

# Japan Green Medical Centre Limited

## Inspection report

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

## Ratings

### Overall rating for this location

Good 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	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 of Japan Green Medical Centre Limited (the provider) on 26 June 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions, to confirm that legal requirements and regulations associated with the Health and Social Care Act 2008 were being met. We had previously inspected the service in August 2018 when we found that the service was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations. The provider also operated another clinic in West London, which we inspected in November 2017.

We received feedback about the service through conversations with three patients and 54 Care Quality Commission commented cards, completed by patients in the two weeks before the inspection. Fifty of these cards were completed in Japanese and translated into English.

People told us that staff were caring, friendly and professional. They told us they were treated with dignity and respect.

## Our key findings were :

- The service had effective systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement.

Although there were no breaches of regulations found, there were areas where the provider **should** make improvements:

- Introduce a system to systematically record the GP details for patients attending the clinic.
- Routinely ask patients for consent to share details of their consultation with their registered GP.
- Introduce a system to ensure that the adult accompanying a child had parental authority.
- Standardise the recording of equipment calibration.
- Develop a procedure to receive emergency abnormal test results outside of surgery opening hours.

## Our inspection team

Our inspection team comprised a lead CQC inspector, a GP specialist adviser and an interpreter.

## Background to Japan Green Medical Centre Limited

Japan Green Medical Centre Limited (the provider) operates a private, fee-paying clinic at 10 Throgmorton Avenue, London EC2N 2DL, with good facilities and transport links. The provider is registered with the CQC to carry out the regulated activities: diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services and surgical procedures. It provides primary healthcare services to adults and children, which include face-to-face consultations and examinations, diagnostic imaging and scanning, minor surgery, wound management and dressing, management of long-term conditions, antenatal and post-natal care, childhood immunisations and travel vaccinations (including for yellow fever) and health screening. The service is provided predominantly, but not exclusively, to Japanese people resident or working in the UK – around 99% being Japanese. Over the past 12 months, it offered approximately 10,000 appointments, of which around half were related to adults' general healthcare; a quarter to health screening; 15% to women's health; 4% to immunisations and travel vaccinations and 2% to children's healthcare.

The provider has an employed clinical team which is shared with its other clinic in west London. It comprises

13 doctors – eight male and five female - who are registered with the General Medical Council; two nurses registered with the Nursing and Midwifery Council; ten healthcare assistants and a radiographer. Additional clinical staff, including radiographers, an ophthalmologist and a pharmacist are engaged under contract and via agencies, when necessary. There is an administrative team, whose responsibilities include finance and billing, call handing and reception.

The clinic's phones operate from 8am to 7pm on Mondays to Fridays; from 8am to 5pm on Saturdays; and from 8.30am to 5pm on Sundays and bank holidays. The clinical appointments, usually 20 minutes long, are available between 9am to 6pm on Mondays to Fridays, including throughout the lunchtime period, and between 9am and 2pm on Saturdays. Patients can book appointments for clinical consultations and there is a walk-in service available. Patients can request an appointment at the other London clinic, which opens between 9am and 5pm on Saturdays, Sundays and bank holidays, if it is more convenient to them. The provider's website has a link to NHS Direct for health advice outside its operating hours.

# 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 including locums. 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 had systems to safeguard children and vulnerable adults from abuse.
- 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 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- 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 facilities management team for the building carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.
- We saw that equipment had been calibrated, but there was no list of equipment logging this information.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- 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.
- 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.
- There was no procedure in place to ask patients for their GP details.

### 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.
- 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 systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines, including

# Are services safe?

high-risk medicines and staff kept accurate records. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

- We saw evidence that medicine reviews were completed appropriately.

## 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.
- There was a system in place for receiving and acting on safety alerts.

## 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. Leaders and managers supported them when they did so.
- On the day of the inspection we looked at significant events. Three events had been reported in the last three years and evidence showed that the service was responsive to significant events and that learning was disseminated.

- The service had recorded 34 significant events in the last year, which covered many different topics. The provider graded all incidents on a scale of 1-5, with a score of one being the most minor. Of the 34 that had been recorded, all were minor events, scoring 0-2. The evidence showed that the service had been responsive and that the learning was shared. The positive reporting culture was noted.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, and shared lessons identified themes and took action to improve safety in the service.
- The provider 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 about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# 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)**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. 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.
- We saw evidence of good quality one and two cycle audits, including a two-cycle audit of antimicrobial susceptibility patterns of ureaplasma species and an audit of the risk assessment and glucose tolerance test of gestational diabetes.
- The service was aware of their patient population and kept registers of those patients with specific conditions, including respiratory diseases, digestive diseases, circulatory diseases and others. We saw evidence that patients were contacted as a reminder to attend follow-up appointments and that the rate of attendance was high.
- We looked at some patient records and saw that their conditions had been treated in line with guidance.

## **Effective staffing**

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/Nursing and Midwifery Council 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.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

## **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.
- 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, and those for the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- There were no clear and effective arrangements for receiving emergency abnormal test results outside of the surgery opening hours.
- Patients were not routinely asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.

## **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.**

## Are services effective?

- Where appropriate, staff gave people advice, so they could self-care.
- 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 .**

- Clinical staff understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- There was a consent policy in place which was accessible to all staff.
- The service monitored the process for seeking consent appropriately. However, there was no system in place to ensure that the adult accompanying a child had parental authority. It was noted that the practice saw a very low number of children.

# Are services caring?

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

### **Kindness, respect and compassion**

#### **Staff treated 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 service gave patients timely support and information.
- We received 54 patient Care Quality Commission comment cards. Patients complimented the care and treatment provided by the clinical and non-clinical staff.
- On the day of inspection, we spoke with three patients who were happy with the care they had received.

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

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

- The clear majority of patients (99%), were Japanese and spoke Japanese as their first language. All notices and information were displayed in Japanese. Information on the website was also in Japanese but was easily translated into English.
- When recruiting new staff, one of the requirements was an ability to speak fluent Japanese, in order to be able to communicate effectively with patients.
- Patients told us through comment cards, 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.

### **Privacy and Dignity**

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

- The provider had privacy and consent policies which were available to all staff.
- 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 patient needs and preferences.**

- The provider understood the needs of their patients and improved services in response to those needs.
- The facilities and premises were appropriate for the services delivered.

## **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 took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- 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. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care, for example, patients complained that literature in the waiting area was mostly in English. As a result, the information is now in Japanese.

# 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.**

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others 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 and external partners. The service received business from corporate clients whose staff were working on a temporary basis in London. Future plans were drawn up with the future needs of their clients in mind.
- 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 acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was evidence of internal evaluation with performance, incidents and complaints across both clinic locations being monitored and reviewed.
- There was a strong emphasis on the safety and well-being of all staff.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- 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.**

- 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.
- There was a range of corporate and local protocols governing clinical and non-clinical issues related to the service. These were available to all staff on the shared computer system and these had been reviewed in line with the provider's policy.
- There was a detailed operational structure, allowing for oversight and effective governance, involving corporate and local staff meetings of clinical and non-clinical staff teams.
- 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**

# Are services well-led?

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Local managers had oversight of incidents, significant events and complaints and these were also monitored and reviewed corporately to ensure that learning was widely shared.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- 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 had trained staff for major incidents.
- We saw evidence of regular staff meetings, supervision and appraisals. Training needs were monitored and highlighted using the provider's computer system. There was a set range of mandatory training courses staff were required to undertake.
- The systems used to identify, understand, monitor and address current and future risks were generally effective. Where risks had been identified, the provider had taken mitigating action.

## **Appropriate and accurate information**

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

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were priorities for the provider.
- The service monitored performance information which was used to hold management and staff 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 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, 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.
- The clear majority of patients using the service were adults working in the City of London aged between 25 -45 years old. In response to this demographic, the provider had developed a QA code to encourage feedback. The code was easily accessible on mobile phones, it was displayed around the building and it was also in the website. Since the introduction of this system, feedback had increased.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## **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 service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.
- The provider had developed close working relationships with other private-sector organisations over specialist referrals and scanning and imaging services. Clinicians attended seminars offered by local hospitals and NHS trusts to increase their knowledge, improve their skills and be aware of developments in other healthcare sectors.