

Jenna (UK) Limited

Jenna Clinic

Inspection report

28 England's Lane
Camden
London NW3 4UE
Tel: 0207 722 2886
Website: www.jennaclinic.co.uk

Date of inspection visit: 7 February 2018
Date of publication: 09/04/2018

Overall summary

We carried out an announced comprehensive inspection of the Jenna Clinic in Camden on 7 February 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

The location had not been inspected previously, but another location operated by Jenna (UK) Ltd in Peterborough had been inspected in December 2017, when we identified issues relating to the key questions of Safe and Well-led. The inspection report can be accessed on the following page of our website – www.cqc.org.uk/location/1-647512853

Our inspection of the Jenna Clinic in Camden was carried out to check that the actions taken by the provider at the Peterborough location had been implemented in respect of the Camden location and to confirm that that legal requirements and regulations associated with the Health and Social Care Act 2008 were being met. Our inspection team was lead by a CQC inspector and included a second inspector, a CQC medicines manager and a GP specialist adviser. At our inspections we consider the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

At this inspection we found:

- There were processes to ensure that care and treatment was delivered according to evidence-based guidelines. However, there was scope for extending the range of clinical auditing relevant to the services provided to identify where improvements could be made.
- Following the recent departure of the general practitioner, the clinic had introduced measures relating to test results. Patients were informed that they should arrange for their test results to be reviewed by a registered clinician for advice and any necessary treatment.

Summary of findings

- The clinic had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the clinic learned from them and improved its processes.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care and treatment when they needed it.

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

- Review and extend the range of clinical auditing relevant to the services provided.
- Review the current test results procedure to ensure that suitable arrangements are in place so that results are checked by registered clinicians and that patients are given appropriate further healthcare advice.
- Review the arrangements for patients with hearing impairment, such as obtaining a portable induction loop.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that the location was providing safe care in accordance with the relevant regulations.

- The clinic had systems, processes and practices to minimise risks to patient safety. However, it should review the current test results procedure to ensure that suitable arrangements are in place for results are checked by registered clinicians and that patients are given appropriate further healthcare advice.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding relevant to their role.
- The clinic had arrangements to respond to emergencies and major incidents.

Are services effective?

We found that the location was providing effective care in accordance with the relevant regulations.

- Staff were aware of current evidence based guidance.
- Clinical audits had been introduced to drive quality improvement. However, there was scope for extending the range of clinical auditing relevant to the services provided to identify where improvements could be made.
- Staff had the skills and knowledge to deliver effective care and treatment.

Are services caring?

We found that the location was providing caring services in accordance with the relevant regulations.

- Feedback from patients was positive and indicated that the service was caring and that patients were listened to and supported.
- The clinic had systems in place to engage with patients and seek feedback using a survey forms emailed to all patients after their consultation.
- Systems were in place to ensure that patients' privacy and dignity were respected.

Are services responsive to people's needs?

We found that the location was providing responsive care in accordance with the relevant regulations.

- The clinic understood its patient profile and had used this understanding to meet the needs of service users.
- Patient feedback indicated they found it easy to make an appointment. Some appointments were available early in the morning and at weekends, in response to patients' feedback
- Patient feedback was encouraged and used to make improvements. Information about how to complain was available and complaints were acted upon.

Are services well-led?

We found that the location was providing well-led care in accordance with the relevant regulations.

- The clinic had a vision and strategy and there was evidence of good leadership within the service.
- There were appropriate systems and processes in place to govern activities.
- Risks were assessed and managed.
- There was a culture which was open and fostered improvement.
- Staff feedback and were able to suggest ways to improve the service.

Jenna Clinic

Detailed findings

Background to this inspection

The Jenna Clinic (the clinic) operates from premises at 28 England's Lane, Belsize Park, London NW3 4UE. The service is provided by Jenna (UK) Ltd (the provider), whose main place of business is in Peterborough, Cambridgeshire. The provider's website address is

www.jennaclinic.co.uk

The provider is registered with the CQC to carry out the regulated activities Diagnostic and screening procedures and Treatment of disease, disorder or injury. The clinic currently provides non-NHS gynaecological consultations, ultrasound, assessments for IVF, blood tests, and "aesthetic" assessments, together with botox / filler injections. Some of these services are exempt from regulation by the CQC, as set out in Schedule 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The clinic stopped providing a private GP and paediatric service on 20 December 2017 and has amended its statement of purpose accordingly. The clinic currently gives details of an alternative service provider to patients seeking a GP appointment.

The clinic's staff is made up of the registered manager, who is a sonographer and radiographer, two doctors, both of whom are based in Lithuania, but are registered with the

General Medical Council, with licences to practice in England and appropriate indemnity, two receptionists, who are also trained phlebotomists, and a complementary therapist. 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.

The clinic provides services principally to patients of an Eastern European background, of whom most are aged between 18 and 45 years. There are currently no patients aged over-65. Usual opening hours are 9.00 am to 8.00 pm, Monday to Friday, for pre-booked scan and blood test appointments, although appointments earlier than 9.00 am can be arranged. The clinic also offers same-day appointments during the week and a number of weekend appointments are available. The two doctors, who provide gynaecological consultations and aesthetic assessments respectively, attend the clinic in person once a month.

There are four consultation rooms which are situated in the basement of the premises, together with the patient's waiting area. Access is by a flight of stairs from the small reception area, there being no lift.

Are services safe?

Our findings

Safety systems and processes

The clinic had clear systems to keep patients safe and safeguarded from abuse.

- The clinic had a range of safety policies which had been reviewed in October 2017 and communicated to staff. Staff received safety information as part of their induction and during refresher training. The clinic had systems to safeguard children and vulnerable adults from abuse. However, since the GP service had been withdrawn in December 2017 no children were seen at the clinic. There was a policy and guidance on Female Genital Mutilation. We saw that guidance was available both on the shared computer desktop and in hard copy at the reception area and in the consultation rooms. The policies and guidance outlined clearly who to go to escalate any concerns.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The clinic carried out staff checks, including checks of professional registration where relevant, at recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The registered manager was the named lead for safeguarding and we saw evidence that all staff had received up-to-date training appropriate to their role in safeguarding children and protecting vulnerable adults. They knew how to identify and report concerns. We saw evidence that staff who acted as chaperones were trained for the role and had undergone a DBS check. Their attendance at consultations, or if the patients declined, was recorded in patients' records.
- There was an effective system to manage infection prevention and control (IPC). The IPC policy had been reviewed in October 2017. At the same time, an IPC audit had been conducted and the action plan implemented. A risk assessment in respect of legionella, a bacterium which can infect water systems in buildings, had been carried out in January 2018. It included a management plan and a schedule for sample taking.

Water temperature was monitored and recorded. The premises were clean and tidy. Cleaning was done by a member of staff in accordance with written schedules and was appropriately logged. There was a contract in place for the removal of clinical waste. Sharps bins were available and guidance on sharps injuries and hand washing was posted in the consultation rooms. Spillage kits and an adequate supply of personal protective equipment were available and staff had received training in their use. Instruments and equipment were single use; we found none that was past its expiry date. A register of staff members' Hepatitis B immunisation status was maintained.

- The clinic ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw that medical equipment had been checked and re-calibrated or replaced during the two months prior to our inspection.

Risks to patients

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

- The clinic provided only non-NHS gynaecological consultations, ultrasound, assessments for IVF, blood tests, and "aesthetic" assessments, together with botox / filler injections. Some of these services are exempt from regulation by the CQC.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. We saw evidence that all staff had been trained in basic life support including cardiopulmonary resuscitation (CPR). The clinic had an emergency oxygen supply, a defibrillator and emergency drugs. Staff knew how to identify and manage patients with severe infections. For example, we saw the clinic's sepsis policy.
- We discussed the recent change to services, with a GP no longer being employed after 20 December 2017; the consequence being that not all test results would be appropriately reviewed by a registered clinician. Staff informed us that many patients requested blood tests, following consultations with other service providers. The clinic took action to amend its standard blood test results cover letters and emails to inform patients, whose tests were not related to ongoing treatment and

Are services safe?

care at the clinic - for example through gynaecological consultations - that the results had not been checked by the clinic and that the patients should arrange for the test results to be reviewed by a registered clinician for advice and any necessary treatment. The clinic sent us confirmation after the inspection that only one blood test had been carried out since the GP left and the results had been sent directly to the patient's own GP. This should be considered an interim measure. The clinic should review the procedure to ensure that suitable arrangements are in place so that test results are checked by registered clinicians and that patients are given appropriate further healthcare advice.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- We reviewed the healthcare records of 15 patients and saw that they were written in English and managed in a way that kept patients safe. The records were not computerised, but in hard copy only. We saw they were securely stored.
- The clinic had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Patients were asked in the registration forms for details of their NHS GP and when they consented to provide this information it was recorded on their medical records. However, staff told us that some patients were not willing to provide their GP's details. The clinic had a policy covering information sharing, which set out the circumstances when patients' GPs would be contacted, subject to the patients' consent being given, to communicate with a patient's regular GP in line with General Medical Council guidance.

Safe and appropriate use of medicines

The clinic had systems for appropriate and safe handling of medicines.

- The systems for managing emergency medicines, medical gases, and equipment minimised risks. Only emergency drugs were kept at the premises. These were appropriately stored, with supplies being monitored and logged. No vaccines were administered. No high risk

medicines, such as warfarin, methotrexate or lithium were prescribed, or controlled drugs were prescribed. The clinic kept prescription stationery securely and monitored its use.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The clinic had a governance policy on the stewardship of anti-microbial drugs and had carried out a first audit of antibiotic prescribing in January 2018. The practice did not have access to local guidelines.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.

Track record on safety

The clinic had a good safety record.

- There were risk assessments in relation to safety issues. A health and safety risk assessment had been carried out in November 2017 and a fire risk assessment and equipment inspection in June 2017. All staff had received fire safety training. The fire safety policy had been reviewed in October 2017. The fire alarm was tested weekly and the system and emergency lighting had been inspected in January 2018. Portable appliances and fixed wiring had also been tested in January 2018.

Lessons learned and improvements made

The clinic learned and made improvements when things went wrong.

- We saw that the clinic had a system for recording and acting on significant events and incidents, with guidance available to all staff. Staff understood their duty to raise concerns and report incidents and near misses and they were supported in doing so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned, shared lessons and took action to improve safety in the practice. We saw records relating to five issues treated as significant events in the past year, including two new cancer diagnoses, following tests arranged by the clinic. The reviews showed that the clinic had acted appropriately and effectively in contacting the patients and liaising with the patients' and GP and the hospitals where treatment was arranged. The records were detailed, setting out the

Are services safe?

issues, investigation and any learning points. Two more incidents related to disruptions to the water and electricity supplies. The clinic had a policy relating to such issues and a business continuity plan that provided for administrative functions to continue from nearby premises, if necessary.

- The clinic was registered with the Medicines and Healthcare products Regulatory Agency to receive safety alerts. The registered manager showed us a recent example relating to “In vitro fertilisation (IVF) and assisted reproduction technologies (ART) products” that had been received and acted upon appropriately.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The clinic provided gynaecological consultations, ultrasound, assessments for IVF and arranged blood tests, under the regulated activities Diagnostic and screening procedures and Treatment of disease, disorder or injury. The clinic had systems to keep clinicians up to date with current evidence-based practice. The registered manager received or conducted searches for guidance as appropriate. Relevant guidance was printed off and passed to the two visiting doctors, when relevant to their work. We were shown three examples of guidelines and pathways issued by the National Institute for Health and Care Excellence (NICE), including one relating to helicobacter pylori, a bacterium occasionally found in the stomach and which may lead to indigestion and stomach ulcers. Staff assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Systems were in place to ensure that test results following gynaecological consultations carried out by the clinic were reviewed by the appropriate clinicians.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The clinic had introduced a limited programme of clinical audit since December 2017 and had carried out the initial round of an antibiotic prescribing audit. However, there was scope to extend the range of clinical auditing relevant to the services provided by the clinic. We saw the results of two non-clinical audits from the last 12 months, relating to patients' consent to treatment and a patient satisfaction survey which was carried out every quarter.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the registered manager undertook continuing professional development (CPD) training in

relation to their membership of the Society of Radiographers and the receptionists had received appropriate training in phlebotomy in order to carry out blood sampling.

- The clinic 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. For example, the receptionists, who were qualified nurses in their countries of origin, were being supported to be registered in England.
- The clinic provided staff with
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients as necessary.

Consent to care and treatment

The clinic 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. We saw examples of various consent forms for different types of consultations. The consent forms had detailed information on what the various procedures involved. There were forms available in English, Russian, Lithuanian and Polish.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The clinic monitored the process for seeking consent appropriately. We saw that a two-cycle audit relating to patients' consent forms had been carried out January 2017 and repeated in December 2017. This resulted in patients being offered a copy of their original consent form for review should there be a delay between the initial consultation and any treatment being provided.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- All of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. We were able to speak with only one patient during the inspection. Their feedback was also positive.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Most of the patients were of Eastern European origin and staff members were fluent in the relevant languages

and could assist. Where necessary, the clinic had access to telephone interpreting services, together with sign language practitioners. However, there was no induction loop to assist patients with hearing impairment.

- A price list of the services available was displayed in the reception area, in the patient handbook and on the clinic's website.

Privacy and dignity

The clinic respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The consultation rooms were private and conversations inside could not be overheard. Privacy screens were used during examinations.
- The clinic complied with the Data Protection Act 1998 and we saw that all staff had completed information governance training.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The clinic understood the needs of its population and tailored services in response to those needs. For example, following a review of its patient satisfaction survey the clinic had made available a number of early morning and weekend appointments slots.
- Text reminders of appointments were sent to patients, who could cancel or change appointments by email or by calling an out of hours mobile number.

The premises were leased and occupied the basement of a commercial building. Access for people with mobility problems was limited, being down a flight of stairs from the small reception area. The clinic was precluded from installing a lift by the terms of the lease. Patients were informed of the access issues on the clinic's website and when they called to book appointments. The waiting area had adequate seating and there was information regarding the services available to patients in the form of a handbook, which contained a price list. We saw there was a dedicated noticeboard for the patient participation group, with contact details for patients wishing to contact the group.

The clinic conducted quarterly patient satisfaction surveys. We saw the results of the most recent, covering October –

December 2017. Twenty patients had completed questionnaires, covering issues such as politeness and respect of staff and practitioners, whether they had been able to ask questions about their care and treatment, and were listened to and involved in discussions regarding their treatment. We noted that the feedback was consistently positive.

Timely access to the service

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

- Patients had timely access to initial assessment and treatment and could book appointments that were convenient to them.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The appointment system was easy to use.

Listening and learning from concerns and complaints

The clinic 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 in the reception area and the patients' handbook. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. There had been no complaints about the service in the past 12 months.

Are services well-led?

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

Our findings

Leadership capacity and capability

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

- The registered manager had the experience, capacity and skills to deliver the clinic's strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services.
- Leaders were visible and approachable. They worked closely with staff to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice had a 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 clinic had a realistic strategy and supporting business plans to achieve priorities. There were plans to introduce new services and screening procedures.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The clinic planned its services to meet the needs of the patient group.

Culture

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

- Staff stated they felt respected, supported and valued.
- The clinic focused on the needs of patients.
- The registered manager acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents, complaints and patients' comments.
- The registered manager was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included supervision meetings every three months, annual appraisals and career development opportunities. The two receptionists were being supported in registering as nurses in England. All staff received regular annual appraisals in the last year.

- There was an emphasis on the safety and well-being of all staff.
- The clinic promoted equality and diversity. Staff had received equality and diversity training and told us they were treated equally.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- The clinic had established policies, procedures and activities to ensure safety. These were last reviewed in October 2017 and were accessible to all staff. When changes were made to policies following reviews, staff were required to familiarise themselves with the changes and sign to confirm they had done so. There was evidence of learning from a recent inspection at the provider's main location in Peterborough.

Managing risks, issues and performance

There were processes for managing risk, issues and performance.

- The clinic had carried out some limited auditing, such as those relating to patients' consent and satisfaction and it conducted regular infection and prevent control audits. However, only one clinical audit had been carried out in the past 12 months. This related to antibiotic prescribing, commenced in January 2018, but not yet repeated to highlight improvements.
- The clinic had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through reviews. We saw that the registered manager acted appropriately to address any issues over staff performance. The registered manager had oversight of MHRA alerts, NICE guidance, incidents and complaints.
- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- The Clinic had plans in place and had trained staff for incidents that might interrupt service delivery.

Are services well-led?

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The registered manager and staff told us there were daily informal staff meetings and the clinical team had monthly meetings, using online conferencing. There were minutes to confirm this. Issues relating to the safety and effectiveness of services were shared appropriately. There was evidence that the practice used performance information, for example from audits of patients' consent and their satisfaction with the service, which was recorded and monitored. The information used to monitor performance and the delivery of quality care was accurate and useful.
- There were appropriate 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 and staff

The clinic involved patients and staff to support high-quality sustainable services.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed, but none had had occasion to raise any issues.

- There was an active patient participation group of ten patients who met regularly. There was a dedicated PPG notice board with contact details in the waiting area so any patient could raise an issue or provide feedback.
- The clinic conducted patient satisfaction surveys quarterly. The results of the most recent being consistently positive.

Continuous improvement

There were systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement at all levels within the clinic. The clinic had plans to introduce new screening services over the next 12 months. It already provided the "Harmony test", which analyzes cell free DNA in maternal blood and gives a strong indication of whether the foetus is at high or low risk of having Down's syndrome, Edwards syndrome or Patau syndrome.
- Staff knew about improvement methods and had the skills to use them.
- The clinic made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.