

The Havelock Clinic Ltd

The Havelock Clinic

Inspection report

12 Kentchester
Milton Keynes
MK13 0QP

Tel: 02038580644

Website: www.thehavelockclinic.com

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Ratings

Overall rating for this service

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 The Havelock Clinic as part of our inspection programme.

The service provides advice and treatment for clients experiencing sexual problems such as erectile dysfunction or low libido.

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

Summary of findings

Act 2008 (Regulated Activities) Regulations 2014. The Havelock Clinic provides a range of psychosexual and specialist physiotherapy interventions, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The lead clinician 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.

We were not able to speak to any patients on the day of inspection and the service was unable to collect comment cards due to the sessional renting of rooms. However, we received seven CQC 'share your experience' forms during the week of inspection. These were positive about the quality of care and ease of access.

Our key findings were:

- There were clear systems and processes to safeguard patients from abuse. All staff had received training appropriate to their role.
- Risks associated with the service, such as fire and infection control, were managed by the building where rooms were rented on a sessional basis. These were accessible to the Havelock Clinic management staff.
- Staff members were knowledgeable and had the experience and skills required to carry out their roles. Several members of staff were involved in national sexual problems groups that developed the most up-to-date guidance and were considered experts in their field.
- The Havelock Clinic ensured all staff had received mandatory training and an annual appraisal from their NHS employer. The service also held development conversations on a yearly basis however, these were not documented formally.
- Clinical records were detailed and held securely. The service did not keep paper records.
- There were regular service meetings and formal communication with staff via e-mails and webinars.
- The provider had plans in place to manage and learn from complaints or significant events.
- The Harley Street building offered a chaperone service however, the provider was unable to tell us if these staff had received Disclosure and Barring Service (DBS) checks. These staff were non-clinical. The service offered chaperones to all patients however, no patients had used this service.
- Patients were able to book appointments online. The provider then contacted the patient to ensure they were seeing the most appropriate clinician. The service had developed webinar sessions to share information and support patients without the cost of a face-to-face appointment. Patient feedback from these sessions was very positive.
- Patients were encouraged to give feedback every six months and when they saw a new clinician. This was analysed and shared with the team. The provider understood the challenge of collecting patient feedback within sexual health and had changed its systems to give more opportunity for patients to feedback.
- The provider had oversight of all results and consultations. This ensured that results were actioned appropriately and delays were highlighted.
- All staff were aware of the clinic values and passionate about providing high level multi-disciplinary (MDT) care. The service also aimed to increase the knowledge of the local population and local health care professionals by providing training courses and events.
- The service provided bespoke services for LGBTQ+ patients to ensure equality of opportunity and information.

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

- Formalise the relationship between the Havelock Clinic and the building maintenance and chaperone service.
- Formalise and document yearly supervisions and development conversations with staff members.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

The Havelock Clinic

Detailed findings

Background to this inspection

The Havelock Clinic is registered at 12 Kenchester, Milton Keynes, MK13 0QP however, does not provide services or regulated activities from this address. The clinic rents rooms on a sessional basis at 10 Harley Street, London W1G 9PF. The clinic also rents rooms at 231 Shoreditch High Street, London, E1 6PJ however, only provides unregulated services at this address. We inspected the Harley Street location.

The service provides treatment for patients suffering from sexual problems such as low libido and erectile dysfunction. Patients are able to book appointments online with a member of the Havelock Clinic multi-disciplinary team that includes two doctors, a clinical psychologist and a specialist physiotherapist who are all subcontracted to the service and therefore self-employed. The service does not employ administration staff and all administration tasks are completed by the registered manager.

The service provides treatment to private, fee paying patients over the age of 18.

The service was registered in June 2017 and started seeing patients in November 2018.

The service is registered with the CQC to provide the regulated activities of treatment of disease, disorder or injury.

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor.

Before inspecting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. During our inspection we:

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the service.
- Reviewed CQC 'share your experience' forms completed by service users.

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?

Our findings

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 rented rooms from a Harley Street location and had a contract with this company to ensure correct building maintenance and risk assessments.
- A health and safety risk assessment and a fire risk assessment had been conducted by the building team in January 2019 and this was repeated on a six-monthly basis. The provider of the Havelock Clinic had access to these risk assessments and any actions completed.
- The provider had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance.
- The service had systems to safeguard children and vulnerable adults from abuse. All staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The provider did not provide this training however, ensured that all staff had completed this training within their NHS roles.
- 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).
- The Harley Street building offered a chaperone service however, the provider was unsure if these staff had received DBS checks as they were not employed by the provider. These chaperones were non-clinical and therefore did not necessarily require a DBS checks however, this had not been formally risk assessed. The provider told us that chaperones were offered routinely during online registration and the examination however, no patients had currently used this service.
- Infection prevention and control was managed by the Harley Street building as the rooms were rented on a

sessional basis. The provider had access to this information and an audit had been completed in January 2019. The building used an external cleaning agency and was visibly clean and tidy.

- The provider had an infection prevention and control policy that detailed the actions that clinicians were responsible for and where to go for further information. All staff had access to this policy. The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- Staff 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. Due to the nature of the service, acutely unwell patients were not seen at the service and the provider did not hold emergency medicines. There was a defibrillator within the building that was maintained by the building maintenance team. The provider had formally assessed the risk of not holding equipment for medical emergencies.
- 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 all potential liabilities. The provider ensured all staff had appropriate registration and insurances in place.

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 provider communicated with patients NHS GPs when it was appropriate and with the patients consent.

Are services safe?

- 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 provider held no medicines on site or in doctors' bags.
- The provider used private prescriptions written on headed paper that were held securely with the clinicians. They told us that only three prescriptions had been written since the service had started seeing patients and these were all appropriately documented in patient notes.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues however, these were held by the Harley Street building maintenance team. The provider had access to these to give assurance that the appropriate checks, such as fire alarm checks were being completed.

- We saw evidence that a full fire risk assessment had been completed in January 2019 and fire alarm and extinguisher checks were completed weekly.
- The service monitored and reviewed its own activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The provider had a risk assessment policy in place that included plans to ensure the safety of the staff and lone working assessments.

Lessons learned and improvements made

The service has systems to learn and make improvements when things went wrong however there had been no significant events or complaints.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses and felt that they would be supported. There had been no significant events.
- 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 acted on and learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- Many of the staff were involved in national groups that produced sexual problems guidance and this was shared at team meetings. We saw evidence that clinicians worked in line with evidence-based protocols and were involved in the development and research of these protocols.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their emotional and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- Patients were able to have blood tests at a local laboratory and results were shared with patients in the way they preferred, such as e-mail, telephone or face-to-face.
- The registered manager regularly reviewed blood results to ensure they had been appropriately acted on.
- We saw no evidence of discrimination when making care and treatment decisions. The service was actively involved in promoting inclusion and equality for all patients.
- Arrangements were in place to deal with repeat patients and monitor any long-term medicines prescribed.
- Staff assessed and managed patients' pain where appropriate. Patients attending for pain would always be encouraged to have a medical examination, even if their original referral was for therapy.
- The provider used technology to improve the patient experience. This included secure online video consultations and webinars.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service had plans to use information about care and treatment to make improvements, this included

patient feedback. The provider had received a low level of feedback and identified that this may be due to the sensitive nature of some of the treatments and the way that this feedback was gained. The provider had recently changed the way it collected patient feedback to give more opportunity for patients to complete these forms.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, a recent note taking audit had been completed and showed that 87% of notes were completed within 24 hours of the appointment. This had been discussed at the staff meeting and the audit would be re-completed within six months.

Effective staffing

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

- All staff were appropriately qualified. The Multi-disciplinary team (MDT) included experts and lead clinicians in the field of sexual problems and sexual health.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation. The provider supported with revalidation as necessary.
- Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. Staff were also involved in community teaching events and conferences.

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.
- 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. This was done through the registration and assessment process. We saw evidence that patients were contacted by telephone after their online registration to ensure they were seen by the most appropriate clinician for their needs.

Are services effective?

(for example, treatment is effective)

- 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 a policy in place that they would share details with an NHS GP when the patient was at risk. This was explained to the patient prior to commencing treatment.
- 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. For example, medicines liable to abuse or misuse. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- We saw evidence of referral to specialist services when the provider was not able to support patients or the service was not appropriate for their needs.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Staff we spoke to were passionate about empowering patients to take control of their own health and wellbeing and ensuring they had the appropriate information to do this.
- The provider had held health care professional events to share the most recent guidance and support other practitioners in providing care for patients with sexual problems.

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. They ensured that patients had all the information necessary, including the cost of treatment in order to make a decision.
- The service monitored the process for seeking consent appropriately.

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.

Are services caring?

Our findings

We rated caring as Good because:

Kindness, respect and compassion

Staff treated treat patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The providers values involved not only being inclusive to LGBTQ+ patients but championing their rights and providing equality of opportunity and information.
- 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.

- Interpretation services were available for patients who did not have English as a first language however, the service had not had to make use of them.
- Patients told us through 'share your experience' forms, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- The provider gave evidence of patient feedback from webinars that patients found the service had improved their life and wellbeing.
- Feedback showed that patients scored the webinars 4.9 out of five for relevance of the information to their own situation.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The service only saw one patient at a time and ensured consultation room doors were closed at all times. The provider rented rooms with a separate area for patients that needed to get changed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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. For example, the service provided webinars that were more accessible to patients that were at a lower cost to face-to-face sessions.
- The facilities and premises were appropriate for the services delivered.
- The provider rented rooms that were accessible for those with mobility issues.

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 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 plans in place to manage complaints and concerns and respond to them appropriately to improve the quality of care. However, there had been no complaints.

- Information about how to make a complaint or raise concerns was available.
- 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 complaint policy and procedures in place. This policy detailed how the complaint would be discussed at the team meetings and improvements made as appropriate.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We rated well-led as Good because:

Leadership capacity and capability;

The registered manager and the staff team had the capacity and skills to deliver high-quality, sustainable care.

- The registered manager was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Staff told us the registered manager was approachable and supportive. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. The provider understood that due to the sessional nature of the service, there was a risk that staff would feel isolated therefore steps were taken to ensure regular contact was made.

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 provider had identified where patients were unable to access good quality sex therapy and advice and provided a service to meet the needs of these patients. The provider told us that the service provided the Multi-disciplinary (MDT) model in line with the best practice guidelines and was the only independent provider to provide a sexual advice service in this way.
- The provider was involved in national organisations, conferences and forums and had a full and thorough understanding of how to provide gold standard care.
- 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. It was aware of the challenges faced within sexual health services, such as low patient feedback, and had plans in place to address them.

Culture

The service a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The registered manager told us they would act on behaviour and performance inconsistent with the vision and values.
- 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.
- All staff received regular annual NHS appraisals in the last year. The provider monitored this and had yearly informal conversations with staff when contracts were re-signed. These conversations included details of training attended and development. These conversations were not documented however, the provider gave assurance that there were plans to formalise these conversations going forward.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. The service had developed learning events, webinars and online blogs to share the experiences of various members of the community and promote equality of opportunity.
- 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.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- 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.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient and staff safety. Some of these risk assessments were held by the building maintenance team however, the Havelock clinic had access to these documents.
- Clinicians undertook a risk assessment for new patients that included any risks to themselves or the staff treating them. Staff ensured that patients were not seen by a lone clinician if there was no one else in the building.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through review of their consultations, prescribing and referral decisions. The registered manager had oversight of all patient care.
- The provider had been involved in creating a national benchmarking tool in order to audit patient outcomes. They had also reviewed how outcomes were documented in order to make this information easier to analyse.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and 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.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address the difficulty in obtaining patient outcomes and new notes templates had been introduced.
- The service submitted data or notifications 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.

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. All patients were sent a survey after they had completed their treatment however, the provider had identified that this may not highlight the feedback for each clinician. The system of feedback had recently been changed to send this survey to patients when they see a different member of the MDT and also every six months.
- Staff could describe to us the systems in place to give feedback. We saw staff engagement in responding to these findings and discussion within team meetings regarding how to improve the amount of feedback received.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The registered manager and staff frequently attended, and taught at, conferences, forums and meetings to ensure best practice.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- Service improvements were discussed at team meetings where staff had the opportunity to raise suggestions and share ideas.
- Learning was shared and used to make improvements. Relevant journal articles were kept on the shared drive and recent guidelines and evidence was discussed at team meetings.