

Nippon Club Limited

Nippon Club North Clinic

Inspection report

The Hospital of St John and St Elizabeth
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London
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Date of inspection visit: 28 June 2019
Date of publication: 02/09/2019

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

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 July 2018 was not rated)

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 Nippon Club North Clinic on 28 June 2019 as part of our inspection programme. The inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 so that an overall rating could be given. At this inspection we also followed up a breach of regulation 17 Good governance which was identified at our previous inspection on 12 July 2018.

Nippon Club North Clinic is located within the Hospital of St John and St Elizabeth in St John's Wood in West

Summary of findings

London. The clinic provides a primary care service for Japanese patients. The doctors are restricted by the terms of their licence to practice in the UK and must only provide care to Japanese nationals.

The secretary general of Nippon Club Limited is the acting manager for the service. The service does not currently have a registered manager for the location but this is in process. (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 comment cards completed by patients in the days leading up to the inspection and interviewed patients on the day of the inspection. In total, ten patients contributed their views which were positive about the service and described the service as kind and caring. Several patients commented that they found it very helpful to be able to access a Japanese-speaking service.

Nippon Club North Clinic is registered to provide the regulated activities of diagnostic and screening services; and, treatment of disease, disorder or injury.

Our key findings were:

- Systems were in place to protect people from avoidable harm and abuse.
- When mistakes occurred, lessons were learned and action was taken to minimise the potential for recurrence. Staff understood their responsibilities under the duty of candour.
- Staff were aware of current evidence-based guidance.
- Staff were qualified and had the skills, experience and knowledge to deliver effective care and treatment.
- Patient feedback indicated that patients were very positive about the service.
- The service was accessible to patients including outside normal working and school hours.
- Information about services and how to complain was available.
- There was clear leadership, staff felt supported and the staff team worked well together.
- There was a vision to provide a high quality, culturally appropriate service for Japanese patients living in London.
- The service had systems in place to monitor and improve the quality of service provision.
- There was scope to increase the scope and impact of clinical quality improvement activity.

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

- Review and assess the training needs of administrative staff, particularly those with face to face contact with patients, in relation to sepsis and other ‘red flag’ symptoms.
- Review the scope to improve evidence-based prescribing of antibiotics.
- Review the quality improvement programme with a view to increasing the scope and impact of clinical audit and other improvement work.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Nippon Club North Clinic

Detailed findings

Background to this inspection

Nippon Club North Clinic is located within the Hospital of St John and St Elizabeth in the St John's Wood area of west London. The clinic provides a primary care service for Japanese patients. The service offers primary care consultations including cervical screening, childhood immunisations and travel health (including the yellow fever vaccination). It also offers some in-house diagnostic testing, for example, endoscopy.

The clinic's patient population largely comprises working age adults and their families who have moved to London from Japan. All current staff members speak Japanese and are fluent in English.

The clinic is open Monday to Friday from 9am to 7pm; Saturday from 9am to 5pm and Sunday from 9.30am to 12.30pm. The clinic operates with more restricted consultation hours in early August over the holiday period but the telephone line remains open as usual. Appointments are available with a doctor or a nurse.

The staff team includes three doctors seconded on a fixed term basis as part of a rolling secondment programme with a Japanese university hospital; three permanent nurses and permanent administrative and reception staff. At the time of the inspection Nippon Club's secretary general was the acting manager for the service.

The clinic is located within a modern, purpose-built hospital facility. The consultation rooms and shared waiting area are accessible by lift or stairs and the clinic is signposted within the hospital.

We carried out this inspection on 28 June 2019. The inspection team comprised one CQC inspector and a GP specialist advisor. The team was accompanied by an interpreter.

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

provider to send us some information about the service which we also reviewed.

During our visit we:

- Spoke with the staff who were present, including the service manager, two doctors on duty, one nurse and one receptionist.
- Reviewed documentary evidence relating to the service and inspected the facilities, equipment and security arrangements.
- Reviewed several patient records with the doctor. We needed to do this to understand how the service assessed and documented patients' needs, consent and any treatment required.
- We spoke with patients attending the clinic on the day of the inspection and reviewed comment cards completed by patients attending the clinic in advance of the inspection. In total, ten patients provided feedback.

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 formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We rated safe as Good because:

The service had systems to identify and manage risks and keep patients safe. It had mechanisms to review and learn from significant events, incidents and safety alerts.

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 accessible safety policies, which were regularly reviewed and communicated to staff. Policies and procedures 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 policies for safeguarding children and adults referred to updated categories of abuse which included for example sexual exploitation.
- All clinicians and staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The service had systems in place to check that adults accompanying children had parental authority.
- Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring (DBS) check. (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 had systems in place to carry out all necessary recruitment checks for employed staff. The doctors were seconded by arrangement with a university hospital in Japan. Their employing hospital shared recruitment information with the board of Nippon Club. The doctors underwent UK immigration checks and obtained a licence to practice in the UK from the General Medical Council before starting their secondment at the service.
- There were appropriate indemnity arrangements in place to cover potential liabilities arising from the provision of primary medical care.

- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. The service planned ahead to ensure cover was in place. In the August holiday period the clinic opened with reduced hours and this was advertised to patients in advance.
- The premises were suitable for the service provided. The clinic was located in a purpose-built hospital on a leasehold basis. The clinical rooms were suitably equipped.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- There was an effective system to manage infection prevention and control. The service had infection prevention and control policies and protocols and provided staff with training for example on hand-washing techniques. Infection control was audited. The audit included hand-washing. Clinical waste was separated, stored and disposed of appropriately.
- 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. The service also had access to the relevant environmental health and safety checks carried out by the hospital facilities team on behalf of the landlord.

Risks to patients

There were systems to assess, monitor and manage most risks to patient safety.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Clinical staff had been given guidelines and discussed how to identify and manage patients with severe infections, for example sepsis. Reception staff had not received training on this or how to recognise 'red flag' symptoms.
- The emergency trolley was monitored daily and all items were in date and ready for use.
- Since our previous inspection, the service had risk assessed the range of emergency medicines it held within the clinic. The staff had access to emergency medicines including an anaphylaxis kit and a first aid kit within the clinic. The clinic's service level agreement with the hospital included access to the hospital

Are services safe?

emergency teams in the case of a medical emergency. Nippon Club staff had access to the central emergency call number which was displayed in all consultation rooms and behind reception. The nearest crash trolley, including a defibrillator, portable oxygen and emergency medicines was securely stored opposite the shared patient waiting area.

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 through the clinic's patient record system and shared computer drives.
- The service kept secure electronic patient records of appointments and consultations. Any paper records were stored securely, prior to being added to the electronic records. Patient consultations were recorded in Japanese. Prescriptions, referral letters and other forms of communication with UK-based health professionals and organisations were written in English.
- Patients making an appointment at the clinic for the first time were asked to complete a new patient registration form with their contact details, date of birth, allergies medical and family history and any current treatment or health conditions.
- The service requested patients' consent to share information about treatment or referrals with their NHS GP if applicable or other healthcare professionals.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines. However, the service could do more to monitor the prescribing of antibiotics.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks.
- The service kept prescription stationery securely and monitored its use.
- Since our previous inspection, the service had started to monitor antibiotic prescribing. This showed there was scope to reduce the quantity and types of antibiotics prescribed and to educate patients about the use of antibiotics.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The clinicians also maintained an awareness of relevant Japanese guidelines (for example in relation to travel medicine).
- The clinic did not prescribe higher risk medicines that required ongoing patient monitoring or controlled drugs.
- Processes were in place for checking the medicines that were held on site 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 kept a small stock of general sales list medicines that patients could purchase, for example, aspirin and paracetamol. These were kept securely and sold to patients in the original, unopened packaging. The staff could provide a Japanese translation of the patient information leaflet if required.

Track record on safety and incidents

The service had a good safety record.

- There were risk assessments in place in relation to safety issues.
- The service monitored and reviewed its 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.
- The clinic maintained a log of incidents and had a formal reporting procedure in place. There had been one incident since our previous inspection when a patient had experienced an allergic reaction to a vaccination. This had been managed safely and the case reviewed for any learning.
- The staff we interviewed understood the duty of candour and the responsibility to be open with patients. The provider's policy was to ensure that patients were given reasonable support, a truthful explanation and an apology.

Are services safe?

- The clinic had improved its systems for identifying and implementing safety alerts since our previous inspection. The service had an effective mechanism in place to disseminate alerts to all members of the team. The service acted on and learned from external safety events as well as patient and medicine safety alerts.
- We saw evidence that incidents, accidents and complaints across were investigated and reviewed at staff, management and clinical meetings. We reviewed the minutes (translated) of the most recent meetings held, these were well documented and showed the topics discussed and learning.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

The provider had systems to keep clinicians up to date with current evidence-based practice. Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- Guidelines issued by the National Institute for Health and Care Excellence (NICE) and other agencies were reviewed for relevance and discussed and minuted at clinical meetings. The clinicians also had access to Japanese health authorities' recommendations and guidelines for example in relation to child health.
- We saw evidence that the doctors considered this guidance when assessing patient needs and delivering patient care. Patients' immediate and ongoing needs were assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- The service offered in-house blood testing and some diagnostic tests, for example ECG tests. The clinicians could also refer patients to a range of specialists. Records of patients' referrals were maintained on the electronic system and monitored.

Monitoring care and treatment

The service was involved in clinical quality improvement activity but this remained limited in scope and impact.

- The provider had some systems in place to monitor the quality of care and treatment. For example, audits of medical records and inadequate cervical smear tests which showed that these aspects of care were meeting expected standards.
- The service had also recently begun to monitor its antibiotic prescribing although it could not yet demonstrate any impact on prescribing levels. There was scope to improve the implementation of antibiotic prescribing guidance and patient education.

- Clinical meetings included case reviews, discussions and opportunities for shared reflection, learning and educational sessions. Minutes were shared with all clinicians.

Effective staffing

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

- Staff had the skills and knowledge to deliver effective care and treatment.
- The clinic had a stable staff team comprising nursing staff and administrators. There was a rolling, staged secondment programme for the three clinicians in post with one doctor arriving and one doctor returning to Japan in April each year.
- The service had an induction programme. This included mandatory training covering safeguarding, infection prevention and control, fire safety, health and safety and information governance. New staff also shadowed more experienced colleagues.
- The provider could demonstrate how it ensured role-specific training and updating for relevant staff. The doctors and nurses maintained a folder of educational sessions as part of the appraisal and revalidation process.
- The nurses attended regular update training appropriate for their role. The nurses' roles included providing patient advice, carrying out check-ups and carrying out diagnostic tests including blood tests.
- The service was registered to provide the yellow fever vaccination and the clinicians had access to the required training and updates to provide this service.
- The doctors and nurses were registered with their professional body and the nurses were up to date with revalidation. The learning needs of staff were identified through internal appraisals and more informal discussion.
- All non-clinical staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Patients received coordinated and person-centred care. This included when they moved between services, and when they were referred for specialist care.
- The service had risk assessed the treatments they offered. For example, 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. For example, certain medicines liable to abuse or misuse.
- Staff at the service told us that they would share details of consultations with the patient's NHS GP if patients consented to this although in practice many patients did not register with a UK GP as they were residing in the UK temporarily.
- 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, for example controlled drugs.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

Staff supported patients to manage their own health and offered a range of preventative health and screening services.

- The service offered a range of medical assessments and screening services with the aim of promoting healthy behaviours and lifestyles.
- Patients were encouraged to undergo regular health screening such as mammograms and smear tests.
- Clinical staff encouraged and supported patients to be involved in monitoring and managing their health. For example, the nurses told us this was a key part of their role at the clinic. Where appropriate, patients were given 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.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance. Staff sought patients' consent to care and treatment in line with legislation and guidance.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated caring as Good because:

Patients were treated with kindness and care and consistently described their experience at the service positively.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion

- The provider delivered a caring service. Staff we spoke with told us they were committed to treating patients with dignity and respect.
- Ten patients provided feedback either through interviews or by completing comment cards in advance of the inspection. The feedback we received was wholly positive. The service was consistently described as friendly and welcoming. The only critical comment related to the quality of the wider hospital environment.
- Trained chaperones were available on request. Information about chaperones was clearly signposted in the waiting area and in consultation rooms.
- Staff displayed an understanding, sensitivity 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.

- All clinicians could speak Japanese and English. Patient information, for example posters, was displayed in Japanese. Staff could translate written information into Japanese if required.
- Information leaflets were available explaining the service. The service also ran a website which was regularly updated. The price lists for the various types of membership, treatment and medicines were also available to patients.
- The patient feedback we received suggested that patients felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- The service ensured that patients were given all the relevant information they needed to make decisions about their treatment including information in advance about the costs.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consulting rooms were located away from the main waiting area. Doors were closed during consultations and consultations could not be overheard.
- The staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private space to discuss their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

The service understood and responded to the needs of patients using the clinic. The service provided a culturally familiar service to Japanese patients living temporarily in the UK.

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 service understood the needs of its population and tailored services in response to those needs.
- The provider made it clear to the patient what services were offered and the limitations of the service.
- Appointments could be booked over the telephone or face to face. The service did not offer telephone or online appointments.
- Patients could book an appointment with a female or male doctor.
- The facilities and premises were appropriate for the services delivered. The clinic consultation rooms were accessible by stairs and a lift with wide access. Baby changing and breast-feeding space was also available on request.
- Patients commented that they valued being able to access Japanese doctors and to discuss their health needs in their first language.

Timely access to the service

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

- Patients could usually be offered a same or next day appointments if they wanted to consult with a doctor quickly. They could also book appointments in advance at a convenient time if they preferred.
- Patients had timely access to an initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. Patients with the most urgent needs had their care and treatment prioritised.
- The service operated Monday to Saturday from 9am to 7pm; Saturday from 9am to 5pm and Sunday from 9.30am to 12.30pm. The service was popular with working adults and families and there was good access to appointment outside normal working and school hours.
- Patient feedback was positive about the accessibility of the service.

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.

- The provider had a complaints policy in place which was in line with recognised guidance. The service manager was the lead for complaints handling.
- Information about how to make a complaint was available for patients and displayed in the waiting area. This detailed the process for complaints handling and how to escalate the complaint if patients were unhappy with the response from the service.
- The provider had not received any complaints since our previous inspection. At our previous inspection, we found that individual complaints had been reviewed and responded to appropriately and in line with the complaints policy.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We rated well-led as Good because:

There was visible leadership, a cohesive vision and the service had systems in place to learn from feedback, incidents and complaints and to improve the service. The service had acted on the findings of our previous inspection on 12 July 2018 when we found that there was an ineffective system to act on patient safety alerts. However, there remained scope to expand and embed clinical improvement activity.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The service was overseen by a management board with clinical leadership provided through the association with a Japanese university hospital. The board had appointed a service manager to provide oversight and leadership for the clinic. This manager was normally based at the Nippon Club headquarters on a separate site but attended the service regularly. One of the nurses provided day to day operational management, for example of infection prevention and control and stock control. Staff we interviewed told us the managers were accessible and responsive.
- The 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 identified risks.

Vision and strategy

The service had a clear vision and strategy to deliver high quality care and promote good outcomes.

- The provider had a clear vision and credible strategy to deliver a high quality and financially sustainable service. The service aimed to provide high quality medical care by appropriately qualified doctors.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

The provider aimed to foster a culturally familiar service for Japanese patients to meet their needs while they were living in London. Patient feedback was very positive about this aspect of the service.

- There was an open working culture at the service. Staff said they were supported and valued. They told us they were able to raise any concerns and were encouraged to do so. Staff had confidence that these would be addressed.
- There were systems in place to ensure compliance with the requirements of the duty of candour with patients.
- There were processes for providing staff with the development and support they needed. All employed staff received regular annual appraisals with their manager.
- The service promoted equality and diversity. Staff said they were treated fairly.
- There was support in place for the seconded doctors to help them adapt to working in the UK.

Governance arrangements

The service could demonstrate clear responsibilities, roles and systems of accountability to support good governance and management.

- Staff were clear on their roles and accountabilities including in relation to safeguarding and infection prevention and control. Service policies and procedures and meetings were documented and shared. Staff had access to the local statutory safeguarding authorities and contacts.
- Effective systems were in place to demonstrate that safety alerts were acted on. The practice had developed a flow chart showing their procedure for identifying relevant alerts; sharing these with the relevant staff and ensuring any actions were implemented. This had improved since our previous inspection.
- There were processes for providing all staff with necessary training and development.
- The nurses and doctors underwent external clinical appraisals as required and maintained their professional development and skills. The service did not routinely organise internal appraisals or other forms of one-to-one reviews with the clinicians.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Managing risks, issues and performance

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- There was effective oversight of and learning from relevant safety alerts, incidents, patient feedback and complaints.
- The provider had trained staff for major incidents and the service was included in the hospital's major incident planning and alerting system.
- The staff were trained in readiness for emergencies and had recently handled a case involving an allergic reaction to a vaccination in line with their training and procedures. The clinicians had been provided with updates and guidelines on the management of sepsis. The administrative and reception staff however had not yet received training on 'red flag' symptoms.
- The service commissioned an external consultant to carry out a comprehensive audit of risks and systems in place. This took place every six months. The service could show that it acted on the findings, for example by updating the cleaning schedules.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- There were arrangements in line with data security standards for the accessibility, integrity and confidentiality of patient identifiable data and other key records.
- Clinical meetings drew on the latest information on safeguarding, significant events and complaints. Outcomes and learning from these meetings were documented and shared for reference.

- The service submitted data or notifications to external organisations as required.

Engagement with patients, 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 listened to the views and concerns from the public, patients, staff and external partners and acted on them to shape services. It carried out its own patient surveys with patients on a continuous basis.
- Staff said they were encouraged to share and discuss ideas for further improvement for example in meetings and one to one discussion.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation. However, there remained scope to expand clinical improvement activity and to ensure learning from this was fully implemented.

- Learning from incidents and complaints was shared and used to make improvements.
- The service carried out some clinical improvement activity for example, it had carried out an audit of antibiotic prescribing and had identified this as an area for further work. Clinical audit remained limited in scope.
- The electronic record system was not designed to support clinical improvement activity, and this was a barrier to carrying out clinical audit.