

JA Medical Services Southeast Ltd

Inspection report

Chislehurst Business Centre, Room 12
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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 February 2018, prior to ratings programme)

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 JA Medical Services Southeast Ltd under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

JA Medical Services Southeast Ltd is a private travel and health clinic based in 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.

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

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

Our key findings were :

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

The areas where the provider **should** make improvements are:

- Review providing a screen/curtain for patients.
- Review record keeping of staff training records.
- Review the use of the data logger.
- Review how to be aware of and monitor progress on health and safety risk assessments undertaken by building management.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection was led by a CQC inspector with a nurse specialist advisor.

Background to JA Medical Services Southeast Ltd

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

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

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

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

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

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 10am – 5pm

Tuesday 8am-4pm

Wednesday 10am – 5pm

Thursday 10am – 8pm

Friday 10am- 2pm

Saturday 9am-12pm

How we inspected this service

Before visiting, we reviewed a range of information we hold about the service.

During our visit we:

- Spoke with the lead nurse, and reception staff.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at consent forms.
- Reviewed policies and procedures.
- Looked at risk assessments.

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:

Safety systems and processes

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

- The service 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, on the day of the inspection the provider did not have access to them, shortly after the inspection the provider had obtained copies. 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 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). The services 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 lead nurse always had a pre-assessment phone call with patients prior to them visiting. The patient would be advised during this phone call if they wanted a chaperone they could bring someone along with them. We saw a chaperone policy.
- There was an effective system to manage infection prevention and control. The last infection control audit had been undertaken in April 2019. We saw a hand washing audit had been undertaken in January 2019.

- We saw that a Legionella risk assessment had been undertaken August 2018. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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. They knew how to identify and manage patients with severe infections, for example sepsis. We saw that staff had undertaken training in sepsis.
- There was oxygen with adult and children's masks. There were first aid kits and epipens (an injection which can reverse the symptoms of an allergic reaction) for children and adults.
- On the day of the inspection we identified that although the service had a data logger, it was not being used. After the inspection we were provided with evidence that showed the data logger was being used to monitor the fridge temperature.
- All the medicines we checked were in date and stored securely.
- 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.
- All electrical and clinical equipment was checked to ensure it was safe to use and was in good working order.
- Patient paper registration forms were kept in a locked filling cabinet all other records were stored securely on the service computer, which was backed up by an external company.

Are services safe?

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 did not routinely keep the patients' GPs informed about the treatment. The service did use the Personal Child Health Record (also known as the PCHR or '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. However, some of the testing related to sexual health and the provider respected the patients' right to confidentiality.
- 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.
- Patients provided personal details at the time of registration including their name, address and date of birth. Before consultations and at the appointment booking stage, staff checked patient identity by asking to confirm their name, date of birth and address provided at registration; however, this information was not verified.
- The service had processes for checking the adult accompanying a child patient had the authority to do.
- The service conducted a risk assessment prior to giving each patient a 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

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.
- 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children.
- 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.
- The service monitored and reviewed activity to understand risks and where identified made necessary safety improvements.
- There was a system for reporting and recording significant events, there had been one significant event over the last year.
- Fire drills were done by the building management every four to six weeks.

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. We saw an example of a near miss incident, when a patient had been prescribed the wrong medicine, the nurse realised

Are services safe?

once the patient had left. The nurse immediately contacted the patient and wrote a new prescription. The lead nurse investigated the incident, it was discussed with staff and the patient was contacted again and apologised to.

- 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 those from the Public Health England 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, patients completed a comprehensive questionnaire regarding their previous medical history. Where patients had allergies, this was recorded in the notes and prominently flagged so that other clinical staff would be aware of the issue.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

There was evidence of quality improvement including clinical audit:

- There had been audits of infection prevention control, patient consent and medicine stock.
- We saw a yellow fever audit undertaken in 2018, as it was compulsory for this audit to be provided to The National Travel Health Network and Centre, (NaTHNaC), created to promote clinical standards in travel medicine, 94 yellow fever vaccinations had been administered during 2018.

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. We saw completed inductions for two newly appointed nurses that had joined the service.
- 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. On the day of the inspection some copies of staff training certificates could not be found, however shortly after the inspection copies were sent, which showed staff had completed training.
- 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.
- The service had identified that up to date vaccines administration training was central to staff needs and had ensured that this was completed for all employed and contracted staff.
- All staff that had been employed for 12 months or more had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- From documented examples we reviewed we found that the service shared relevant information with other services in a timely way, for example when referring patients to other services.
- 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.
- The service received referrals from local GPs.

Supporting patients to live healthier lives

Are services effective?

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

Consent to care and treatment

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.
- The service monitored the process for seeking consent appropriately.
- All patients and patients' parents/guardians provided written consent as in the provider's policy. There had been audits of consent which showed that staff complied with the policy.

Are services caring?

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, all of the 14 patient Care Quality Commission comment cards we received were wholly positive about the service experienced.
- 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.
- Consultation room doors were closed during consultations; conversations taking place in the room could not be overheard.
- The provider occasionally had patients with learning disabilities and other specialist needs. There was a compassionate approach to accommodating them, for example by making their appointments for quiet times.

Involvement in decisions about care and treatment

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

- 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- The service's website provided patients with information about the range of treatments available including costs.
- There was evidence in the treatment plans of patients' involvement in decisions about their care.
- We saw that there were information leaflets about the various treatments, in particular leaflets about vaccinations and the impact on public health generally.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- On the day of the inspection the service did not have a screen/curtain for patients if swab samples were taken, after the inspection the service provided us with a risk assessment and confirmed they would be getting a screen in the next month.
- 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 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.
- The service provided a leaflet translated in Arabic due to a target clinical group.
- There was a comprehensive price list so that patients were aware of the total costs of any particular course of treatment.
- The service provided free consultations to people seeking travel health advice.

Timely access to the service

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.
- The service's opening hours were;

Monday 10am – 5pm

Tuesday 8am-4pm

Wednesday 10am – 5pm

Thursday 10am – 8pm

Friday 10am- 2pm

Saturday 9am-12pm

The service did not offer out of hours care

Listening and learning from concerns and complaints

The service took complaints and concerns seriously.

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

Are services well-led?

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 (where relevant).
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- The service focused on the needs of patients.
- 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.
- There were processes for providing all staff with the development they need. This included appraisals. Staff that had been employed for 12 months or more had 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. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.

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.
- On the day of the inspection some copies of staff training certificates could not be found, however shortly after the inspection copies were sent, which showed staff had completed training.

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 lead nurse had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.
- There were regular tests of the fire safety equipment and regular fire drills, on different days of the week.
- The service's health and safety and premises risk assessments were undertaken by the building management. On the day of the inspection the provider did not have access to them, however shortly after the inspection the provider had obtained copies.
- Patients were tested for allergies before treatment.
- There were protocols for prescribing medicines and ensuring that associated blood test were completed.

Are services well-led?

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.
- Patients completed a comprehensive questionnaire regarding their previous medical history and allergies were recorded in a way that all staff carrying out treatment would be aware of them.
- Patients' GPs were not routinely informed of treatment. Patients were encouraged to inform their GP but many patients used the sexual health services for reasons of confidentiality which the service respected.
- 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. For example, the service offered childhood immunisation that were not accessible on the NHS.

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.
- Learning was shared and used to make improvements.
- There were systems to support improvement and innovation work.