

# Jenhams Clinic Ltd

## Inspection report

45 South Street  
Dorking  
Surrey  
RH4 2JX  
Tel: 01306 884444  
[www.jenhamsclinic.co.uk](http://www.jenhamsclinic.co.uk)

Date of inspection visit: 13 Aug 2019  
Date of publication: 01/10/2019

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.** (The practice was previously inspected February 2018 where the practice was not rated but was found to be compliant in all areas)

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 on 13 August 2019 as part of our inspection programme, under Section 60 of the Health and Social Care Act 2008. 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.

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 Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Jenhams Clinic provides skin tag removal and ear irrigation which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Jenhams Clinic provides independent travel health advice, travel and non-travel vaccinations, skin tag removal, ear irrigation and blood tests. People of all ages intending to travel abroad can seek free advice regarding health risks and receive both information and necessary vaccinations and medicines. The clinic is also a registered Yellow Fever vaccination centre.

The service is provided by two nurses and a part-time nurse who specialises in skin tag removal. A GP works remotely to provide medical support to the service. The clinic staff hold Diplomas of Travel Medicine from the Royal College of Physicians and Surgeons and are members of the British Global and Travel Health Association.

The clinic is registered with the Care Quality Commission to provide the following regulated activities: Treatment of disease, disorder or injury.

One of the nurses is the nominated individual who is also registered with Care Quality Commission as 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 received written feedback from 40 people about the clinic. All replies were very positive. Comments included an excellent service, good advice, informative, safe and hygienic environment. People felt staff were friendly, knowledgeable and professional.

Our key findings were:

- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- The service was offered on a private, fee paying basis only.
- The clinic had good facilities, and was well equipped, to treat clients and meet their needs.
- Assessments of a client's treatment plan were thorough and followed national guidance.
- Clients received full and detailed explanations of any treatment options.
- The service had systems in place to identify, investigate and learn from incidents relating to the safety of clients and staff members.
- There were effective governance processes in place.
- There were processes in place to safeguard clients from abuse.
- There was an infection prevention and control policy; and procedures were in place to reduce the risk and spread of infection.
- The service encouraged and valued feedback from clients and staff. Feedback from clients was positive.
- The provider shared knowledge with the wider community through journals, attending education events and training and networking with other clinical professionals specialising in travel.
- The provider had clear systems and processes in place to ensure care was delivered safely and good governance and management was supported.

# Overall summary

- The service completed a number of clinical and non-clinical audits to assess performance and ensure care provided was safe. These audits were reviewed and actions taken where necessary.

## Our inspection team

Our inspection team was led by a CQC lead inspector.  
The team included a nurse specialist advisor.

## Background to Jenhams Clinic Ltd

We carried out an announced comprehensive inspection of Jenhams Clinic Ltd on 20 February 2018. Jenhams Clinic provides independent travel health advice, travel and non-travel vaccinations, skin tag removal, ear irrigation and blood tests. People of all ages intending to travel abroad can seek free advice regarding health risks and receive both information and necessary vaccinations and medicines. The clinic is also a registered Yellow Fever vaccination centre.

The clinic is run from 45 South Street, Dorking, Surrey, RH4 2JX.

Opening times are:

Monday 9am-5.30pm

Tuesday 9am-5.30pm

Wednesday 9am-4pm

Thursday 9am-5.30pm

Friday 9am-4pm

Saturday 9am-1pm

The clinic is located in a converted building in the centre of Dorking. The building has wheelchair access and two consulting rooms, one accessible from the ground floor

and another up a small flight of steps. Where required the majority of treatments can be performed in the ground floor room if the client is unable to access the first floor room.

Prior to the inspection we gathered and reviewed information from the provider. There was no information of concern.

During our visit we:

- Spoke with the receptionist and both the travel nurses one of whom is the registered manager.
- Reviewed comment cards where clients shared their views and experiences of the service.
- Looked at documents the clinic used to carry out services, including policies and procedures.

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?

## 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 had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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.
- The practice an effective system to manage safety risks of the premises such as control of substances hazardous to health and infection prevention and control and legionella.
- 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.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for staff tailored to their role.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- Staff had received basic life support training and anaphylaxis training which was annually updated.
- The clinic had access to, although was not responsible, for a defibrillator held outside of the clinic.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- 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. Paper records were stored in a locked filing cabinet in the treatment room.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clients accessing the service were asked to complete a travel risk assessment form prior to their consultation. This assessment included information about their travel plans including the country to be visited and the length of stay. In addition the form had a section to record personal medical history and included questions relating to medical conditions, vaccination history, regular medicines, and allergies.
- The clinic had systems for sharing information with the clients GP to enable them to know what treatment and advice had been provided. The travel risk assessment form asked for the clients consent to send vaccination details to the clients GP.

## 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, emergency medicines and equipment minimised risks.

## Are services safe?

- 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.
- Medicines were stored securely in a treatment room. Vaccines were stored in a dedicated vaccine fridge which was monitored to ensure it maintained the correct temperature range for safe storage. Emergency medicines were readily available and in date.
- Some medicines and vaccines were supplied or administered to clients following a Patient Group Direction (PGD). PGDs were in date and signed by the authors, including a doctor who supported the service.
- Nurses working under the PGDs had signed to show they had read them and we saw during the inspection that these PGDs were referred to closely during consultations with clients.

### 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. Leaders and managers supported them when they did so.
- 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. The service had an effective mechanism in place to disseminate alerts to all members of the team.

# Are services effective?

## 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 clinic had systems to keep the nurses up to date with current evidence-based practice. We saw that the nurses assessed needs and delivered treatment in line with current legislation, standards and best practice guidelines such as the National Travel Health Network and Centre (NaTHNaC) travel guidance.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Clients' needs were fully assessed. A travel risk assessment form was completed for each person prior to administration or supply of any medicines or vaccines. This included information regarding previous medical history, any allergies and whether the client was taking any medicines. This information was used to determine the most appropriate course of treatment.
- The nurses advised clients what to do if they experienced side effects from the medicines and vaccines. Clients were also issued with additional health information when travelling.

## 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. Example of some of the audits completed: malaria prophylaxis, yellow fever, waste management, hand cleaning, and infection control.

## 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.
- Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff had the skills, knowledge and experience required to carry out their roles. For example, staff had received specific training and updates in travel health and could demonstrate how they stayed up to date. Staff told us they had access to the training they required.
- Staff whose role included provision of Yellow Fever immunisation had the necessary specific training to do so.
- All the staff providing clinical services were registered nurses, who had received specialist training in travel health. We saw records and qualifications to confirm this. This included both nurses having a diploma of Travel Medicine from the Royal College of Physicians and Surgeons, immunisation training and specialist travel vaccination training.

## 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.
- Before providing treatment, nurses at the service ensured they had adequate knowledge of the patient's health and their medicines history.
- All patients were asked for consent to share details of the vaccinations given 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.**

- 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.

## Are services effective?

- Clients were assessed and given individually tailored advice. For example, the clinic provided information on a number of infectious diseases, travellers' health guides and an individually travel advice provided to each clients following consultation.
- The clinic stocked a wide range of travel health related items, such as mosquito nets and repellents, water purification tablets and first aid kits. Staff also advised on and supplied more specialist medical kits and supplies for expeditions to remote locations.

### 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.



# Are services caring?

## Kindness, respect and compassion

### Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. The service had completed their own patient survey and had received 46 replies. All indicated that they were happy with the service provided and would recommend the clinic to others.
- We received 40 CQC comment cards. All of these were positive about the service experienced. Clients described the service as being efficient, easy to book, friendly, informative and open discussions with no hard sell.
- 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.

- Interpretation services were available for patients who did not have English as a first language.

- 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.
- Staff helped clients be involved in decisions about their care. Treatment was fully explained, including the cost of treatment, and clients reported that appointments were available quickly and that they were given good advice.
- Written and verbal information and advice was given to clients about health treatments available to them.

## Privacy and Dignity

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

- Staff recognised the importance of people's dignity and respect. Consultations took place behind closed doors and staff knocked when they needed to enter. We noted that conversations in consultation rooms could not be overheard.
- Clients were collected from the waiting area by the nurses and were kept informed should there be a delay to their appointment.
- CQC comment cards supported the view that the service treated clients with respect.
- All client records were kept in secured filing cabinets within an alarmed building. Staff complied with information governance and clinical staff gave medical information to clients only.

# Are services responsive to people's needs?

## 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.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. People with limited mobility could be seen in a ground floor room clinical room. Staff could offer home visits to those who required it. People were able to drop into the service for advice and information.
- The clinic was a registered Yellow Fever centre and complied with the code of practice. All staff had attended training for the administration of Yellow Fever.

## Timely access to the service

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

- The service was open six days a week. The website contained details of current opening times. We also noted the clinic provided some flexibility around

opening times and could arrange consultation earlier or later in the day if a person was unable to access the service during the normal opening hours. Walk in appointments were also available.

- Clients who needed a course of injections were given future appointments to suit the client.
- Staff informed us they had given a talk at a local school for parents and students attending an overseas school trip.
- Clients were able to book appointments over the telephone, in person or from a portal on the providers website.
- 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 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.

# Are services well-led?

## 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. There were effective processes for planning the future of the clinic.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

## 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 provider had a clear vision to provide a high quality service that put caring and client safety at its heart.

## 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. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between all team members.

## 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 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. 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.

## 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.
- The service used performance information which was reported and monitored.
- 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.

## Are services well-led?

- 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, the public, 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.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff.
- The clinic had received numerous compliments and positive feedback in relation to the caring attitude and knowledge of staff members.
- Nurses regularly engaged with external partners, including neighbouring GP surgeries, other travel clinics and networked with clinicians within the travel industry.

### **Continuous improvement and innovation**

#### **There were 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.
- There were systems to support improvement and innovation work.
- Staff were encouraged to continually develop and improve their knowledge. There was access to national resources and up to date travel guidance to ensure that advice and treatment given to clients who use the service was up to date.
- There was evidence of improvement to the service clients received as a result of feedback.
- The nurses supported local schools and gave advice in relation to overseas school trips and health advice.