrasound scans. The service did not communicate directly with patients' GP unless they had a secure NHS email address. Patients were given letters detailing all relevant information of their consultation and/or treatment which patients could give to their GP.
- 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.
- 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 provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP and so did not prescribe these medicines. For example, medicines liable to abuse or misuse.
- 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.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. The provider told us a key part of their service was allowing sufficient time to discuss with patients how they could best take care of themselves. The service aimed to provide a holistic approach to women's health which included advising them about diet, exercise, alcohol intake as well as hormone replacement therapy. They could refer patients to or seek advice from selected therapists, personal trainers, nutritionists and cancer specialists.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Where there were any concerns the provider liaised with relatives or the patient's GP. The provider ensured all treatment options and the positives and negatives of each were discussed with patients and discussions were recorded in their notes.
- The service monitored the process for seeking consent appropriately. Consent checklists were used to ensure consent was sought and recorded appropriately. Some procedures such as contraceptive coils and implants had automatic consent check-boxes on the clinical system.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought patient feedback on the quality of clinical care patients received as well as patient satisfaction. These were sent to patients on a monthly basis. We looked at a sample of the most recently received reviews which were positive apart from one concerning the appointment booking process. The provider had already made changes to their process in response to the feedback.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Patients who did not have English as a first language were initially asked to attend with someone who could interpret. If necessary, an interpreter could be provided.
- Staff communicated with people in a way that they could understand. Following their consultation patients were sent a letter setting out all advice on treatment and lifestyle advice. Letters included links to relevant information available online.

Privacy and Dignity

The service respected 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 Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs.
- The premises could not be modified to support disabled access as it was a listed building. However patients with mobility challenges could be seen remotely or could be recommended other similar services by the provider.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- 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 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

The service had processes and policies in place to manage complaints and concerns appropriately.

- Information about how to make a complaint or raise concerns was available.
- The service had not had any official complaints since registration with the Care Quality Commission. However, they had received a negative review on an online platform which they had investigated and responded to. The service had complaint policy and procedures in place.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The provider told us their immediate challenges included developing the services they offered further to realise the vision they had and raising their profile as a service. They articulated their future plans and how their experience within the NHS gave them unique insight into how they could best plan their service to meet patients' needs.
- Leaders at all levels were visible and approachable.

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.
- 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.

- The service focused on the needs of patients. They regularly reviewed and discussed the service they offered and made adjustments where necessary.
- The service had a culture of openness, honesty and transparency. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. In addition to training undertaken within their NHS roles, doctors had access to online training platforms. Appraisals were undertaken within the doctors' work in the NHS. This covered the full scope of their work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.
- 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 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

Are services well-led?

- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service had processes and procedures in place to ensure data or notifications were submitted to external organisations as required.
- 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, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- The service had not yet carried out clinical audits due to the small number of patients they had seen with respect to the regulated activities but they had plans to carry out prescribing audits around testosterone prescribing.
- 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 service collected patient feedback through an online platform. We reviewed results of the most recent survey and found the feedback received was largely positive. Where some negative feedback had been received, the provider had already made the necessary changes to its processes.

Continuous improvement and innovation

There were 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 took time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. The provider told us their work as GPs in the NHS enabled them to have a deeper understanding of the various issues which impact on women's health. This included sleep hygiene and wellness checks as well as aesthetic procedures and treating the symptoms of the menopause. Their aim was to become a women's health hub, taking a holistic approach to women's health. All patients were contacted four weeks after their treatment and/or consultation to follow up and find out how the patient was, answer queries and to identify if there were areas where the patient needed support.