

CJA Medical

Inspection report

Sparx, River Park Leisure Centre
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Date of inspection visit: 18 Nov 2019
Date of publication: 27/12/2019

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?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (This is the first inspection of the service since registration)

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 CJA Medical to rate the service for the provision of safe, effective, caring, responsive and well-led services as part of our current inspection programme.

CJA Medical provides weight loss services, including prescribed medicines and dietary advice to support weight reduction.

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 and of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. CJA Medical provides a range of non-surgical cosmetic interventions, for example anti-wrinkle injections and dermal fillers which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The Clinic manager 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 had no feedback provided by patients about the Regulated Activities provided by the service because patients receiving the regulated activity attended on the day of the inspection or in the period when comment cards were on display in the clinic.

Our key findings were :

- The clinic was in a good state of repair, clean and tidy.
- Systems were in place to monitor the quality of care but this had not happened due to the small numbers of patients treated.

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

- Continue to develop and implement the systems and processes to ensure good governance with regard to the completion of clinical audits.
- Seek feedback from patients on the quality of the care provided for weight reduction.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC pharmacist specialist and included a member of the CQC medicines team.

Background to CJA Medical

CJA Medical was first registered to provide weight loss treatment services, including prescribed medicines, dietary and lifestyle advice in December 2018. The records showed that they had only treated five patients for weight loss before the inspection took place.

The service is located within a Beauty Salon, on the first floor of a Leisure Centre. The service is delivered from a single room with an external waiting area within the Beauty Salon.

The service is open from 12:00 to 20:00 on a Wednesday. At other times patients are able to contact the service through the website.

How we inspected this service

Prior to the inspection we reviewed information about the service given to us by the provider. We spoke to the registered manager and reviewed a range of documents including medical records.

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

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

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

Are services safe?

We rated safe as Good because:

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider had not carried out staff checks at the time of recruitment but systems were in place for these to be done on 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 registered manager did not have the full recruitment records for one doctor present at the inspection. They forwarded copies of the relevant information to us after the inspection. These records showed that the other doctor working at the service had been recruited safely and had suitable skills, qualifications and experience.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The registered manager is the safeguarding lead for the service and had the appropriate knowledge and training to carry out this role.
- There was an effective system to manage infection prevention and control. The provider had sought assurance from the landlord that a Legionella risk assessment had been undertaken and any appropriate action taken.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

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

- The Registered Manager told us that the clinic was normally operated with only one clinician present.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- When there were changes to services, the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. We saw that there were suitable insurance arrangements to cover the professional practice of the doctors working in the service and also for public liability cover.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service did not have 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. The provider showed us that they had addressed this issue following the inspection.
- Clinicians made appropriate and timely referrals in line with protocols when patients attended with untreated medical conditions.

Are services safe?

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines including emergency medicines and equipment minimised risks. The service had reviewed their arrangements and no longer kept medicines to supply to patients. All prescriptions were issued electronically in accordance with current regulations to a pharmacy supplier who made arrangements to deliver medicines direct to the patient.
- The service had not carried out a regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing due to the low numbers of patients that has been treated.
- The service does not prescribe any controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence).
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines prescribed.
- On registration patients were required to upload to a secure website, a copy of their photographic ID such as a photocard driving licence or a passport. This provided an effective method for verifying the identity of patients. The provider usually sees patients for their first appointment in the clinic setting. They will however carry out video consultations for initial and follow up appointments to meet the need of the patient.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. The registered manager told us they would support them when they did so. The registered manager told us that there had been no incidents or near misses recorded since the service commenced.
- There were adequate systems for reviewing and investigating when things went wrong.
- 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 had systems in place for knowing and acting upon notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicines safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team but relied on information from the pharmacy used. Following the inspection the registered manager confirmed that they had signed up to receive patient and medicines safety alerts directly to the clinic.

Are services effective?

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 needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. We saw that during initial consultation a medical and medicines history was taken. We also saw that physical measurements of height and weight were taken. Information was recorded about the patients' dietary and lifestyle habits. We checked five patient records and found that this information was present. When a video consultation took place the patient provided the doctor with their current weight. During the video consultation the doctor was able to ask the patient to verify the information provided by seeing them standing on a set of scales.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. We saw one patient who had a repeat consultation and this had been managed in accordance with the provider's policy.

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 registered manager was able to show us that the service had considered how the medicines were stored at the service and taken steps to reduce risks by moving to a pharmacy led supply with no medicines being held at the clinic. The service had not made improvements through the use of completed audits due to the low numbers of patients that had been treated since registration. There was clear evidence of planning to carry out audits and reviews at six monthly intervals when sufficient patients have been treated. The planned audits would be used to resolve concerns and improve quality.

Effective staffing

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

- All staff were appropriately qualified and skilled to deliver the service.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

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. We saw that one patient had accessed the service but had not been prescribed medicines. They had been referred to another of the provider's services to receive dietary and lifestyle advice.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. None of the patients had given this consent. The registered manager told us that when patients declined to consent they explained the benefits of sharing information to them.
- The provider had risk assessed the treatments they offered. None of the patients had agreed to share their information. We saw evidence of letters that could be sent to their registered GP in line with GMC guidance if consent to share information was given.

Supporting patients to live healthier lives

Are services effective?

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

- Where appropriate, staff gave people advice so they could self-care.
- The provider had systems in place to identify and highlight risk factors to patients and where appropriate refer them to their usual care provider for additional support. We saw in the records that discussion was held with the patients about their lifestyle choices including smoking, alcohol consumption and exercise. These would be monitored and discussed at follow up appointments.

- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service had not sought feedback on the quality of clinical care patients received due to the low numbers of patients treated.
- Feedback from patients on the providers website 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 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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

•Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. The registered manager was able to show us that patients could complete pre-consultation questionnaires on line. They had also made arrangements for some initial consultations and follow up appointments to be carried out by video consultation which could be provided at times other than the clinic opening hours.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Although the clinic was on the first floor of the building, lift access was available.

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, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems in place to respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. The service had not received any complaints in the time that they had been operating.
- The service had systems in place to inform 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. The service also had systems in place to learn lessons from individual concerns, complaints and from analysis of trends.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- 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.
- The registered manager was visible and approachable. They worked closely with staff to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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 service developed its vision, values and strategy jointly with staff. The registered manager was able to tell us about discussions that had been held. He also told us that these had not been formally documented. After the inspection the registered manager sent us a copy of a revised proforma and the notes of a meeting which was held after the inspection.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.

•Leaders and managers would act on behaviour and performance inconsistent with the vision and values if this was identified.

•The registered manager was able to show that the service would act with openness, honesty and transparency when responding to incidents and complaints. However at the time of the inspection the service had not had any incidents or complaints recorded. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

•Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

•There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team.

•There was a strong emphasis on the safety and well-being of all staff.

•The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

•There were positive relationships between the staff.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

•Structures, processes and systems to support good governance and management were clearly set out, understood and effective.

•Staff were clear on their roles and accountabilities.

•Leaders 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 some clear processes for managing risks, issues and performance.

Are services well-led?

- 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 performance of clinical staff could not be demonstrated through audit of their consultations, prescribing and referral decisions. The provider had not carried these audits out due to the small number of patients treated. The provider did have a system for these to occur when more patients had been treated. Leaders had oversight of safety alerts, incidents, and complaints.
- Due to the small number of patients treated no clinical audit had been completed. There was clear evidence of how this would be completed in future, to change services or improve quality.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. There were plans for performance information to be combined with the views of patients. At the time of the inspection this had not been carried out due to the small numbers of patients that had been treated.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service had systems in place to produce performance information which would be reported and monitored to allow management and staff to be held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service had systems in place to submit data or notifications to external organisations as required. At the time of the inspection they had not made any submissions or notifications.

- 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, and staff.

The service involved patients, and staff and to support high-quality sustainable services.

- The service had systems in place to encourage and hear views and concerns of patients, and staff, and to act on them to shape services and culture. We saw that the revised patient record system was now set up to send out patient questionnaires every 6 months.
- Staff could describe to us the systems in place to give feedback. The registered manager was able to tell us about monthly meetings held with the staff and also other impromptu meetings as needed. Due to the size of the clinic these discussions had not been formally documented prior to the inspection. However we were able to see changes that had been made. Following the inspection the registered manager sent us a revised proforma to document these meetings.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The provider was able to show us that they had reviewed the record keeping system used and had changed to a more robust system that provided prompts if information was not recorded.
- The service had systems in place to make use of internal and external reviews of incidents and complaints. As no incidents or complaints had occurred no learning had been shared or used to make improvements.
- The registered manager encouraged staff to take time out to review individual objectives, processes and performance.