

Jenna Clinic

Inspection report

28 Englands Lane
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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. (Previous inspection 02/2018).

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 Jenna Clinic (the clinic) on 12 September 2019. We previously inspected the clinic on 7 February 2018 (at which time the service was not rated). The full comprehensive report on the 7 February 2018 inspection can be found by selecting the 'all services' link for Jenna Clinic on our website at www.cqc.org.uk.

Jenna Clinic provides non-NHS gynaecological consultations, ultrasound and assessments for in vitro fertilisation (IVF) treatment. The provider also rents a room to a practitioner undertaking "aesthetic" assessments and botox / filler injections which are exempt from regulation by the CQC, as set out in Schedule 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our key findings were:

- There were adequate systems for reviewing and investigating when things went wrong. For example, we saw evidence the service identified lessons, shared learning and took action as necessary to improve safety.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. For example, we saw evidence that audits were used to drive improvements in care and treatment and to ensure delivery in accordance with evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- The leadership, governance and culture promoted the delivery of high-quality person-centred care.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a specialist adviser.

Background to Jenna Clinic

Jenna Clinic (the clinic) operates from premises at 28 England's Lane, Belsize Park, London NW3 4UE. The service is provided by Jenna (UK) Ltd (the provider), whose main place of business is in Peterborough, Cambridgeshire. The provider's website address is www.jennaclinic.co.uk.

The provider is registered with the CQC to carry out the regulated activities Diagnostic and screening procedures and Treatment of disease, disorder or injury.

The clinic currently provides non-NHS gynaecological consultations, ultrasound and assessments for in vitro fertilisation (IVF) treatment. The provider also rents a room to a practitioner undertaking "aesthetic" assessments and botox / filler injections which are exempt from regulation by the CQC, as set out in Schedule 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The clinic's staff is made up of the registered manager, who is a sonographer and radiographer, two doctors, both of whom are based in Lithuania, but are registered with the General Medical Council, with licences to practice in England and with appropriate indemnity, one receptionist/phlebotomist and a complementary therapist.

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.

The clinic provides services principally to patients of an Eastern European background, of whom most are aged between 18 and 65 years. There are currently no patients aged over-75. Usual opening hours are 9.00 am to 8.00 pm, Monday to Friday, for pre-booked scan and blood test appointments, although appointments earlier than 9.00 am can be arranged, as well as weekend appointments.

The clinic also offers same-day appointments during the week and a number of weekend appointments are available. The two doctors, who provide gynaecological consultations and aesthetic assessments respectively, attend the clinic in person once a month.

There are four consultation rooms which are situated in the basement of the premises, together with the patient's waiting area. The premises are not serviced by a lift.

How we inspected this service

Before the inspection we gathered and reviewed information from the provider. During this inspection we spoke with the Registered Manager at the service.

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:

- **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 service acted on and learned from external safety events as well as patient and medicine safety alerts.**
- **There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.**

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. Although children were not seen at the service, systems were in place 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.
- Overall, there was an effective system to manage infection prevention and control risks. For example, the service had recently commissioned a contractor to assess and take action against risks associated with a

bacterium called Legionella which can exist in water systems. Shortly after our inspection we were sent confirmation that legionella was not present in the service's water system.

- The provider ensured that facilities and equipment were safe and that equipment (such as it's ultrasound machine) was maintained according to manufacturers' instructions. There were also systems for safely managing healthcare waste.

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.
- 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.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision. For example, a risk assessment had determined that the absence of coil fitting and/or minor surgery removed the need to keep one particular emergency medicine on the premises.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

- Staff had the information they needed to deliver safe care and treatment to patients.
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Are services safe?

- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

- The service had reliable systems for appropriate and safe handling of medicines.
- The 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 audits to ensure prescribing was in line with best practice guidelines for safe prescribing. For example, regarding antibiotic 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 and staff kept accurate records of medicines.

Track record on safety and incidents

- The service had a good safety record.
- There were comprehensive risk assessments in relation to safety issues. For example, recent risk assessments had taken place to control substances that were hazardous to health (such as cleaning materials) and in relation to lone working.
- 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. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong and we noted that two complaints had been logged as significant events. For example, following a particular incident, we saw evidence of team discussion and subsequent production of a patient information leaflet. We noted the leaflet also referred patients to further reading produced by the National Institute for Clinical Excellence (NICE). We were assured the service learned, shared lessons 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. For example, records confirmed that safety alerts had been circulated regarding sodium valproate (which is prescribed to treat epilepsy but which can also seriously harm an unborn child).

Are services effective?

We rated effective as Good because:

- **The service was actively involved in quality improvement activity. For example, audits were routinely used to ensure care and treatment were being delivered according to evidence-based guidelines.**
- **Records confirmed that up to date records of skills, qualifications and training were maintained.**
- **Staff understood the requirements of legislation and guidance when considering consent and decision making.**

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 made improvements through the use of completed audits and we saw how this had a positive impact on quality of care and outcomes for patients. For example, in June 2018, the service audited clinicians' documentation of ultrasound scan report findings, images and patient history. The first cycle of the audit highlighted

that 54 of 60 patient records (90%) detailed the patient's past medical history. Following ongoing staff education, a June 2019 re-audit highlighted that 100% of the 65 records audited now contained this information.

- The service routinely undertook clinical audits covering areas such as prescribing patterns (which audited whether antibiotic prescribing was in line with NICE guidelines) and cervical screening (which audited a range of indicators including the extent to which clinicians promoted the benefits of cervical screening).
- The service also undertook internal audits (for example, regular audits of clinicians' consultation notes undertaken by an external GMC registered doctor).

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.
- Doctors 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. Staff referred to, and communicated effectively with, other services when appropriate. For example, liaison with the external laboratory undertaking blood tests was governed by a written protocol.
- 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. Audits were regularly undertaken to ensure the completeness of records.
- 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.

Are services effective?

- The provider had risk assessed the treatments they offered and routinely worked in accordance with NICE best practice guidance.

- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

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

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

- Where patients' needs could not be met by the service, staff explained why this was the case and 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.

- Staff supported patients to make decisions. Where appropriate, systems were in place to assess and record a patient's mental capacity to make a decision.

- The service monitored the process for seeking consent appropriately and also regularly undertook audits of consultation notes.

Are services caring?

We rated caring as Good because:

- **Staff recognised the importance of people's dignity and respect.**
- **The service undertook regular surveys to assess the quality of clinical care being delivered.**
- **Staff understood patients' personal, cultural, social and religious needs.**

Kindness, respect and compassion

- Staff treated patients with kindness, respect and compassion.
- The service sought quarterly feedback on the quality of clinical care patients received (for example regarding treatment received).
- 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.

Involvement in decisions about care and treatment

- **Staff helped patients to be involved in decisions about care and treatment.**
- Interpreting 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.
- 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.
- 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:

•Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

•The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Responding to and meeting people's needs

- The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- The provider understood the needs of their patients and improved services in response to those needs. For example, by offering early morning appointments for working age people and a hearing loop for patients with impaired hearing.
- The facilities were appropriate for the services delivered but we noted the premises itself was located in a basement which was not serviced by a lift.

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. For example through quarterly waiting time audits.

•Patients with the most urgent needs had their care and treatment prioritised.

•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 might 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, following a complaint that an ultrasound scan had failed to provide a patient with the requested exact conception date, records showed that the service had met as a team and then amended its protocol to advise patients that this was not possible.

Are services well-led?

We rated well-led as Good because:

- **Leaders had the capacity and skills to deliver high-quality, sustainable care.**
- **Structures, processes and systems to support good governance and management were clearly set out, understood and effective .**
- **The service encouraged and heard views from patients and acted on them to shape services and culture .**

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 patient centred care and treatment.
- There was a clear vision and set of values. The service had a realistic strategy to achieve priorities.
- 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.
- 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 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.
- 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 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.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and prescribing. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical and internal 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.

Are services well-led?

- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

- The service acted on appropriate and accurate information.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were 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 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 to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients. For example, a patient group regularly met to offer service improvement suggestions.
- 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 (for example at regular clinical 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. For example, monthly clinical meetings took place where learning was shared.
- The service made use of internal 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. For example, the service routinely undertook clinical oversight audits, whereby clinicians' consultation notes were reviewed by an external GMC registered doctor.