

# JDoc Medical - Wellington Diagnostic Centre

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall. This is the providers first rated inspection**

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 JDoc Medical - Wellington Diagnostic Centre as part of our inspection programme. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The Medical Director is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

JDoc Medical - Wellington Diagnostic Centre provides private general practitioner consultation and treatment services.

## **Our key findings were:**

- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The provider had systems in place to protect people from avoidable harm and abuse.
- There was a clear vision to provide a safe, personalised, high quality service.
- All staff we spoke with felt valued by the leaders and said there was a high level of staff support and engagement.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- The service had a business development strategy that effectively monitored the service provided to assure safety and patient satisfaction.
- Feedback about the practice was extremely positive from patients and peers.
- There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment and there was a focus on continuous learning and improvement. The clinic introduced a patch for diabetic patients to wear, patients get immediate feedback about the level of their blood sugars following a meal. All have shown improvement with their sugar management.

## **We saw the following outstanding practice:**

- A systematic approach was taken to working with other organisations to improve care outcomes. The clinic had worked with a community charity who were an interface between the local Jewish population and local medical services. People from this community had not been able to access medical care on specific holidays, so were

# Overall summary

disenfranchised from being able to access medical care. As a result, attendance at A&E dramatically increased during these holidays. The clinic therefore opened for 6 days in September and October 2022 offering free consultations. The clinic saw 91 patients and estimated, based on patients' feedback, that they avoided at least 30 unscheduled A&E visits over the 6 days.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

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

## Our inspection team

Our inspection team was led by a CQC lead inspector who was accompanied by a specialist adviser.

## Background to JDoc Medical - Wellington Diagnostic Centre

JDoc Medical - Wellington Diagnostic Centre is run by JDoc Medical Limited. The service offers private GP consultation and treatment services from a single floor of the Wellington Diagnostics Centre located in Golders Green, North London. The building is wheelchair accessible. The provider is registered with the Care Quality Commission to carry on the regulated activities of Diagnostic and screening procedures, Family planning and Treatment of disease, disorder or injury.

The opening hours are Monday and Wednesday 8:30am – 6pm, Tuesday 8:30am – 7pm, Thursday 8:30am – 8pm, Friday: 8:30am – 4pm and Sunday: 8:30am – 2pm. Patients can also book appointments for Saturday mornings on occasions. The medical team comprises of 4 GP's, 3 receptionists, 1 Phlebotomist and 2 administrators.

### How we inspected this service

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. We spoke with the clinical director, practice manager and administrative staff. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service. We reviewed patient feedback provided both to the service and a third party.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

**We rated safe as Good because:**

## **Safety systems and processes**

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. 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. All staff had Disclosure and Barring Service (DBS) checks carried out when they started at the clinic. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. Clinicians were trained to level 3 and all other staff were trained to level 2. 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. Annual audits were completed and we noted Legionella testing was taking place.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. PAT testing and calibration were completed annually. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## **Risks to patients**

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- 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. All consultants were responsible for ensuring they had appropriate cover.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

## **Information to deliver safe care and treatment**

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

# Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including 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 audit 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 and patients in receipt of these drugs were closely monitored.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children.

## 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. We saw an example of where the building had suffered from a power cut that affected the medicines kept in the fridge. Following the incident the provider had implemented a new process of checking all fridges at the time of the incident in order to take immediate action to preserve the medication.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

# Are services safe?

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional staff.

# Are services effective?

**We rated effective as Good because:**

## **Effective needs assessment, care and treatment**

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as 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.
- Patients were referred back to their own GP to ensure continuity of care so that the implications for a person's care and treatment were picked up by their GP for example, for repeat prescribing.
- Staff assessed and managed patients' pain where appropriate.

## **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.** (Give examples).

- The service took part in quality improvement activity, for example audits, reviews of consultations and prescribing. We saw the provider had carried out an audit for an antibiotic used for bacterial infections. The audit aims was to review the clinics compliance with the NICE guidelines in regard to prescribing. They found that some patients were still being prescribed that particular anti-biotic outside the guidance. Then results were discussed with all doctors who were advised that greater emphasis must be made to issue the correct antibiotic in order to avoid the build-up of resistance and were directed to the NICE guidance. The clinic has also implemented a safety net procedure to be followed with these patients and discussed at each appointment. The audit will be repeated in July 2023.
- They had also carried out audits on their minor surgery and joint injections.

## **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 and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

## **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. We saw the lead clinician had created a proforma for sharing information about 'high risk medicines' with NHS GPs. The clinic has audited this and shown an improvement since the implementation.
- 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.
- 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, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, we saw evidence of joint working with the psychiatric 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.
- The service monitored the process for seeking consent appropriately.

## 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. The clinic offered health checks and opportunistically discussed smoking cessation and obesity with patients, and would refer patients on to specialist services. They also had a cardio vascular system (CVS) prevention strategy for people who had developed cardiovascular risk factors.
- 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.

# Are services caring?

**We rated caring as Good because:**

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received. All patients were sent feedback questionnaires after all consultations.
- Feedback from patients was positive about the way staff treated people. We saw the results of a recent patient survey where most patients were happy with the care and treatment received.
- 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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- The results from the patients survey demonstrated that patients felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

## **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.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **Responding to and meeting people's needs**

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

- The provider understood the needs of their patients and improved services in response to those needs. For example the clinic was open 365 days a year.
- 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. The premises were wheelchair accessible and lifts were available to take patients up to the clinic and a hearing loop was available in reception.

## **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.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. The clinic held a log of all referrals which was updated daily to ensure all referrals were followed up and closed once the patients had confirmed they had been seen.

## **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 complaint policy and procedures in place. They had received two in the past year which had been dealt with in line with their policy.

# Are services well-led?

**We rated well-led as Good because:**

## **Leadership capacity and capability;**

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## **Vision and strategy**

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

## **Culture**

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

- 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 re validation where necessary. All staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between management staff and the team.

## **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.
- The service used performance information which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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.

## **Managing risks, issues and performance**

### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- 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 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.

## **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.

# Are services well-led?

- Staff could describe to us the systems in place to give feedback. For example in team meetings, annual appraisals and day to day informal chats as they were a small team. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

### There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment and there was a focus on continuous learning and improvement. The lead doctor told us they were committed to bringing the best medical care to patients by drawing on innovations from around the world. For example, they had attended an international conference, which was a combination of Medical Ethics updates together with a program that focused on adult and paediatric diabetes management. In particular, the monitoring of diabetes as well as the use of innovative drugs. As a result the clinic introduced a patch for patients to wear, which fed information to an app on a smart phone via blue tooth, where patients get immediate feedback on their dietary choices, so they know what their sugars were doing with whatever food choice they made. This feedback mechanism allowed patients to make informed choices about their intake. Studies have shown that those using this device have lowered their average sugar readings remarkably through the use of this app. At the time of our inspection the clinic had a number of patients being monitored regularly. We noted these patients were extremely happy with their progress and all have shown improvement with their sugar management. In some, the clinic found that the original monitoring using the HBA1C venous test was over treating them as they were on unnecessary drugs. Subsequently, the clinic were able to manage the safe removal of these drugs and prevent incidents of hypoglycaemia.
- Further, there were systems to support improvement and innovation work as the clinic was in the process of collecting data in relation to a new drug they had started using which along with lifestyle improvements in diet and exercise, are used to help manage blood sugar levels in people with type 2 diabetes. All the published data to date is based on the American dosage, which is higher than the amount allowed to be prescribed in the UK. Patients are closely monitored.
- A systematic approach was taken to working with other organisations to improve care outcomes. The clinic had worked with a community charity who were an interface between the local Jewish population and local medical services. One of their aims was to assist with the setting up of GP clinics during religious Jewish Holidays when Orthodox Jews do not use technology as this is forbidden by Jewish Orthodox law. As a result, this group of patients were disenfranchised from being able to access medical care on these specific days as they cannot use the telephone or travel by car to obtain or arrange care. As a result, attendance at A&E dramatically increased during these holidays. The clinic therefore opened for 6 days in September and October 2022, which was advertised via widespread advertising of the service through the Jewish Community and local Synagogue publications and all consultations were free of charge. The clinic saw 91 patients and estimated, based on patients' feedback, that they avoided at least 30 unscheduled A&E visits over the 6 days.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.