

Jenna Clinic

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?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

We have inspected Jenna Clinic previously; on 11 December 2017, we identified concerns and carried out a further unannounced focussed inspection on 19 December 2017. We found that the clinic was not providing safe, effective or well led services, however they were providing caring and responsive services; following this inspection we took urgent enforcement action to place conditions on services delivered at Jenna Clinic. These conditions ended on 21 March 2018. We returned to Jenna Clinic on 13 April 2018, we did not rate the service but found the provider was compliant in all domains.

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 Jenna Clinic on 16 April 2019 as part of our inspection programme and to rate the service.

The clinic provides ultrasound and gynaecology services, assessment for IVF and assessment for plastic surgery. 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 service and these are set out in of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, complementary therapies, including acupuncture. These types of arrangements are exempt by law from CQC regulation.

The manager of the clinic 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.

The service proactively gained feedback from patients with regular reports compiled from the surveys. As part of our inspection we reviewed the results of the patient surveys that had been collected over the previous 12 months.

We received eight Care Quality Commission comment cards, and all of these were wholly positive about the care and service and positive outcomes the patients had received.

Our key findings were :

- We saw there was leadership within the service and the team worked together in a cohesive, supported, and open manner.
- There was an effective system in place for reporting and recording significant events.
- Information about services and how to complain was available and easy to understand.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- All staff had received a Disclosure and Barring Service (DBS) check.
- Risks to patients were assessed and monitored.
- The service held a central register of policies and procedures which were in place to govern activity; staff were able to access these policies easily and all staff had signed each one.
- The service had embedded the system to ensure clinical auditing was completed to achieve quality improvement.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- All patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- The service proactively sought feedback from staff and patients, which it acted on. Regular surveys were undertaken, and reports collated from the findings and action taken where required.

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 and the team included a GP specialist adviser.

Background to Jenna Clinic

Jenna clinic is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides at their location in the city of Peterborough. The clinic provides ultrasound and gynaecology services, assessment for IVF and assessment for plastic surgery and an internal medicine service (doctors of internal medicine focus on adult medicine with specialist training).

The service is opened every weekday and at the weekends, the hours are flexible to the needs of the patients. If the clinic is not open, staff work from home bases to ensure calls and emails are monitored.

We carried out an announced comprehensive inspection on 16 April 2019 to ask the service the following key questions; Are services safe, effective, caring, responsive, and well-led?

During our visit we:

- Spoke with staff, including admin staff and the registered manager.
- Reviewed a sample of the personal care or treatment records of patients.
- Looked at information the clinic used to deliver care and treatment plans.

Are services safe?

We rated safe as Good because:

- We saw there were systems and processes to manage unintended or unexpected safety incidents. Staff we spoke with detailed how patients would receive reasonable support, detailed information and a verbal and written apology.
- The service had defined and embedded systems, processes, and services to keep patients safe and safeguarded from abuse. The service did not offer services to patient aged under 18 years old and at the time of the inspection did not have any patients aged over 65 years old.
- There were recruitment processes in place. All staff had received a Disclosure and Barring Service (DBS) check. Staff who acted as chaperones had been trained to undertake this role.
- There were various risk assessments in place to ensure that patients and staff were kept safe.

Safety systems and processes

The service had 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 staff operating under a practicing privileges contract (a practising privilege is the contract agreed between individual medical professionals and a private healthcare provider). 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 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 and the service policy was to undertake checks for all staff employed by the service.
- 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. We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, training undertaken, qualifications and registration with the appropriate professional body.

- We saw the service had an identified infection prevention and control lead to give oversight to ensure standards were met and maintained. The service had a legionella risk assessment undertaken in January 2018 and were monitoring water temperatures.
- The provider ensured that facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. Equipment had been checked and replaced as needed. There were systems for safely managing healthcare waste.
- The provider carried out environmental risk assessments, which considered the profile of people using the service.

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.
- Emergency medicines kept on site were appropriate and weekly checks were made on the expiry dates of medicines and equipment. Oxygen was available with children's and adult's masks and a defibrillator was on site.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The clinic used limited electronic systems and managed paper records appropriately.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service worked with local midwives and had received referrals for fertility testing.

Are services safe?

Safe and appropriate use of medicines

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

- During our inspection we noted that the service prescribed medicines on a private basis. Private prescription stationery was stored and monitored appropriately. Information was passed to the patients GP to ensure they were aware of any medicines prescribed. Records we saw showed the prescribing of medicines was in line with current guidelines.
- Patients' health was monitored to ensure test results were being followed up appropriately. We saw evidence of a log of patient's results that identified when any testing had been completed and included details of the clinician completing the test, the date the test was sent, when it was received, the result and the follow up consultation with the patient.

Track record on safety and incidents

The provider had effective systems in place to maintain a complete safety record.

- There was a fire risk assessment in place. The clinic had carried out regular fire alarm testing and had equipment including fire extinguishers and emergency lighting which was checked regularly.
- There was an up to date health and safety risk assessment and a poster available for clinicians and patients.
- There was a legionella risk assessment in place and there was a system to monitor the water temperatures.

There were appropriate systems in place for the security and back up of clinical records kept on the computer. The provider had systems in place for the safe storage of handwritten medical records.

Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

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. This included alerts from the Medicines and Healthcare Products Regulatory Agency.

There were clear systems to manage unexpected or unintended safety incidents which would ensure;

- The service gave affected people reasonable support, detailed information and a verbal and written apology.
- They kept written records of correspondence.

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the management team of any incidents or significant events and there was a recording form available.
- Staff told us they would discuss any significant events. They told us of changes made because of an incident. For example, changes made to the management of a suspected ectopic pregnancy (a complication in pregnancy where the embryo grows outside the uterus). Meetings were held to discuss the events; some staff attended these meetings via the internet to ensure they did not miss any shared learning. We saw the service had three events recorded in the previous 12 months.

Are services effective?

We rated effective as Good because:

- Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- All members of staff were suitably trained to carry out their roles.
- There was evidence of appraisals, induction processes and personal development plans for all staff which were specific to the services offered.
- The service ensured sharing of information with NHS GP services and general NHS hospital services when necessary and with the consent of the patient. There was a consent policy in place and we saw that written consent was always obtained.
- The staff had carried out audits to monitor and improve their effectiveness in areas such as consent and effectiveness of treatment.

Effective needs assessment, care and treatment

- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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 in the records we viewed.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service held a register of all audits carried out which included timescales for further re-audit, these included audits of effectiveness and consent, antibiotic prescribing and early miscarriage and ectopic pregnancy. The service had undertaken four cycles of the prescribing audit to ensure they prescribed in line with current guidance. Each cycle had shown an improvement with the fourth cycle showing the service performance was 90%. We noted that the service prescribing of antibiotics was to a low number of patients.

- There was a clear plan in place for quality monitoring and improvement. The clinic had audits on consultations undertaken by staff and had liaised with an external clinician to complete some of these audits.

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 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. For example, two staff members had completed training and provided a phlebotomy service.

Coordinating patient care and information sharing

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

- We viewed records of some patients who used the service. The clinic had a new system in place to record the patients regular GP to ensure that, where consent was gained, they could share information with them if necessary.
- We saw that where patients had abnormal test results, there was a system in place to ensure this was followed up by the patient or the regular GP. The provider informed patients that if results were abnormal they would need to follow this up. There was documented evidence of testing undertaken, the clinician involved, when the results were received and when the patient was contacted.
- The clinic could evidence working with local midwives as they received referrals for fertility testing.

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.

- We saw evidence in clinical notes of advice relating to national priorities including dietary advice.

Are services effective?

- We saw clear evidence of clinicians referring patients for contraceptive advice. The registered manager also ensured that contraception was fully explained to the patient and that they understood where they could gain further advice and support.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. When appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The clinic had audited consent in a set of patient notes and found they had achieved 100% for this.
- The clinic gained written consent for procedures such as ultrasound. Consent forms were also available in different languages such as Russian and Lithuanian.

Are services caring?

We rated caring as Good because:

- Patients said they were treated with compassion, dignity, and respect and they were involved in decisions about their care and treatment.
- We were assured that staff treated patients with kindness and respect and maintained patient and information confidentiality. The service could evidence patient feedback from surveys undertaken and compliments received. All the surveys we saw and comments cards we received, reported positive experiences and outcomes.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated 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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Service staff spoke other languages including Hebrew, Lithuanian and Russian.
- Through comment cards, patients said they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, in their first language.

Privacy and Dignity

The service respected 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:

- Appointment times were available throughout the week and on weekends. The service was flexible in relation to times of appointments making the service more accessible to those patients who worked or relied on relatives.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. At the time of our inspection, the service had not received any complaints.

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. The service did not see any patient aged under 18 years old.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so people in vulnerable circumstances could access and use services on an equal basis to others.

- The service routinely sought patient feedback. For example, a survey was undertaken in September 2018, December 2018 and March 2019, all surveys showed that 100% of patients were very satisfied and would recommend the service to their family and friends.

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 assessments, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

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 reported they would treat patients who made complaints compassionately.
- The service told us they would inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- There was a complaint policy and procedures in place. At the time of the inspection the service had not received any complaints.

Are services well-led?

We rated well-led as Good because:

- There was a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. The business plan was reviewed on an annual basis.
- There was a leadership structure and staff felt supported by management.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider encouraged a culture of openness and honesty.
- They proactively sought feedback from staff and patients and made changes to the service delivery as a result.

Leadership capacity and capability;

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The staff regularly met for meetings such as clinical governance, some staff attended via the internet to ensure they were part of the discussion and learning.

Vision and strategy

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

- There was a vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- 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 who wished to access their services.
- The provider acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. 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. Staff were supported to meet the requirements of professional revalidation where necessary.
- 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.

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. The clinic held three monthly meetings to discuss a range of topics relating to clinical care, updates and significant events.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The provider had established policies, procedures and activities. They were specific to the clinic and available for all staff.

Managing risks, issues and performance

There were 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.

Are services well-led?

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations.
- Some clinical audit was undertaken to monitor quality of care and outcomes for patients.
- 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.

- There was evidence of regular meetings. There was a set agenda which had significant events as a standing item.
- The clinic used performance information to monitor and manage staff.
- The clinic had some information technology systems. All clinical records were being completed on the computer and hand-written notes kept in paper form were stored in line with recognised guidance.

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.

- Patients, staff and external partners' views and concerns were heard and acted on. For example, there was a book in reception for patients to leave comments. The manager also attended external conferences and bought lessons from these back to the clinic for implementation. The provider engaged with local community members and gained their feedback and shared information.

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 within the clinic. For example, receptionists had been trained to carry out phlebotomy.