

JA Medical

Inspection report

Room 28, Orpington Health & Wellbeing Centre
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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?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection May 2019– Good)

The key questions are rated as:

Are services safe? – Requires improvement

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 JA Medical as part of our inspection programme.

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

JA Medical Services is a private travel and health clinic based in Orpington Kent, they provide a range of services, including vaccinations, screening, and free health travel consultations. 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.

JA Medical Services is registered with the Care Quality Commission to provide the following regulated activities: Treatment of disease, disorder or injury; Diagnostic and screening procedures.

Our key findings were:

- Some policies and procedures were not up to date on the day of the inspection, however these were reviewed and developed shortly after the inspection.
- The provider organised and delivered services to meet patients' needs.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement.

The areas where the provider should make improvements are:

- Update policies and procedures to reflect document control.
- Update Patient Group Directions (PGDs) so they reflect current guidance.
- Review process for checking patient identity.
- Review system for monitoring pathology results.
- Risk assess/update procedure for accessing defibrillator.
- Obtain references for staff members prior to starting employment.

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Chief Inspector of Healthcare

Our inspection team

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

Background to JA Medical

JA Medical Services provides health travel consultations from two separately registered locations in Kent: JA Medical Services and Cosmopolitan Medical Clinic. This inspection concerned only JA Medical Services, located at Room 28, Orpington Health & Wellbeing Centre 19 Homefield Rise Orpington BR6 0FE.

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 one female nurse. There is a lead GP located at Cosmopolitan Medical Clinic that provides support to the nurse if required. There are two admin team members who work remotely.

The service is located within a health centre, with several other healthcare providers operating from within the centre. The provider operates from one clinical room on the first floor, from a newly purpose-built building (September 2019), with step-free street level access. The building is accessible to wheelchair users. There are accessible patient toilets.

Services are available to any fee-paying patient; the service sees babies from 8 weeks old, children and adults. Services are available by appointment only, opening hours are Monday to Friday 9am–5pm and Saturday 9am–12pm.

The service website address is www.ja-medical.co.uk

How we inspected this service

We visited JA Medical on 08 March 2023, before the inspection, we reviewed notifications received about the service, and a standard information questionnaire completed by the service. We spoke with the lead nurse, looked at consent forms, reviewed policies and procedures and looked at risk assessments. During the inspection, we interviewed the lead nurse, building manager, made observations and reviewed documents.

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 Requires improvement because:

We identified safety concerns in relation to Patient Group Directions (PGDs). The current system for reviewing pathology was not robust. There was no formal arrangement for chaperoning. There were no formal systems in place to assure that an adult accompanying a child had parental authority. Staff had been employed prior to having a reference obtained. These concerns were rectified soon after our inspection. The likelihood of this happening again in the future is low and therefore our concerns for patients using the service, in terms of the quality and safety of clinical care are minor.

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.
- The service's health and safety and premises risk assessment were undertaken by the building management. 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 no formal systems in place to assure that an adult accompanying a child had parental authority, when we raised this with the service, they explained identity checks were only done for occupational health patients, however they did request the person accompany a child brings the child's red book, or has a letter of consent, if they were not the parent. The service said they would review this and in future they would request evidence of identity for all patients.
- 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. We looked at three staff files, on the day of the inspection two non-clinical staff files did not have references, shortly after the inspection references were provided, however they were dated after the staff members had joined the service. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The service's policy was to request a Disclosure and Barring Services (DBS) check for all staff.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The service informed us if a chaperone was required, they would use a clinical member of staff from one of the other services within the health centre. At the time of the inspection this was not included in the chaperone policy, however shortly after the inspection the service updated their chaperone policy and had made an agreement with one of the services within the building. The provider explained that although chaperones were offered, they had never used one and that patients would be advised during a pre-visit phone call if they wanted a chaperone they could bring someone along with them.
- There was an effective system to manage infection prevention and control. We saw an infection control audit had been undertaken November 2022.
- A Legionella risk assessment had been carried out by an external supplier in June 2022. (Legionella is a particular bacterium which can contaminate water systems in buildings).
- We saw weekly fire alarm tests were undertaken.
- The service had undertaken portable appliance testing in March 2022.

Are services safe?

- 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 buildings management was responsible for carrying out appropriate health and safety and environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. If the provider had any concerns this would be raised with the building manager.

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. They knew how to identify and manage patients with severe infections, for example sepsis.
- There was oxygen with adult and children's masks.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- The service informed us they did not have their own defibrillator, but they could access one from a service within the building. At the time of the inspection this had not been risked assessed or formally agreed with the other services, shortly after the inspection, the provider showed us an agreement.

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.
- On the day of the inspection, we identified there was no results management policy, and the current system in place to monitor pathology results was not robust. Shortly after the inspection the provider showed us an updated results management policy and had contacted the lab they used and upgraded their portal access so they could have full access to track and trace results.
- The service did not routinely keep the patients' GPs informed about treatment. (The service explained this was partially due to patients that had come for sexual health services and the provider respected the patients' right to confidentiality).
- The service did use the Personal Child Health Record (also known as the PCHR or 'red book') 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- 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 conducted a risk assessment prior to giving each patient a vaccination which would be discussed in the consultation. Patients were sent specific information by email after immunisations were given.

Safe and appropriate use of medicines

Are services safe?

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. The service kept prescription stationery securely and monitored its use.
- The service did not prescribe any controlled drugs.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. On the day of the inspection we identified that Patient Group Directions (PGDs) (which provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber such as a doctor or nurse prescriber) needed to be reviewed and updated as the PGDs we saw did not have the most recent national guidance/references and were not signed or dated by an authorised practitioner. Shortly after the inspection the service provided evidence to show that all PGDs had been updated and were in line with recent national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- The service monitored the central alerting system (NHS) to keep informed about safety and medicine alerts, this information was then shared with other clinical staff.

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 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.
- 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 did not have any significant events until the day of the inspection when the vaccine fridge had stopped working properly, the provider informed of us of the incident and sent us a written report and learning outcomes.
- 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.
- 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.

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 care and treatment in line with current legislation with the exception of some PGDs which was rectified shortly after the inspection.

- 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 the service had undertaken a clinical record keeping audit relating to the yellow fever vaccination, in the first cycle the audit identified that note keeping needed to be improved, documenting with more detail. As a result of the first audit the provider created a yellow fever health check list as recommended by NaTHNaC (the National Travel Health Network & Centre) and made notes more detailed. The follow up audit demonstrated quality improvement for patients in terms of comprehensive detailed notes.

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.

Are services effective?

- 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, any relevant test results and their medicines history, as patients had to complete a comprehensive questionnaire also a consent form, prior to vaccines being given.
- 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.
- We saw an obtaining consent audit undertaken April 2022.
- The service monitored the process for seeking consent appropriately.

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.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients 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.

Involvement in decisions about care and treatment

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

- The service gave patients timely support and information in relation to their care and treatment.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to patients.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Patients were encouraged to provide feedback via Google and Facebook.

Privacy and Dignity

The service respected patients' privacy and dignity.

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

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, the service offered childhood immunisation that were not accessible on the NHS.
- 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. For example, there were longer appointments available for patients who needed them; for example, patients with a learning disability.

Timely access to the service

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

- Appointments could be booked online, in person or by telephone. Patients usually had appointments within a short time from their request. Saturday appointments were available to accommodate patients.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Referrals to other services were undertaken in a timely way and were 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. There had been no complaints in the previous year.
- 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.

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.
- 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.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- 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 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.

Governance arrangements

There were 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.

Are services well-led?

- Staff were clear on their roles and accountabilities
- On the day of the inspection, we had identified PGDs had not been signed or authorised, and some policies did not have document control. However shortly after the inspection concerns that were raised in relation to PGDs and policies were reviewed and developed to ensure safety.
- 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.

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.
- Although on the day of the inspection we identified the chaperone process in place was not reflective of current practice, when we raised this the provider updated their policy.
- On the day of the inspection we identified there was no formal agreement for accessing a defibrillator, however shortly after the inspection, the provider updated their policy and showed us they now had an agreement with the other services within the building.
- 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.

Appropriate and accurate information

The service acted on 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.

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.
- The service was transparent and open with stakeholders about the feedback received.
- Staff could describe to us the systems in place to give feedback.

Continuous improvement and innovation

Are services well-led?

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

- There was a focus on continuous learning and improvement.
- There were concerns raised on the day of the inspection, a few days after the inspection the provider was responsive and had updated documents and policies to mitigate all concerns.
- Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work.