JA Medical Services Southeast Ltd

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 28 February 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The service has a 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.

This provider offers private vaccinations, travel and health screening services.

Fifteen patients provided feedback about the service on the Care Quality Commission comments cards, all the comments were positive.

Our key findings were:

Summary of findings

- Policies and procedures were in place to govern all relevant areas.
- The service was aware of and complied with the requirements of the Duty of Candour.
- Feedback from patients was positive.
- There was a very clear pricing structure to help patients understand the total cost of the options available.
- There was an effective system in place for obtaining patients' consent.
- Staff involved treated patients with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.

We identified areas where the service could improve and should:

- Review training and records kept for staff to ensure all staff are up to date.
- Review the process and system for chaperoning.
- Review implementing a business continuity plan.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- We found there was an effective system for reporting and recording significant events, though no events had been reported during the previous year. There were systems to help ensure that if things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities but not all staff had received the relevant level of safeguarding children and vulnerable adults relevant to their role. However after the inspection the service provided us with evidence to show were under taking relevant levels of training.
- Records were kept that were clear, accurate and auditable.
- Appropriate Patient Specific Directions were in place.
- The service had arrangements to ensure that facilities and equipment were safe and in good working order.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Staff were aware of current evidence based guidance and acted upon it.
- Audits demonstrated quality improvement.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.
- The service was a registered Yellow Fever centre.
- Staff had the skills and knowledge to deliver effective care and treatment, however one staff member had not undertaken the appropriate level of safeguard training, fire training, and infection control training, and for another staff member there were no records of some of their training. After the inspection we were told staff had been booked on courses to update their training.
- There was evidence of appraisals and personal development plans for all staff.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the provider offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- Patients' medical records were all stored securely electronically, only the nurses could access their records.
- The provider maintained patient and information confidentiality.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

- Patient consultations lasted between 15 to 30 minutes.
- The service provided a leaflet translated in Arabic.

Summary of findings

- All patient appointments were pre-bookable.
- The provider took account of the needs and preferences of patients such as those with a learning disability.
- The service saw babies from eight weeks old, children and adults.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available. There was a policy on handling complaints that included processes for learning from complaints.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The service had a clear vision and strategy to deliver high quality care.
- There was a clear leadership structure and staff felt supported by management. The policies and procedures to govern activity were effective.
- Staff had annual performance reviews and attended staff meetings and training opportunities.
- The service was aware of the requirements of the duty of candour.
- There was a culture of openness and honesty.
- The service had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The service sought feedback from staff and patients and we saw examples where feedback had been acted on.
- There was a focus on continuous learning and improvement at all levels.

JA Medical Services Southeast Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Our inspection was led by a CQC inspector with a GP specialist advisor and a second CQC inspector.

JA Medical Services Southeast Ltd provides free health travel consultations from two separately registered locations in Kent: JA Medical Services Southeast Ltd and Cosmopolitan Medical Clinic. This inspection concerned only JA Medical Services Southeast Ltd, located at Chislehurst Business Centre 1 Bromley Lane Chislehurst Kent BR7 6LH.

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

The clinical team includes two female nurses. There is a lead GP located at Cosmopolitan Medical Clinic that provides support to the nurses if required.

The service is located within a business centre with step-free street level access into a reception and waiting area. The building is accessible to wheelchair users. There are patient toilets. There is one clinical consultation room.

Services are available to any fee paying patient; the service saw babies from 8 weeks old, children and adults.

Services were available by appointment only, opening hours are

Monday 10am – 5pm

Tuesday 8am-4pm

Wednesday 10am – 5pm

Thursday 10am – 8pm

Friday 10am- 2pm

Saturday 9am-12pm

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 found that this service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

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

- The service conducted safety risk assessments and had policies which were regularly reviewed and communicated to staff.
- The service had systems to safeguard children and vulnerable adults from abuse, policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance and how to report safeguarding concerns to relevant external agencies.One staff member had not undertaken level 3 safeguard training, however after the inspection the service provided us with evidence to show the staff member was under taking relevant levels of training.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff in line with service policy. (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 service reported that they had never been asked to supply a chaperone. There was no poster advertising chaperoning or no policy regarding chaperoning. The lead nurse told us if asked she would get a member of the reception team to chaperone, she confirmed they may not have had training, and may not have had a DBS as reception staff did not directly work for the service, they were receptionists for the whole building. After the inspection the lead nurse told us she would produce a policy and advertise the availability.
- All the clinical staff were recorded on their appropriate professional register and had undertaken professional revalidation as required.
- There was an effective system to manage infection prevention and control.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

The provider had adequate arrangements to respond to emergencies and major incidents, though in some areas the formal processes, such as the written instructions, were not comprehensive.

- The lead nurse had received annual basic life support training. We were told the other nurse had conducted annual basic life support training; however we saw no evidence of this. We were told this was because her training had been undertaken at her previous job and she no longer had access to her training records, consequently the service would ensure she undertook all training. There were emergency medicines available and staff knew where they were located. There was an assessment of which emergency medicines were appropriate to the service.
- There was oxygen with adult and children's masks. There were first aid kits and epipens (an injection which can reverse the symptoms of an allergic reaction) for children and adults.
- All the medicines we checked were in date and stored securely.
- The service did not have comprehensive business continuity plan for major incidents such as power failure or building damage. After the inspection the lead nurse told us she would produce one.
- The provider had a professional indemnity policy covering all the staff and clinical activities within the building.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- Patient paper registration forms were kept in a locked filling cabinet all other records were stored securely on the service computer, which was backed up by an external company.

Information to deliver safe care and treatment

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the patient record system and their intranet system.

- Where material had been sent for testing, such as skin or blood samples, there were systems to help ensure that results were received and checked against the patients' record.

Are services safe?

- The service did not routinely keep the patients' GPs informed about the treatment. The service did use the Personal Child Health Record (also known as the PCHR or '') which is the national standard health and development record given to parents/carers at a child's birth, to record immunisations and as a means of checking that immunisations were appropriate. The service gave patients a travel vaccination card, detailing vaccination records, patients were encouraged to share this information with their GP. However some of the testing related to sexual health and the provider respected the patients' right to confidentiality.
- Patients provided personal details at the time of registration including their name, address and date of birth. Before consultations and at the appointment booking stage, staff checked patient identity by asking to confirm their name, date of birth and address provided at registration; however this information was not verified.
- The service had processes for checking the adult accompanying a child patient had the authority to do.
- The service conducted a risk assessment prior to giving each patient a vacation which would be discussed in the consultation.
- Patients were sent specific information by email after immunisations were given.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- Staff prescribed, administered and gave advice to patients on medicines in line with legal requirements and current national guidance.
- The service monitors the central alerting system (NHS) to keep informed about safety and medicine alerts, this information is then shared with other clinical staff.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity to understand risks and where identified made necessary safety improvements.
- There was a system for reporting and recording significant events, there had been no significant events over the last year.
- Fire drills were done by the building management every four to six weeks.

Lessons learned and improvements made

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

- There had been no unexpected or unintended safety incidents. However the service had protocols to give affected people reasonable support, truthful information and a verbal and written apology, in the event that such incidents arose.

They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards such those from the Public Health England and the National Institute for Health and Care Excellence.

- Yellow fever vaccinations were administered at the clinic and we saw that the service was aware of, and complied with, the latest guidance. They were aware that patients prescribed certain medicines, or having certain conditions, could not be given the vaccine.
- Patients completed a comprehensive questionnaire regarding their previous medical history. Where patients had allergies this was recorded in the notes and prominently flagged so that other clinical staff would be aware of the issue.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

There was evidence of quality improvement including clinical audit:

- There had been audits of infection prevention control, patient consent and medicine stock.

Effective staffing

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. However one staff member had not completed fire training and infection control. Another staff member we were told had completed basic life support and adults safeguarding, however we saw no evidence of this. We were told this was because training had occurred at the staff member's previous job, and the staff member could not access their certificates. After the inspection we were told staff members would be booked onto training. Staff had access to and made use of e-learning training modules.
- The learning needs of staff were identified through a system of appraisals, meetings and formal and informal reviews, however the systems needed strengthening to ensure all staff were up to date and had appropriate levels of training. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating nurses. The service had identified that up to date vaccines administration training was central to staff needs and had ensured that this was completed for all employed and contracted staff.
- Staff undertook skin tag removal and were trained in screening for basic skin aliments, the service routinely sent samples for checking.
- All employed staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

- From documented examples we reviewed we found that the service shared relevant information with other services in a timely way, for example when referring patients to other services.
- Referral letters were timely and contained the necessary information.
- Staff worked together and with other health professionals to meet patients' needs and to assess and plan ongoing care and treatment. For example we saw that patients who attended for sexual health screening were referred, with their consent, to relevant local and national providers when appropriate.
- The service received referrals from local GPs.

Supporting patients to live healthier lives

- There was a wide range of informative literature about maintaining sexual health. This focussed on avoiding infections and illnesses and taking responsibility for preventing the spread of sexually transmitted infections.

Consent to care and treatment

All patients and patients' parents/guardians provided written consent as in the provider's policy. There had been audits of consent which showed that staff complied with the policy.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- All of the 15 patient Care Quality Commission comment cards we received were wholly positive about the service experienced.
- Consultation room doors were closed during consultations; conversations taking place in the room could not be overheard.
- The provider occasionally had patients with learning disabilities and other specialist needs. There was a compassionate approach to accommodating them, for example by making their appointments for quiet times.

Involvement in decisions about care and treatment

- The service's website provided patients with information about the range of treatments available including costs.
- There was evidence in the treatment plans of patients' involvement in decisions about their care.
- We saw that there were information leaflets about the various treatments, in particular leaflets about vaccinations and the impact on public health generally.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Patient paper registration forms were kept in a locked filling cabinet; all other records were stored securely on the service computer.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

- The facilities and premises were appropriate for the services delivered.
- There were childhood immunisation that were not accessible on the NHS.
- There were longer appointments available for patients who needed them for example, with a learning disability.
- The service provided a leaflet translated in Arabic due to a target clinical group.
- There was a comprehensive price list so that patients were aware of the total costs of any particular course of treatment.
- The service provided free consultations to people seeking travel health advice.

Timely access to the service

The service's opening hours were;

Monday 10am – 5pm

Tuesday 8am-4pm

Wednesday 10am – 5pm

Thursday 10am – 8pm

Friday 10am- 2pm

Saturday 9am-12pm

The service did not offer out of hours care.

Listening and learning from concerns and complaints

There had been no complaints in the previous year. There was a policy for managing complaints. The provider showed us how the complaint would be dealt with and the processes that were in place for learning from complaints.

Are services well-led?

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

Our findings

We found that this service was providing well-led care in accordance with the relevant regulations

Leadership capacity and capability;

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

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

- The service planned its services to meet the needs of service users.
- The service had a vision to be a leader in the provision of private travel and health services. There were plans to create a more modern service and to increase the services that were available to patients.

Culture

- The service focused on the needs of patients.
- The service held regular social events.
- The service was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). There was a culture of openness and honesty.
- There had been no unexpected or unintended safety incidents. However the service had protocols to give affected people reasonable support, truthful information and a verbal and written apology, in the event that such incidents arose

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 including in respect of safeguarding and infection prevention and control. However the service recognised the need for further training for staff in these role and had taken steps to address this.
- Provider specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- We saw evidence from minutes of a meeting structure that allowed for lessons to be learned and shared following significant events and complaints.

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 risks including risks to patient safety.
- The lead nurse had oversight of safety alerts, incidents, and complaints.
- There were regular test of the fire safety equipment and regular fire drills, on different days of the week.
- Patients were tested for allergies before treatment.
- There were protocols for prescribing medicines and ensuring that associated blood test were completed.

Appropriate and accurate information

- Patients completed a comprehensive questionnaire regarding their previous medical history and allergies were record in way that all staff carrying out treatment would be aware of them.
- Patients GPs were not routinely informed of treatment. Patients were encouraged to inform their GP but many patients used the sexual health services for reasons of confidentiality which the service respected.
- Referral letters were timely and contained the appropriate information.

Engagement with patients, the public, staff and external partners

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

- Patients' and staff views and concerns were encouraged, heard and acted on to shape services. For example

Are services well-led?

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

following staff feedback administration staff had suggested that the provider use an online survey tool to capture the voices and opinions of the patients and the service had supported the staff member in doing this.

- There were 15 CQC patient comment cards. All the cards were positive.

Continuous improvement and innovation

- There were plans to increase the services available at the location.
- There was recognition of the need for specialist skills. For example staff who undertook skin tag removal were trained in screening for basic skin aliments so that they could refer patients in any cases of doubt.