

Just Health

Inspection report

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www.justhealth.co.uk

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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 responsive to people's needs?		Good	
Are services well-led?		Good	

Overall summary

The service is rated as good overall

We carried out an announced follow up inspection at Just Health on 19 January 2023. The ratings for each of the key questions is:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good (following our previous inspection in May 2022)

Are services responsive? – Good

Are services well-led? – Good

Following our previous inspection on 17 May 2022, the practice was rated requires improvement. overall and for key questions safe and well led. The key questions effective, caring and responsive were rated good. We issued the practice with a requirement notice for regulation 17(1) Good governance. This inspection identified improvements in all areas noted at the inspection in May 2022.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Just Health on our website at www.cqc.org.uk

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. Just Health provides a range of driver medical checks such those required to drive a heavy good vehicle (HGV) or a taxi. The activities undertaken in relation to this type of service are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Mr Yasir Jaleel is the nominated individual and the registered manager for the provider SSYNS Limited. 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.

Our key findings were:

- The provider offered a range of different services. Some of which were not within the scope of CQC registration.
- Those services that were within CQC scope were offered on a private, fee-paying basis only, and were accessible to patients who chose to use them.
- Services offered at the time of this inspection that were within the scope of registration were male infant non-therapeutic circumcisions and hay fever treatment. The website offered comprehensive information about these services and included details of the parameters of the services offered and the associated fees.
- Circumcision procedures were safely managed and there were effective levels of patient support and post-operative care.
- Systems to confirm parental identity and obtain written consent for the circumcision service was effective. Written consent was also obtained for the provision of the hay fever treatment.

Overall summary

- The service employed a small stable staff team. Team members spoken with were aware of their own role and responsibilities and told us they felt supported.
- The registered manager told us about the future plans for the service, and these included offering micro-ear suctioning and travel vaccinations.

We found that the issues identified at inspection in May 2022 had been addressed. These included:

- Staff recruitment records now complied with legislative requirements and staff risk assessments were now in place as appropriate.
- Evidence was available to demonstrate staff had received health and safety training as well as training in safeguarding and equality and diversity. Staff had also had an annual appraisal.
- A comprehensive range of policies and procedures were available and these included responding to a medical emergency, a recruitment policy and a business continuity plan.
- Improvements had been made to the infection control protocols and the sharps bin was clean, wall mounted, signed and dated
- Systems to monitor service provision in accordance with the service's quality statement had been implemented.

In addition the areas we identified where the provider should improve had been addressed, for example:

- A system to monitor and record the expiry dates of the few medicines stocked by the service was in place.
- A risk assessment was implemented to mitigate the potential risk of carrying a small child up and down stairs following a surgical procedure.
- Patients consent was obtained to facilitate appropriate sharing of information with the patient's NHS GP.
- An in-house system to request patient feedback was in the early stages of development.

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

- Develop further as planned the in-house patient questionnaire.
- Implement the planned clinical audits.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to Just Health

Just Health is registered with the CQC as an independent healthcare service for regulated activities from the Just Health clinic, located at 156 Colne Road, Burnley, Lancashire, BB10 1DT.

The provider, SSYNS Limited employs a private GP and a registered pharmacist who is also trained as a non-medical prescriber. The provider offers a range of services that require a fee to be paid. These include non-therapeutic circumcision for baby boys up to the age of 14 months, private GP services, and private treatment for hay fever.

The web address for the service is www.just-health.co.uk

The service is located within an older stone building. This had been adapted to provide an accessible service to people. The refurbishment of the building retained some of the original features, allowed access to those who had mobility issues, and offered spacious clinical rooms.

The service is registered with the CQC to provide the following regulated activities:

Surgical procedures

Treatment of disease, disorder and injury

Diagnostic and screening procedures

The provider also offered some services that were outside the scope of CQC registration and these included offering a range of health care medicals by hosting a network of medics to support people nationally.

Regulated activities are undertaken by the GP and the pharmacist who is registered with the General Pharmaceutical Council (GPhC). The pharmacist is registered as a non-medical prescriber and can therefore prescribe treatments for hay fever.

The website for www.just-health.co.uk allows people to book appointments online or via the telephone. The website states telephone contact availability is from between 8am and 6pm daily. The Just Health clinic opens in response to patient demand for a service and usually offers the circumcision service on the first Monday of each month.

How we inspected this service:

As part of the inspection we reviewed some of the service's policies, procedures and other documentation and carried out a site visit to the location of the service where we spent time with the registered manager and the private GP.

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 the provider had addressed all the areas identified at the inspection in May 2022.

At the inspection of 17 May 2022 we noted gaps in some aspects of the service being provided including staff recruitment records, staff training and appraisal records and some aspects of infection prevention and control. All these areas had been actioned.

Safety systems and processes

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

- The provider had increased the range of safety policies available and conducted safety risk assessments. Policies and procedures for responding to medical emergency, business continuity and a recruitment policy were in place. These were reviewed and updated. The policies we viewed were easy to read and follow and signposted staff to further guidance.
- Evidence was now available to show that staff had the appropriate level of safeguarding training and training certificates for clinicians showed they had training to level 3 as required by best practice guidance. The safeguarding policy for the service had also been updated.
- The circumcision service was offered with clear age parameters in place regarding the availability.
- The service had effective systems in place to assure that an adult or adults accompanying a child had parental authority to consent to treatment. Both parents or guardians were required to supply proof of parental identity and both parents or guardians were required to consent to the baby circumcision procedure.
- 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 service employed a small and stable staff team of five that also included the registered manager and a private GP. Systems were now in place to ensure staff received induction training at the start of their employment. The staff files we looked at included evidence that appropriate pre-employment checks were undertaken.
- Since the previous inspection all staff had received up to date training in fire safety and other mandatory training.
- The staff files we examined contained evidence that Disclosure and Barring Service (DBS) checks were undertaken and where a DBS was not available, a risk assessment was in place. (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).
- Staff did on occasion provide a chaperone service, and those staff had an appropriate DBS check in place. Since the previous inspection the chaperone policy had been reviewed and staff confirmed the content of this had been discussed with them.
- There was a system to manage infection prevention and control (IPC). There were policies and procedures available and an audit had been undertaken in December 2022. The manager provided evidence that all the staff including the GP had undertaken IPC e-learning the day after the inspection. One staff member had received specialised accredited training to undertake COVID-19 swab taking in 2021 and this included infection prevention and control and the use of personal protective equipment. (Although demand for this service had now stopped).
- A clinical waste contract and a system for safely managing healthcare waste was in place. Since our inspection in May 2022 the provider had reviewed placement of the sharps boxes and these were now wall mounted, signed and dated and maintained in a clean status.
- Maintenance certificates were available, and there was a legionella risk assessment policy in place and water temperature checks were undertaken.

Risks to patients

Are services safe?

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. The registered manager had received training in sepsis.
- A risk assessment to reduce any potential risk to a baby being carried up and down stairs to the recovery room following circumcision surgery was now in place..
- Oxygen and adrenalin to respond to a medical emergency such as anaphylaxis was available and these were checked regularly.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place including professional and public liability.

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.
- 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 emergency medicines and oxygen minimised risks.
- 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 the registered manager had adapted the monitoring record to specifically log the expiry dates of medicines so these could be identified and replaced quickly.
- Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety. For example, the medicine prescribed to treat hay fever was not recommended by the National Institute for Health and Care Excellence (NICE). However, the patients' records we viewed contained a detailed medical history, a clear detailed explanation of the risks associated with this medication, a consent form and a request for consent to notify the patients' NHS GP. Since the inspection in 2022 the provider had re-worded the patient consent option to notify the patient's own NHS GP when this medicine was prescribed.

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments available in relation to safety issues. The premises were well maintained and safety checks such as those relating to electrical installation had been completed and documentation relating to these checks available.

Are services safe?

- 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 GP lead for the service provided a recent example whereby an incident occurred. This was recorded and investigated in accordance with the service's policy. A review of procedures was undertaken to mitigate the potential risks of re-occurrence and this included discussion with external clinical leads to ensure procedures were safe.
- 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 registered manager was a pharmacist and received, acted on and learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

We rated effective as Good because patients were provided with an effective standard of clinical care.

Effective needs assessment, care and treatment

The provider ensured they kept 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.

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards. For example best practice guidance from the World Health Organisation (WHO) and the British Medical Association (BMA) was used to keep up to date with circumcision procedures. Those patients requiring other treatments, such as those used for hay fever, were provided with clear information regarding the risks and potential complications from medicines prescribed outside their licence. A comprehensive patient assessment and consent process was in place as part of the clinical consultation provided to patients.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Comprehensive pre-treatment clinical assessments were undertaken for both the baby circumcision service and the hay fever treatments. Clinicians ensured they had enough information to make or confirm the requested treatment.
- The lead GP only undertook circumcision procedures when he was available for the seven days post-surgery. A personal telephone number was provided to families to obtain advice and support should they require this.
- 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.

- 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. One cycle of clinical audit was available from 2022, and this showed positive patient outcomes. The provider and lead clinician explained they planned to undertake other clinical audits including reviewing the impact of changing patient consent forms requiring the patient to opt out from informing the patients' NHS GP following treatment.
- Significant events and patient feedback were also used to inform and improve quality monitoring.

Effective staffing

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

- At our previous inspection, staff records to demonstrate induction training and ongoing completion of regular mandatory training was either not up to date or not available. Following that inspection the registered manager supplied a range of training certificates showing staff had received training in fire safety, safeguarding and equality and diversity. At this inspection a training matrix was available, staff training certificates were available and an induction training plan was in place. The staff member we spoke with confirmed they had undertaken a range of online training, had access to policies and procedures and had an appraisal.
- The registered manager was a pharmacist and a non-medical prescriber. In addition training certificates were available to show the manager had had training in clinical assessment skill and history taking; vaccination and e-learning for travel health.

Are services effective?

- Relevant professionals (medical and pharmacy) were registered with the appropriate professional registration bodies and were up to date with revalidation.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Parents or guardians were provided with a comprehensive pre-treatment consultation where the circumcision procedure was discussed step by step. Clear pictorial information was provided to support the consultation and to describe what happens post-surgery. Similarly, we saw comprehensive clinical history and assessments were undertaken for those patients requesting hay fever treatment.
- Whilst opportunities for working with other services was limited, we saw the service did so when this was necessary and appropriate. For example, the service communicated with the patient's own GP to inform them the procedure had been undertaken.
- Before providing treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Patients were signposted to more suitable sources of treatment where information was not available to ensure safe care and treatment.
- 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.
- The provider had risk assessed the treatments they offered. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with general medical council (GMC) guidance.

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 patient's 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.
- Procedures were established and effective in obtaining parental consent for the circumcision service. Parental authority was required from both parents and this included evidence of identification and both were required to sign the consent form for the circumcision of their child before the procedure was undertaken.
- 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.

Are services responsive to people's needs?

We rated responsive as Good because the provider offered a service to meet patient demand.

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. Following the pandemic the provider recommenced a regular circumcision service and offered hay fever treatments following consultation with a clinician. The service's website provided information regarding the baby circumcision service and this included the fee dependent on the baby's age.
- The provider was planning on extending the range of clinical services they offered and the registered manager had undertaken training to provide micro-ear suctioning. The service was also hoping to expand the range of travel vaccinations they offered and was also seeking training for staff so they could offer a phlebotomy service.
- The facilities and premises were appropriate for the services delivered, and main clinical room used for the circumcisions had been reorganised to provide a clear spacious clinical room.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

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

- Patients were able to access care and treatment quickly. The services were offered on a private, fee-paying basis only, and as such was accessible to people who chose this.
- Circumcisions were usually undertaken on the first Monday of each month and waiting times were minimal. Appointments could be made via dedicated telephone booking line, or through the service's website. The GP lead for circumcisions only undertook the procedure when they could offer seven day post-operative availability should this be required in an emergency situation.
- The Just Health clinic opened in response to patient requests for a medical service and an appointment. Patients could access the service by telephone or via the website between the hours of 8am and 6pm.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and they confirmed they would respond to them appropriately to improve the quality of care.

- The service had a complaint policy and procedure in place. The registered manager told us that they had not received any complaints, but would respond compassionately and quickly should a complaint be received. The manager told us they would look to improve service quality if a complaint highlighted an issue.
- Patient feedback via online websites was monitored and responded to.
- The service had recently introduced an in-house patient feedback form to inform the quality of the services they provided.

Are services well-led?

We rated well-led as Good. The provider had taken action following our inspection in May 2022 and safe and effective services were being delivered.

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 the range of clinical services they offered. They understood the challenges and were addressing them.
- Leaders were visible and approachable and 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 service developed its vision, values and strategy jointly with staff. The small team of staff met every two months to discuss issues and future plans to develop the service.
- 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.

- The staffing at the service was very stable and included the registered manager, a GP, a health care assistant and two reception staff. One of the reception staff we spoke with confirmed they felt respected, supported and valued.
- The service focused on the needs of patients.
- Leaders acted on behaviour and performance inconsistent with the vision and values.
- The service had not received any complaints and there had only been one incident which was investigated and responded to with openness and transparency.
- The provider was aware of the requirements of the Duty of Candour.
- There were informal processes for providing all staff with the development they need. Staff spoken with told us of how they had been supported, and since the last inspection there was evidence that staff had received an appraisal.
- The staff member we spoke with was aware of equality and diversity issues and they confirmed they felt part of the team. Since the last inspection staff had received training in equality and diversity training.
- There were positive relationships between staff and teams.

Governance arrangements

Responsibilities, roles and systems of accountability to support governance and management were established and effective.

- Staff were clear on their roles and accountabilities.

Are services well-led?

- The Just Health clinic provided a service responsive to patient demand.
- The service had a quality management statement in place which identified the standards of service it provided. The provider had taken action following our last inspection so that the areas where we identified gaps had been addressed. For example, at this inspection:
 - The ranges of policies and procedures had increased, a recruitment policy, responding to a medical emergency, and a business continuity policy were now available.
 - A staff training matrix was available showing when and what training staff had received.
 - Staff training certificates showed staff had undertaken a range of mandatory training including fire safety and safeguarding.
 - Improvements had been made to the infection prevention and control system and the sharps bins were now wall mounted, signed and dated

Managing risks, issues and performance

There were processes for managing some risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, the provider had systems established to respond to incidents, complaints and patient safety alerts.
- Training certificates were available for the clinicians and these showed appropriate training had been undertaken to deliver safe clinical care and treatment.
- The service submitted data or notifications to external organisations as required.
- Reception staff did on occasion work from home. The staff member we spoke with confirmed a workplace laptop with additional security was provided for them to undertake this work.
- One cycle of clinical audit was available reviewing post-operative circumcision outcomes that included reviewing for post-surgery infection rates. Further audits were planned.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Full staff meetings were held every second month and minutes from these meeting were available. Quality and future service developments were discussed and all staff had opportunities share and comment on proposed plans.

Engagement with patients, the public, staff and external partners

Systems to involve patients, the public, staff and external partners to support high-quality sustainable services were informal.

- A formal system requesting patient feedback for services offered within the scope of CQC registration had recently commenced. Four patient questionnaires were available and these provided positive responses.
- The service responded to feedback they received informally post treatment from patients. The provider's website provided opportunities for people to post their written feedback. Upon viewing this feedback many of the comments referred to services provided outside the scope of regulation, and it was not clear what services had been provided at the clinic or provided at one of the host patient medicals services offered nationally by Just Health.
- The feedback available on the provider's website was complimentary.

Are services well-led?

Continuous improvement and innovation

There was evidence of systems and processes for learning and improvement.

- Systems were in place for the service to respond appropriately to incidents and complaints.
- The provider was proactive in seeking ways to increase the range of services they offered in response to patient demand and was intending to offer micro ear suctioning in the very near future.