

# Somerset Menopause Clinic

## Inspection report

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall.**

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 Somerset Menopause Clinic as part of our current inspection programme.

The service registered with CQC under the Health and Social Care Act 2008 on 22 June 2020 and this is the first inspection since registration.

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. Somerset Menopause Clinic provides support and lifestyle advice to women regarding menopause which is not within CQC scope of registration. Therefore, we did not inspect or report on these services. Services offered which are in scope of registration include an initial consultation and assessment to identify and discuss symptoms and concerns, impact on the woman's life, advice and options for treatment and access to information. The provider is able to discuss and if required, prescribe hormone replacement therapy for the individual.

## **Our key findings were:**

- Care was provided in a way which kept patients safe and protected them from avoidable harm and safeguarded from abuse. The provider had a system for reporting, recording and learning from any significant events.
- The provider had taken precautions to reduce the risk to patients during the COVID-19 pandemic and on return to service delivery. However, the infection prevention and control policy and procedure did not detail these measures.
- The provider did not hold medicines. Prescriptions were stored securely, and the provider had implemented a system so they could track and audit all prescriptions provided to patients.
- Patients received effective care and treatment which met their needs. The provider followed national best practice guidelines and ensured care and treatment was evidenced based.
- The provider delivered a non-judgemental service and communicated well with patients. However, they had not made arrangements to provide support to patients whose first language was not English.
- The provider managed the service in a way which delivered high quality person centred care and treatment.
- Patients did not have access to the complaints procedure or information on how to make a complaint.

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

# Overall summary

- Review and develop the infection prevention and control policy and procedure to detail the actions taken to promote the control of infection from COVID-19.
- Provide clear and accessible information for patients on how to make a complaint should they need to do so.
- Develop systems to support patients whose first language is not English.
- The service had expanded but there was not a formal strategy and supporting business plan to continue the development of the service in line with the increasing demand.

**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. The site visit was attended by two CQC inspectors.

## Background to Somerset Menopause Clinic

Somerset Menopause Clinic was set up by the registered provider – Teresa Davison, who is a registered nurse, an independent prescriber and is accredited with the British Menopause Society as a Menopause Specialist.

The service is provided for women primarily aged between 40-60 years who mainly self-refer to the clinic. On occasions women are recommended to the clinic by their GP. The service is provided to approximately 16 patients per week.

Services offered include an initial consultation and assessment to identify and discuss symptoms and concerns, impact on the woman's life, advice and options for treatment and access to information. The provider is able to discuss and if required, prescribe hormone replacement therapy for the individual. Lifestyle advice and support can also be provided but was not reviewed at this inspection as not part of a regulated activity.

The service operates from St Johns Physiotherapy, which is located at 4 St Johns Road, Taunton, TA1 4AZ. There is limited parking available at the rear of the building with public parking nearby.

Clinics are held on a Tuesday and Friday from 8.30am to 1pm where women can attend for face to face consultations. Online appointment or telephone appointments are held on a Wednesday. Other times may be booked following discussion with the provider. The provider does not employ any staff and services are provided solely by them. There is a receptionist in the centre who will take messages and refer callers to the provider.

The practice is registered with the Care Quality Commission to carry out the following regulated activities: treatment of disease, disorder or injury (TDDI).

### How we inspected this service

Before our inspection we reviewed information we held about the clinic. We also requested and reviewed information from the provider before the inspection and information available on the providers' website.

We carried out a site visit to the clinic, reviewed records and interviewed the provider.

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

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

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

# Are services safe?

## We rated safe as Good because:

The provider demonstrated they provided the service to patients in a way which promoted safety.

However, the provider should review and develop the infection prevention and control policy and procedure to detail the actions taken to promote the control of infection from COVID-19.

## Safety systems and processes

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

- The service was provided to adults only and had systems to safeguard them from abuse. A safeguarding adult's policy and procedure was available which detailed how and to who to make safeguarding alerts or raise concerns. The provider planned to develop a policy and procedure regarding safeguarding children for the rare event a woman attended their appointment with a child. The provider had completed safeguarding adults and children level three training within the last year.
- The provider conducted safety risk assessments and informed the patients GP of any potential safeguarding concerns.
- The provider had completed a Disclosure and Barring Service (DBS) check at the time of registration with the CQC and planned to renew this after three years in line with guidance provided on the DBS website.
- The provider did not offer a chaperone service. Women were able to bring a friend or family member with them to the appointment if they wished. The provider discussed that in this instance they would ensure the woman felt comfortable to be accompanied to their consultation by speaking to them alone first.
- There was an effective system to manage infection prevention and control (IPC) which included a policy and procedure and the provider had completed IPC training. The clinic room was cleaned daily and the provider cleaned equipment between patients using appropriate wipes. Handwashing facilities including liquid soap, hand gel and paper towels were available in the clinic room.
- We observed the provider wore a mask and worked in a ventilated room. The policy and procedure did not make reference to additional precautions to be taken regarding the COVID-19 pandemic. Discussion with the provider demonstrated they were knowledgeable about the precautions required.
- The provider did not generate clinical waste but if this was required to be disposed of there were arrangements within the clinic for appropriate disposal.
- The provider ensured the equipment, such as the BP recording machine and scales were safe, and that equipment was maintained according to manufacturers' instructions. We saw records which showed the equipment had been calibrated in January 2021.

## Risks to patients

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

- The service was delivered solely by the registered provider. Arrangements had been made with another menopause specialist provider should patients require support during unexpected extended leave or periods of sickness.
- The provider, as a registered nurse, understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In the case of an emergency the NHS ambulance service would be contacted. For patients who required non urgent medical attention the patient would be recommended to contact their GP.

# Are services safe?

- The provider had evidence to demonstrate they had arranged professional indemnity insurance. This insurance is intended to protect professionals and their businesses in the event of claims made by a client (or third party) suggesting that they have suffered loss as a result of non-performance, breach of contract and/or professional negligence by the service received.
- The provider had carried out an environmental and health and safety risk assessment which included detail on the mitigation of risks from fire, electrical hazards, computer use, slips, trips and falls, lone working and manual handling.
- The provider did not have access to emergency equipment or medicines at the clinic.

## Information to deliver safe care and treatment

### The provider obtained 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. We reviewed three sets of patient records. The care records we saw showed information needed to deliver safe care and treatment was available in an accessible way. The patient records were detailed. They demonstrated a comprehensive good health consultation / assessment had been completed by the provider before the recommendation of any treatment.
- The service had systems for sharing information with other health care professionals such as the patient's GP or a specialist consultant 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.

## Safe and appropriate use of medicines

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

- The provider did not store medicines at the service.
- The provider prescribed hormone replacement therapy medicines to patients and gave advice on the medicines in line with legal requirements and current national guidance.
- The yellow card system was observed for reporting adverse effects of any medicines. However, the provider had not had reason to report via this system.
- The provider kept prescription stationery securely and monitored its use. They had devised a numbering system to keep a record of each prescription and which patient the prescription had been for. The prescription number was also recorded in the patients' medical records.
- The provider had reviewed all medicine prescriptions they had provided to patients and attended appropriate updates with the British Menopause Society to ensure best practice guidelines for safe prescribing were adhered to.
- The service did not prescribe controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).

## Track record on safety and incidents

### The service had a good safety record.

- 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. For example, the provider was informed that one patient had suffered a health condition that would make contra-indicated prescribing. The provider reviewed the care and treatment provided by the clinic prior to this health condition and found prescribing was appropriate at the time. An extra safety system had been implemented which involved ensuring the patient saw their GP promptly.

## Lessons learned and improvements made

# Are services safe?

## **The service learned and made improvements when things went wrong.**

- There was a system for identifying, recording and acting on significant events. There had been no significant events identified within the last year.
- 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 provider gave an example of when learning had been taken following a complaint. This included paying attention to the local formulary guidelines relevant to where the patient lived.
- The provider was aware and knowledgeable about the Duty of Candour regulation but had not been required to act on this to date.
- The provider was aware of the need to act on and learn from relevant external safety events as well as patient and medicine safety alerts. The provider kept up to date in menopause treatments through the British Menopause Society and by adhering to national best practice guidelines.

# Are services effective?

## **We rated effective as Good because:**

The provider demonstrated effective care and treatment was provided which was evidence based and followed national best practice guidance and standards.

### **Effective needs assessment, care and treatment**

**The provider had systems to keep up to date with current evidence-based practice. We saw evidence that the provider assessed needs and delivered care and treatment in line with current legislation, standards and guidance for menopausal health.**

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the British Menopause Society and the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- The provider carried out the initial health assessment to ensure they had enough information to make or confirm the decision for a treatment plan.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were made to follow up patients after three months to ensure the care and treatment plan had been effective. This follow up would be prior to the repeat prescriptions for hormone replacement therapy being provided by their GP. Patients were able to self-refer to the service for future consultations if needed.
- Patients were able to receive an online consultation using video conferencing or telephone to discuss their needs.

### **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 had received one complaint regarding the different formulary's used in different areas. Action had been taken to improve this for the future by informing the patient of the formulary guidelines in the area and providing options for the patient regarding potential medicines their GP could prescribe. The letter to the GP would also provide this information so they were aware of the options suitable for the patient.

### **Effective staffing**

**The provider had the skills, knowledge and experience to carry out their role.**

- The provider was a registered nurse and had completed a nationally recognised and accredited Menopause training in 2009. This training had been updated to enable the provider to remain accredited with the British Menopause Society.
- The provider was registered with the Nursing and Midwifery Council (NMC) and was up to date with their revalidation. Revalidation is the process that all nurses and midwives need to follow to maintain their registration with the NMC.

### **Coordinating patient care and information sharing**

**The provider worked well with other organisations, to deliver effective care and treatment.**



# Are services effective?

- Patients received one to one person-centred care. The provider allowed 45 minutes for each appointment to enable full discussion with and assessment of each patient.
- Patients were asked to provide information regarding their health and symptoms when booking their appointment. The provider completed a comprehensive health assessment which included a full medical history at either the face to face appointment or when consulting online.
- Before providing treatment, the provider 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 their GP or specialist consultant 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 did not prescribe medicines if the patient had not consented to sharing the information with their GP. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with the General Medical Council (GMC) guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services). We saw examples of when a patient was referred back to their oncology consultant and the provider had an arrangement to refer patients privately to a gynaecology consultant when necessary, in addition to their GP.

## 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, the provider gave people advice so they could self-care. Part of this included lifestyle changes such as exercise, diet, self-esteem and wellbeing as part of their consultation.
- Risk factors were identified, highlighted to patients and shared with their normal care provider for additional support. For example, the provider had assessed a patient who had contraindications for hormone replacement therapy due to their medical history. The provider referred the patient to their previous consultant for care and treatment.
- Where patients needs could not be met by the service, the provider redirected them to the appropriate service for their needs. The provider identified on their website circumstances in which they would not be able to provide care and treatment to patients. For example, patients experiencing post-menopausal bleeding (any bleed 12 months after the last natural period). The information advised patients this needed to be dealt with immediately by their GP.

## Consent to care and treatment

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

- The provider obtained consent from patients prior to sharing information with their GP and holding records relating to their personal and medical information.
- The provider understood the requirements of legislation and guidance when considering consent and decision making.

# Are services caring?

## **We rated caring as Good because:**

The provider delivered a caring service in which patients were involved in decisions about their care and treatment.

However, although the provider had not provided a service to anyone whose first language was not English there should be a process to provide interpretation services if required.

## **Kindness, respect and compassion**

### **Staff treated/ did not treat patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received through discussion with patients and through their website.
- The provider demonstrated through discussion with us that they understood patients' personal, cultural, social and religious needs. Their conversations displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. There was a triage system to alert the provider to patients who would benefit from an earlier appointment. We saw that while there was a three month wait for an appointment, patients were well informed of the timescales for appointments. A waiting list was held and should there be a cancellation, patients were offered earlier appointments.

## **Involvement in decisions about care and treatment**

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

- The website did not provide information for people whose first language was not English. The provider had considered ways of accessing interpretation services but had not been required to use these services to date.
- The provider had received positive feedback from patients regarding the service provided to them. This was collated through emails and comments left through the website.
- The provider communicated with people in a way that they could understand. Feedback from patients was positive regarding the communication of information and advice.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- The provider demonstrated, through conversation with us, that they recognised the importance of people's dignity and respect.
- Patients were able to discuss sensitive issues in a private room to discuss their needs.

# Are services responsive to people's needs?

## We rated responsive as Good because:

The provider responded to patients' requests for treatment and were clear regarding waiting times.

However, while the provider demonstrated they responded to complaints fully there was no clear and accessible information for patients on how to make a complaint should they need to do so.

Although the provider had not provided a service to anyone whose first language was not English there should be a process to provide interpretation services if required.

## 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. For example, there had been additional clinic times arranged to meet the needs of patients who could not attend on the usual clinic days. Patients were also able to access the service online or by telephone for a consultation and advice.
- The facilities and premises were appropriate for the services delivered. The provider had arrangements to use a room within a health care setting that provided a confidential meeting space.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. The provider used a ground floor room and the building was accessible with a ramp to the front entrance.

## Timely access to the service

### **Patients were not consistently able to access care and treatment from the service within an appropriate timescale for their needs.**

- The service had grown since registration and the provider had a waiting list of women requesting the service. At the time of our inspection, there were ten patients on the waiting / cancellation list with the next available appointment in February 2022. This meant that patients did not always have timely access to an initial assessment. Information regarding the waiting times was provided to patients at the time of accessing the initial online booking form.
- Patients with the most urgent needs had their care and treatment prioritised. We saw the records for one patient who had contacted the provider and received an urgent appointment due to their condition.
- Once a patient had had their initial consultation and the treatment plan had been arranged, treatment and/or referral was arranged promptly. Where patients required a monitoring blood test prior to the prescribing of certain medicines, the provider had made arrangements with a local hospital trust. The provider completed a blood form which the patient took to an appointment at the hospital to have their blood taken. The patient was required to pay for this privately to the hospital and was then provided with the blood results which they forwarded to the provider. A second appointment at the Somerset Menopause Clinic, either in person or online, was arranged to discuss the results and care and treatment.
- Referrals and transfers to other services were undertaken in a timely way. The provider emailed the patients GP with details of the care and treatment discussed. When the patient required an urgent referral to other services, the provider telephoned the GP practice to ensure the email had been received and if required discussed the situation with the GP. The provider had made arrangements with a consultant gynaecologist who could see patients privately should they wish to take this route.

# Are services responsive to people's needs?

## 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 not readily available to patients. The provider was considering developing the website to include information on making complaints. However, one patient had contacted the provider to raise a concern.
- The provider responded to complaints appropriately and had a complaint policy and procedure. There had been one complaint made to the provider since the registration of the service. The provider had reviewed the complaint and the service the patient had received and had responded in detail to the patient.
- This had resulted in an improved service in that information was provided to the patient and their GP regarding medicine options relevant to the local formulary guidelines where the patient lived. (The purpose of a prescription formulary is to specify particular medicines that are approved to be prescribed in a particular health system. The development of prescription formularies may vary in different areas but is based on evaluations of efficacy, safety, and cost-effectiveness of drugs).
- 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.

# Are services well-led?

## **We rated well-led as Good because:**

The provider delivered an organised service which promoted high quality care.

However, while the service had expanded there was not a formal strategy and supporting business plan to continue the development of the service in line with the increasing demand. The provider worked independently and did not employ any staff. Therefore, there were limits to the number of appointments that could be provided.

## **Leadership capacity and capability;**

### **The provider had the capacity and skills to deliver high-quality, sustainable care.**

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The provider was aware that the success of the service meant they were considering increasing the number of clinics or recruiting additional clinicians to work within the service.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future development of the service.
- The service was run solely by the registered individual with no staff employed.

## **Vision and strategy**

### **The service did not have a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- The service had expanded but there was not a formal strategy and supporting business plan to continue the development of the service in line with the increasing demand. We saw evidence that this was beginning to impact on timely access to care and treatment as the next available appointment was February 2022 and there was a waiting list for initial consultation.

## **Culture**

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

- The service focused on the needs of patients who received a person-centred care and treatment plan and could make follow up appointments as needed.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Records were maintained of the detailed response to a previous complaint. The provider had not identified any significant events since registration. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The provider was accredited with the British Menopause Society which provided access to peer support, training and development opportunities. The provider had attended update training regarding clinical care and treatment for menopause and the national conferences provided by the British Menopause Society. The provider had formed contacts with other clinicians accredited with the British Menopause Society who, as a group, were able to provide support, discussion and advice to each other when caring for patients with complex needs.

## **Governance arrangements**

### **There was evidence of systems to support the governance and management of the service.**

# Are services well-led?

- The provider had established policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.
- 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 provider had an up to date policy and procedure regarding maintaining confidentiality of patient information.

## 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. The provider could demonstrate their performance through review of their consultations, prescribing and referral decisions. Records were maintained to have oversight of safety alerts, incidents, and complaints.
- The provider had carried out a clinical audit regarding the risks from stroke in November 2020. This audit had found the care and treatment plans were in line with national guidance and best practice.
- The provider had plans in place to ensure continuity of the service. For example, they had made arrangements with a similar service provided in the locality to provide cover during times of extended leave or sickness. The patient electronic records were securely stored and could be accessed by the provider through logging into any computer.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. The provider had carried out an audit of the service in November 2020 and November 2021. This detailed the number of patients seen, follow up visits, complaints and compliments. The audit evidenced the service had expanded and performance information was combined with the views of patients.

## Engagement with patients, the public, staff and external partners

### **The service involved/did not involve patients, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from patients, and external clinicians and acted on them to shape services and culture. For example, following communication from a GP, the template for the letter sent to the patient's GP had been reviewed and developed. The letter now provided the GP with additional information on the qualifications and experience of the provider.
- Feedback from patients was displayed on the website and compliments received were collated by the provider.

## Continuous improvement and innovation

### **There was evidence of systems and processes for learning and improvement.**

- There was a focus on learning and improvement. For example, following a complaint from a patient and communication from a patients' GP. This had resulted in a change of practice in the GP letter template and information provided to patients.