

The Dr Jenni Clinic

Inspection report

The Forge, South Entrance, Blisworth Hill Farm
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Date of inspection visit: 5 July 2022
Date of publication: 21/07/2022

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 to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

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 The Dr Jenni clinic as the service had not been inspected since registering with the CQC in August 2020.

The Dr Jenni Clinic is a private clinic that specialises in healthcare and aesthetic treatments, weight management support and child counselling services.

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. The Dr Jenni Clinic provides a range of non-surgical cosmetic interventions, for example dermal fillers and skin peels which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The medical director is the registered manager. A registered manager is a person who is registered with the CQC 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.

At the time of the inspection there were no patients attending or receiving regulated services so we were unable to ask them about the service. However, the service had signposted patients to provide feedback on an internet search platform which we were able to review. In addition, the practice shared complaints and compliments received with the inspection team.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The service organised and delivered services to meet patients' needs.
- Patients could access care and treatment in a timely way.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Overall summary

Whilst we found no breaches of regulation, the provider should:

- Continue to monitor and act upon safety and medicines alerts with the support of information received through subscription to appropriate services, including the Central Alerting System (CAS).

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to The Dr Jenni Clinic

The Dr Jenni Clinic is located in a rural location at The Forge, South Entrance, Blisworth Hill Farm, Stoke Road, Blisworth, Northamptonshire, NN7 3DB.

The service is registered with the Care Quality Commission (CQC) to provide:

- Diagnostic and screening procedures
- Family planning
- Services in slimming clinics
- Surgical procedures
- Treatment of disease, disorder or injury.

The clinic team consists of the medical director who is a qualified medical doctor and aesthetic medical specialist. There is a clinic supervisor, two beauty therapists, a receptionist and a clinic manager. In addition, a children and young people counsellor provides counselling services. The two beauty therapists undertake services that are not within the CQC scope of registration and were not included in this inspection.

The service opening hours are 10am to 6pm Monday to Wednesday and 10am to 8pm Thursday and Friday. Services include private GP appointments, weight management, the use of Botox for migraine relief, hay fever injections, child counselling and blood tests. At the time of our inspection, the service was providing care, within the scope of registration to 160 patients.

The provider is not required to offer an out-of-hours service. Patients who need urgent medical assistance out of the service opening hours are requested to seek assistance from alternative services such as their own GP, the NHS 111 telephone service or A & E.

How we inspected this service

Before visiting we reviewed a range of information we hold about the service and asked the provider to send us information. We reviewed information sent to us by the provider remotely prior to attending the site to reduce the time spent on site in line with our COVID- 19 inspecting guidance.

As part of our inspection:

- We looked at records related to patient assessments and the provision of care and treatment.
- We reviewed documentation related to the management of the service.
- We reviewed patient feedback.
- We carried out a visit to the location and toured the premises and facilities throughout.

Our inspection also included:

- Speaking with the registered provider
- Speaking with members of the staff team

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 service provided care in a way that kept patients safe and protected them from avoidable harm.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The 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). For staff not requiring a DBS check as per the service's policy, a risk assessment had been undertaken.
- The service had clear systems to keep people safe and safeguarded from abuse (including a designated Safeguarding Lead and readily accessible Local Authority safeguarding guidance).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. This included regular water checks to identify potential risk of Legionella.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider had appropriate environmental risk assessments in place.

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.
- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

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.

Are services safe?

- 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 vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). They did prescribe schedule 4 or 5 controlled drugs (medicines that are subject to minimal control as well as those that due to their low strength, are exempt from virtually all Controlled Drug requirements).
- 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.
- One of the medicines this service prescribed for weight managed was unlicensed for that particular purpose. Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines because unlicensed medicines may not have been assessed for safety, quality and efficacy. These medicines are not recommended by the National Institute for Health and Care Excellence (NICE) or the appropriate professional body. We saw that due diligence had been undertaken and patients were informed of all benefits and risks.
- There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, following an incident with incorrect information relating to blood test results being provided to a patient the provider made improvements to the system for ordering blood tests from the laboratory. This involved the development of service specific blood testing templates which ensured only specified tests were undertaken.

Are services 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 recording and disseminating information 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. On the day of inspection, we found the service was not receiving medicines alerts from the Central Alerting System (CAS). However, reviews of patient records did not identify any risks to patient safety as a result. The provider took immediate action on the day of our inspection and subscribed to the CAS service. The service had an effective mechanism in place to disseminate alerts to all members of the team if necessary.

Are services effective?

We rated effective as Good because:

People received effective care and treatment that met their needs.

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 the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. This included the booking of follow up appointments at the earliest opportunity.
- Staff assessed and managed patients' pain where appropriate.
- The service leadership team had invested considerably in new technologies to ensure patients had access to high quality treatment. These advanced technologies were used to support diagnosis and treatment where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service had an audit programme in place. They monitored infection prevention and control and patient outcomes through audits. Clinical audit had a positive impact on quality of care and outcomes for patients as information gathered from audits was used to drive improvement.
- Staff regularly undertook health and safety audits, and other regular audit to ensure the smooth and safe running of the service.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical) were registered with the General Medical Council (GMC) and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate such as their GP or other health professionals. This included support with urgent two-week-wait referrals if necessary.
- 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. We saw examples of patients being signposted to more suitable sources of treatment where this 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.
- 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 clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

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

Consent to care and treatment

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

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

Are services caring?

We rated caring as Good because:

There was a strong, visible, person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with people in a way that they could understand.

Privacy and Dignity

The service respected/did not respect patients' privacy and dignity.

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

Are services responsive to people's needs?

We rated responsive as Good because:

The service was planned and delivered in a way that met the needs of its patients. The importance of flexibility, choice and continuity of care was reflected in how care was delivered.

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 strove to provide patient centred and flexible services.
- 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, the provider had ensured additional access arrangements were available for patients with limited mobility and those in wheelchairs.

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 with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely way. The clinician maintained good working relationships with local healthcare providers and was able to refer patients back to their regular GP if required. Referrals to private secondary health care services were also available.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- At the time of our inspection the service's complaints policy did not include details of services which patients could contact should they not be satisfied with the service's response to their complaint. Following discussions on the day of our inspection, the service advised that details would be added to complaints information for patients.

Are services well-led?

We rated well-led as Good because:

Leadership and governance arrangements drove the delivery of high-quality person-centred care.

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. This included increased demand for the service which had led to a pause on registrations for new patients. The provider was considering expanding the clinical team to ensure patients could still receive timely access to care.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

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

- There was a clear vision and set of values. The provider explained the ethos was focused on 'wellness inside and out' for patients. The service ensured patients were given sufficient time to feel supported in achieving wellness, with a holistic approach to care delivery.
- The service developed its vision, values and strategy jointly with staff and considered them to be instrumental in its successful delivery.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and leaders.

Governance arrangements

Are services well-led?

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.

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.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on/did not have 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.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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, in response to patient feedback the service had introduced cervical screening testing.
- Staff could describe to us the systems in place to give feedback. This included during monthly team meetings and more informally as needed. Staff we spoke with were positive about their experience of working at the service, describing the team as family-like and supportive.

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.

Are services well-led?

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- All incidents, including urgent referrals and safeguarding cases were reviewed at monthly team meetings.

The provider was keen to provide the best possible care for patients and invested in new technologies to support this. In addition, the provider continually assessed new treatment options to ensure patients had access to appropriate care.