

Independent Healthcare Inspection Report (Announced)

Men's Health Wales, Cornelly, South Wales

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

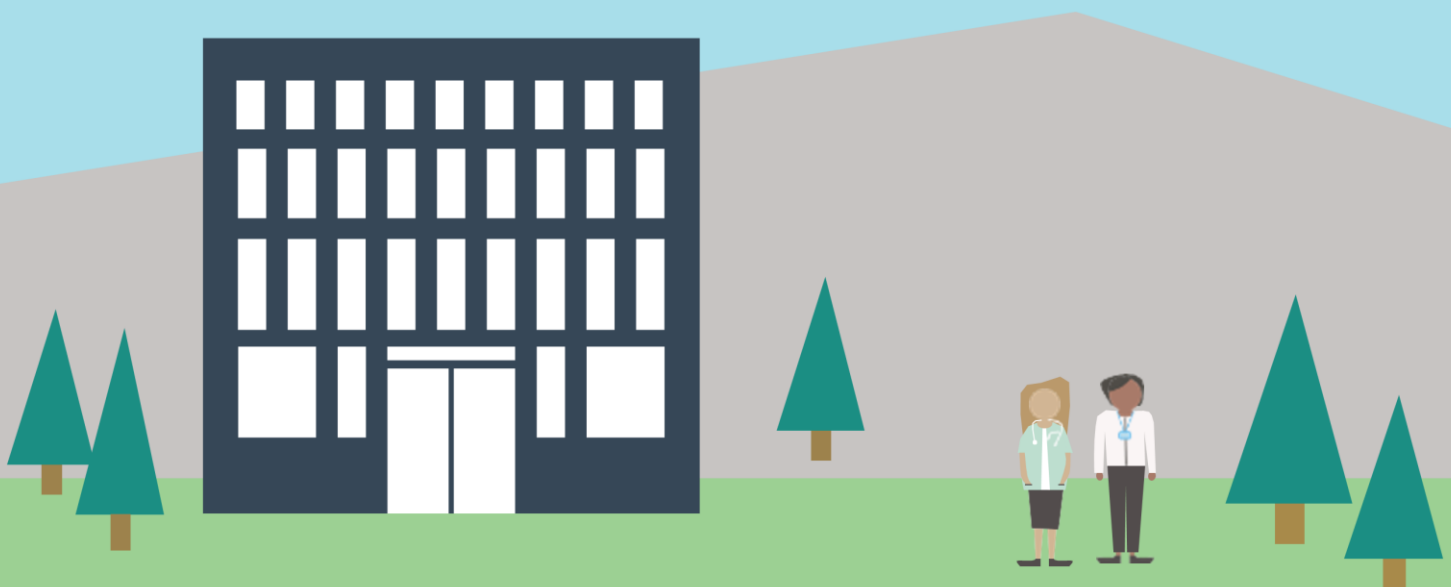
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Men's Health Wales on 24 November 2022.

Our team for the inspection comprised of one HIW Healthcare Inspector and a clinical peer reviewer.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We saw arrangements were in place to protect the privacy and dignity of patients when being seen at the clinic. Feedback from patients who completed a HIW questionnaire showed they were very satisfied with the service they had received at the clinic.

Suitable arrangements were described and demonstrated for obtaining valid patient consent prior to patients having their procedure. The clinic had a suitable process in place for patients or their carers to provide feedback about their experiences of using the service.

This is what we recommend the service can improve

- Ensure that information is available to allow patients to look after their own health
- Displaying the results and actions taken on feedback provided at the clinic.

This is what the service did well:

- Patients feedback showed that they were very satisfied with the service they had received at the clinic
- The environment of the clinic promoted the privacy and dignity of patients.

Delivery of Safe and Effective Care

Overall summary:

The registered manager was clearly passionate about the care provided in the areas registered. They were well thought of, in the area of men's health.

All patients said that the clinic was clean and that COVID-19 infection control measures were being followed where appropriate.

The clinic environment was free from obvious hazards, it was also warm and welcoming. However, the fire safety arrangements could be improved.

The clinic had the right equipment and medical devices to meet the needs of patients. There were a range of relevant clinical policies and procedures to support the clinic that had been recently reviewed.

The clinical records were clear, accurate and legible. The records kept would benefit from a template to ensure the necessary information was given to patients.

Non-compliance notice:

- The clinic did not have an environmental risk assessment and health and safety risk assessment for the setting.

This is what we recommend the service can improve

- Implementing a clinical audit programme
- Ensuring that the relevant fire safety arrangements are carried out in a timely manner.

This is what the service did well:

- Ensuring that the environment of the clinic was clean and tidy
- Documenting accurate clinical records.

Quality of Management and Leadership

Overall summary:

The registered person was the only member of staff and had responsibility for both the management and overall operation of the clinic. A range of written policies and procedures were in place to support the effective operation of the clinic that had been reviewed annually.

A suitable procedure for acknowledging and managing complaints was in place and we saw good arrangements in place to record and monitor incidents.

This is what we recommend the service can improve

- Maintaining records of training completed at the setting.

This is what the service did well:

- A well documented complaints procedure.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 16 completed questionnaires. The majority of the completed questionnaires were from patients who had visited the service in the last year.

Overall, the respondents comments were very positive. All patients rated the service as 'very good'. Patients told us:

"This service has been an absolute life saver for me. My GP had immediately prescribed antidepressants when I present my symptoms to them and offered no further help even though I'd had blood tests that showed my testosterone levels were way below normal. The team at MHW took the time to listen, to advise and guide me through the whole process of TRT and because of the treatment all my symptoms have gone and I feel fantastic. This service should be provided on the NHS more readily. I cant imagine how I would've been had I gone down my GP's suggested route but it seems that they have little interest in helping men with their hormone needs. Mens Health Wales know what to do and provide amazing service and real solutions."

"Men's Health Wales provided me excellent care, advice, treatment and after care. I feel very fortunate to have found them."

Regarding how the setting could improve the service it provided; patients commented:

"I don't know how it could be approved upon. As this is a relatively small clinic it seems to have everything in order. Great attentive knowledgeable staff and a clean comfortable setting."

"The team are fantastic. If only my regular GP took this much care I'd be saving money."

"I can't think of anyway the service could be improved as in my opinion; they Men's Health Wales are exemplary."

Health protection and improvement

There was little health promotion material displayed within the clinic. However, we were told that patients would be verbally directed to NHS Live Well if needed. The registered manager said that they would include relevant information on this topic on their website.

Dignity and respect

The environment of the clinic promoted the privacy and dignity of patients. The consultation room had a door that would be closed when in use and the blinds to the windows were closed.

There were no patients in the clinic at the time of the inspection. We were told that patients would be booked in for an appointment allowing sufficient time for the previous patient to leave to ensure privacy.

All respondents to the questionnaire strongly agreed that they were treated with dignity and respect and measures were taken to protect their privacy during their appointment at the clinic. We were told:

“The clinic provided me with the help I could not receive from my GP so I’m very thankful for the existence of this clinic”

Communicating effectively

We saw that signage within the clinic was in English only. Most correspondence was sent to patients via an e-mail or letter, with copies being sent to the patients’ General Practitioner (GP). However, as the clinic operated in Wales, the registered manager should provide more information in both Welsh and English.

Staff confirmed they could access a translation service, should this be required, to communicate with patients whose first language was not English.

The clinic was on the first floor of a terraced house, without a lift. The lack of mobility access should be included on the service website and on the statement of purpose and patient guide.

All patients who completed the questionnaire said that they were seen within 15 minutes of arrival.

Patient information and consent

The consent policy and the documentation completed required signatures to show that any medication and contraindications were discussed as well as the medical diagnosis.

All the patients who completed the questionnaire agreed they were provided with enough information to help them understand their healthcare. They also all agreed that staff listened to them and answered their questions.

Care planning and provision

The registered manager stated that patients were provided with information about their care and treatment, at all stages of the treatment. There was information on the clinic website about the general issues that patients would experience relating to the areas covered by the clinic. We were told that patients would be provided with information about the care and treatment provided, including aftercare.

Equality, diversity and human rights

The service had equal opportunities policies including equality and diversity and bullying and harassment policies, that were in date and had been reviewed.

All patients said they were not subject to any discrimination. However, one commented:

“Anyone can access the right healthcare the challenge is whether they can afford to go private or not. What Men’s Health Wales offer is a healthcare solution that the NHS do not easily provide for men but have no problem providing for women. That’s where the inequality is found. Men have to pay for something that women get for free simply by asking.”

Citizen engagement and feedback

Information for patients on how they may provide feedback was displayed at the clinic. Details of how the clinic sought feedback was also included within the statement of purpose and patient guide.

We saw evidence at the clinic of five completed patient questionnaires from the last six months. All the questionnaires completed showed positive scores and comments about the clinic. The results of the feedback were not displayed at the clinic. The clinic would benefit from informing patients of the results of the feedback collected such as a ‘you said, we did board’.

There was a complaints policy on display that included timescales and how the complaint would be managed. In addition, it referenced the General Medical Council and HIW if the patient wanted further advice. The complaints log showed that there had not been any complaints recorded and we were told that there had not been any complaints about the clinic.

Delivery of Safe and Effective Care

Managing risk and health and safety

The environment was clean and in a good state of repair, including the furniture, fixtures and fittings. The environment was suitable for the way it was used, the treatment room was particularly clean and bright. There were no hazards noted in the environment with no clutter and no tripping hazards.

Fire safety equipment was available at the clinic that had been recently serviced and the registered manager had recently completed fire marshal training. However, the fire safety log did not have evidence of any fire alarm, lighting checks nor fire drills before November 2022. Additionally, whilst there was a fire risk assessment in place, this needed to be updated.

There was no evidence to show that a risk assessment had been conducted to identify actual or potential hazards associated with the operation of the clinic and the action taken to reduce any risk identified. Additionally, there had not been a health and safety risk assessment. This was dealt with under HIW's non-compliance notice process. This is referred to in Appendix B of this report.

All patients who completed the questionnaire thought there was adequate seating in the waiting area.

Infection prevention and control (IPC) and decontamination

The clinic had completed an infection control self-assessment audit, whilst this was the England version it showed that the practice had assessed the level of compliance with the associated regulations. It covered a number of areas including blood borne virus exposure, decontamination, manual cleaning, validation and testing, environment, hand hygiene and waste.

We noted that personal protective equipment was used and available. The majority of equipment used was single use. Sharps bins were available and stored appropriately. There was a sufficient IPC policy in place.

We were not provided with evidence of IPC training being completed by the registered manager and we did not see evidence of the cleaning schedules although we were assured the setting had been cleaned regularly.

Patients said they felt the setting was clean and COVID infection control measures were followed. A patient said they thought it was

“A clean comfortable setting”

Safeguarding children and safeguarding vulnerable adults

The clinic had an up-to-date safeguarding policy in place, which would benefit from including the contact numbers of relevant local agencies. The registered manager was a GP and the only employee of the clinic and was fully conversant with safeguarding from this role. They were also kept up to date with safeguarding changes and implications.

Adult safeguarding training formed part of the registered managers mandatory training programme. Their training information showed that they were qualified to safeguarding level three.

Medicines management

The clinic had a medicines management policy that had been recently updated. There was also a policy for the management of adverse reactions which ensured reporting of all adverse drug reactions to the MHRA Yellow Card Scheme.

We confirmed no medicines were used or stored at the clinic with the exception of those that formed part of the emergency kit for use in the event of a patient emergency. We saw these were stored appropriately and had been checked regularly together with the equipment forming part of the emergency kit.

Medical devices, equipment and diagnostic systems

The service had the right equipment and medical devices to meet the needs of patients. The emergency medication protocol stated that in view of the demographics of patients attending and the nature of the clinic, there was no requirement for any further medication other than oxygen and adrenaline.

The registered manager was responsible for ensuring the equipment was maintained in a timely manner.

A defibrillator was available for use at the nearby GP.

Safe and clinically effective care

We saw that there were a range of relevant clinical policies and procedures to support the clinic that had been recently reviewed.

There was no ongoing audit programme in place at the clinic and the registered manager should devise an audit programme for the clinic to include a record keeping and IPC audit.

Participating in quality improvement activities

We were told that the registered manager instructed on vocational training about men's health with the Deanery as well as posting webinars on men's health on the internet. There were two pieces of research that were displayed in the consultation room relating to:

- Improving the primary care management of erectile dysfunction and testosterone deficiency in men with or without Type 2 diabetes: findings from the Revitalise audit
- Lack of awareness contributes to delayed diagnosis and inappropriate management in men with low testosterone: findings from a UK survey of men diagnosed with hypogonadism.

The registered manager was also the editor of the medical journal 'Trends in Urology and Men's Health' and had written a number of articles and instructions for health boards on the subject of men's health.

The registered manager was clearly caring and highly experienced and was keen to raise the profile of men's health as well as being considered to be an expert in their field.

Records management

We inspected a random sample of records for five patients. Records checked were clear, accurate and legible. They included all care and treatment given and relevant clinical and treatment findings. The records included any drugs prescribed or other investigation or treatment. The patients' records were up to date and completed immediately (contemporaneously).

Whilst all the records were complete, they were in three parts, handwritten, typed and online (for blood results). The registered manager was encouraged to use an online format with a template for each encounter with a digital signature after each consultation.

The medical records contained an accurate summary of significant conditions and long-term medication. This included all significant past and continuing problems (medical history check) and medication taken as well as allergies and adverse reactions.

Verbal information was given to patients about their condition, investigation and management options so that they could understand their own health and illness at the end of the consultation. The registered manager should develop a handout to be given after each encounter that resulted in treatment, this would cover the necessary ongoing required tests and follow up.

As the registered manager was the only employee and the only one present along with the patient during an examination, a chaperone could not be provided. It is recommended that this is included on the clinic's website so that patients could make an informed decision about the need for a chaperone before attending.

Quality of Management and Leadership

Governance and accountability framework

The up-to-date statement of purpose and patient guide in relation to the clinic was on display in the waiting area of the clinic. Both included the relevant information required by the regulations. There were also in-date policies and procedures in place.

Our findings from the inspection confirmed the registered manager had oversight of the management and operation of the clinic. The registered manager had also completed a report on the operation of the service in accordance with the requirements of regulation 28 of the Independent Healthcare (Wales) Regulations 2011.

HIW certificates of registration were displayed in a prominent place at the clinic as required by the Care Standards Act 2000.

Dealing with concerns and managing incidents

The clinic had an up-to-date written complaints procedure, which was on display at the clinic. This set out to patients who they could contact for advice, including the details of HIW, in addition to the timescales for responding to complaints.

Arrangements were in place to record and monitor incidents. We were also told the process to receive, monitor and investigate any complaints. There had not been any complaints at the clinic.

Workforce planning, training and organisational development

The registered manager was keen to make improvements at the clinic and engaged well with the inspection process, including taking recommendations on board.

The registered manager completed their mandatory training as part of their revalidation as a GP.

Workforce recruitment and employment practices

The registered manager had an appraisal as part of their re-validation process as a GP within the NHS.

A disclosure and barring services (DBS) check had been completed by the registered manager when the clinic was first registered in 2019.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Men's Health Wales

Date of inspection: 24 November 2022

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/Regulation	Service action	Responsible officer	Timescale
<p>The registered manager must ensure that the relevant risk assessments listed below are carried out and any necessary actions identified are completed in a timely manner:</p> <ul style="list-style-type: none"> • Environmental Risk Assessment • Health and Safety Risk Assessment. 	<p>Independent Healthcare Regulations (Wales) 2011 Regulation 9 (1) (e) and Regulation 22</p>	<p>A comprehensive environmental risk assessment will be performed and submitted to HIW</p> <p>A comprehensive health and safety risk assessment will be performed and submitted to HIW</p>	<p>Registered Manager and Responsible Individual - Dr Janine David</p>	<p>Will be completed by Friday 13th January 2023</p>

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Name (print): Dr Janine David

Job role: Medical Director, Registered Manager and Responsible Officer

Date: 2 December 2022

Appendix C - Improvement plan

Service: Men's Health Wales

Date of inspection: 24 November 2022

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manager is required to provide Healthcare Inspectorate Wales (HIW) of details of the action taken to ensure that information is available to allow patients to look after their own health.	National Minimum Standards (NMS), Standard 3 Health Promotion, Protection and Improvement	Posters and information about NHS Livewell will be added to the waiting room and www.menshealthwales.com for patients to view/read. Patients will continue to be advised re: importance of a healthy lifestyle during consultations.	Dr Janine David. Medical director, Registered manager and Responsible officer.	Within 3 months (Specifically by 15 th April 2023)
The registered manager is to ensure that the lack of mobility access is included on the service website and on the statement of purpose and patient guide.	NMS Standard 12 Environment Independent Health Care Regulations 2011 (IHR) regulation 16	Information related to lack of mobility access will be added to www.menshealthwales.com and will be added to the statement of purpose and patient guide and be made available for patients to read.	Dr Janine David. Medical director, Registered manager and Responsible officer.	Within 3 months (Specifically by 15 th April 2023)

<p>The registered manager is required to provide HIW with details of the action taken to ensure the results and actions taken on feedback provided are displayed at the clinic.</p>	<p>NMS Standard 5 Citizen Engagement and Feedback IHR regulation 19</p>	<p>Feedback collected from hard copy feedback forms plus online survey results (HIW to share please?) will be displayed in the patient waiting room. Testimonials will also be added to www.menshealthwales.com.</p>	<p>Dr Janine David. Medical director, Registered manager and Responsible officer.</p>	<p>Within 3 months (Specifically by 15th April 2023)</p>
<p>The registered manager is to ensure that evidence of the cleaning schedules is displayed prominently at the setting and available for inspection.</p>	<p>NMS Standard 13 Infection Prevention and Control (IPC) and Decontamination IHR regulation 15 (3)</p>	<p>A cleaning schedule will be completed by the cleaner after each clean of the clinic and a record of such will be added to the schedule. The schedule will be displayed in the registered manager's office for inspection.</p>	<p>Dr Janine David. Medical director, Registered manager and Responsible officer.</p>	<p>Immediate effect</p>
<p>The registered manager must ensure that there is an ongoing audit programme in place at the clinic to include a record keeping and IPC audit.</p>	<p>NMS Standard 6 Participating in Quality Improvement Activities IHR regulation 19 (c) (ii)</p>	<p>Records will be audited to ensure that they are all electronic and not paper based and stored satisfactorily. A practice IPC audit will be carried out in 2023.</p>	<p>Dr Janine David. Medical director, Registered manager and Responsible officer.</p>	<p>Within 11 months (Specifically by 15th Dec 2023)</p>
<p>The registered manager is to ensure that the safeguarding policy includes information and</p>	<p>NMS Standard 11 Safeguarding Children and</p>	<p>The safeguarding policy will be updated to include info and contact details of local agencies</p>	<p>Dr Janine David. Medical director, Registered manager</p>	<p>Within 3 months (Specifically by 15th April 2023)</p>

contact details of local agencies to be contacted in the event of a safeguarding concern.	Safeguarding Vulnerable Adult	who could be contacted in the event of a safeguarding concern	and Responsible officer.	
The registered manager is to ensure that relevant fire safety arrangements are in place and checked as required on a regular basis, including updating the fire risk assessment.	NMS Standard 12 Environment IHR regulation 26 (4) and (5)	Fire safety officer will be contacted for the updated fire risk assessment. All alarms and extinguishers will be checked as per fire safety officer recommendations to ensure that everything is in good working order.	Dr Janine David. Medical director, Registered manager and Responsible officer.	Within 3 months (Specifically by 15 th April 2023)
The registered manager is to ensure that patients are aware of the policy on chaperone's before attending the clinic.	NMS Standard 9 Patient Information and Consent IHR regulation 15 (1) (b)	Info on the chaperone policy at the clinic will be communicated as standard in the first email response to prospective patients. It will also be added to service website under FAQs www.menshealthwales.com and a chaperone info sheet will be displayed above examination couch.	Dr Janine David. Medical director, Registered manager and Responsible officer.	Website to be updated within 3 months (Apr 15 th 2023). Information in waiting room and consultation room and in initial email will be actioned with immediate effect
The registered manager must ensure that a handout is given after each encounter that	NMS Standard 18 Communicating Effectively	A generic handout would not be appropriate as each patient will have a bespoke treatment /	Dr Janine David. Medical director, Registered manager	This approach is currently undertaken and I propose to

<p>resulted in treatment, this would cover the necessary ongoing required tests and follow up.</p>		<p>follow-up management plan. We propose that each patient will continue to be emailed a copy of their blood results and a plan for further management. However, if bloods are normal, patients will be informed via email that they do not need a follow up appointment. All communication will be saved in individual electronic patient records. If follow up, prescriptions and further testing are required, this will be specified and communicated on an individual basis via email and the communication trail will be saved in the electronic patient record.</p>	<p>and Responsible officer.</p>	<p>continue with this method</p>
<p>The registered manager is to ensure that records of mandatory training, including IPC training, are kept at the clinic.</p>	<p>NMS Standard 25 Workforce Planning, Training and Organisational Development</p>	<p>IPC and other mandatory training courses will be booked and undertaken by Dr Janine David and records of such training will be stored in a training records folder at the clinic. Records (if</p>	<p>Dr Janine David. Medical director, Registered manager and Responsible officer.</p>	<p>Within 6 months (Specifically by 15th July 2023)</p>

	IHR regulation 20 (2) (a)	electronic) will be stored in electronic company files.		
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Dr Janine David

Job role: Medical Director, Registered Manager and Responsible Officer

Date: 15th January 2023