

JA Medical Services Southeast Ltd

Cosmopolitan Medical Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 15 February 2018 to ask the service 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.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The service has a 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.

This provider offers private vaccinations, travel and health screening services.

Nineteen patients provided feedback about the service on the Care Quality Commission comments cards, all the comments were positive.

Our key findings were:

- The care provided was safe. There was a culture of placing safety at the core of activity. Systems to support safety within the building were effective and well embedded.
- There was a strong emphasis on continuous learning for staff.
- There was abundant information for patients on how to approach their treatment.
- Feedback from patients was uniformly positive.

Summary of findings

- There was a very clear pricing structure to help patients understand the total cost of the options available.

We identified areas where the provider should make improvements:

- Review training and records kept for staff to ensure all staff are up to date.
- Review implementing a business continuity plan.

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

- We found there was an effective system for reporting and recording significant events, though no events had been reported during the previous year. There were systems to help ensure that if things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The provider had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their safeguarding responsibilities. The registered manager was in the process of upgrading the level of training for child safeguarding level three which was more appropriate to their role.

Are services effective?

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

- Staff were aware of current evidence based guidance and acted upon it.
- Audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

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

- The CQC comment cards showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- Patients were treated with kindness and respect.
- The provider maintained patient and information confidentiality.

Are services responsive to people's needs?

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

- The provider took account of the needs and preferences of patients such as those with a learning disability.
- The CQC comment cards showed that patients said it was easy to make an appointment.
- The provider had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available. There was a policy on handling complaints that included processes for learning from complaints.

Are services well-led?

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

Summary of findings

- The provider had a clear vision and strategy to deliver high quality care.
 - There was a clear leadership structure and staff felt supported by management. The policies and procedures to govern activity were effective.
 - An overarching governance framework supported the delivery of the strategy and good quality care. Most staff working for the provider also worked for the NHS. There was a reliance on the training that those staff received, or should receive, in the NHS without always checking, for example by viewing certificates, that the training had taken place.
 - Staff had annual performance reviews and attended staff meetings and training opportunities.
 - The provider was aware of the requirements of the duty of candour.
 - There was a culture of openness and honesty.
 - The provider had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
 - The provider sought feedback from staff and patients and we saw examples where feedback had been acted on.
 - There was a focus on continuous learning and improvement at all levels.
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Cosmopolitan Medical Clinic

Detailed findings

Background to this inspection

JA Medical Services Southeast Ltd run the Cosmopolitan Medical Clinic.

Services are provided from

48 Church Street

Maidstone

ME14 1 DS

The clinic provides free health travel consultations. Chargeable services include travel vaccinations, occupational health services and blood screening, childhood immunisation vaccines, ear irrigation, sexual health Screening, skin tag removal, influenza and shingles vaccinations and cervical smear tests. The clinic is a registered Yellow Fever centre.

Services are provided from the above address only.

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

We asked the clinic to provide information about its staff, services and governance before the inspection. We gathered patients' views about the clinic through Care Quality Commission comment cards, sent to the clinic two weeks before the inspection.

We spoke with the provider and with staff at the clinic.

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?

Our findings

Safety systems and processes

There were clearly defined and embedded systems, processes and practices to minimise risks to patient safety

- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding. The registered manager was in the process of upgrading their level of training for child safeguarding to level three which was more appropriate to their role. All other staff had received training on safeguarding children and vulnerable adults relevant to their role. Staff knew who the lead for safeguarding was and how to make reports to them.
 - The provider reported that they had never been asked to supply a chaperone. One member of staff was trained as a chaperone. That person had a DBS check in their role as an NHS employee. 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 premises were clean and tidy. There were cleaning schedules and systems for monitoring their effectiveness. There were regular cleaning audits. As well as daily cleaning activity there was a system of deep cleaning, where all the areas of the premises were cleaned on a rotational basis.
- We reviewed one personnel file and found appropriate recruitment checks had been undertaken prior to employment. The information included, for example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body.
- All staff, who had contact with patients, had received appropriate Disclosure and Barring Service (DBS) checks.
- All the clinical staff were recorded on their appropriate professional register and had undertaken professional revalidation as required.

The provider had a variety of other risk assessments to monitor safety of the premises such as:

- Control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Risks to patients

The provider had adequate arrangements to respond to emergencies and major incidents, though in some areas the formal processes, such as the written instructions, not comprehensive.

- All staff received annual basic life support training. There were emergency medicines available and staff knew where they were located. There was an assessment of which emergency medicines were appropriate to the service
- There was medical oxygen with adult and children's masks. There were first aid kits and epipens (an injection which can reverse the symptoms of an allergic reaction) for children and adults at various strategic points around the building.
- All the medicines we checked were in date and stored securely.
- The provider did not have comprehensive business continuity plan for major incidents such as power failure or building damage. After the inspection the registered manager told us they would develop one.
- The provider had a professional indemnity policy covering all the staff and clinical activities within the building.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

Information to deliver safe care and treatment

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the patient record system and their intranet system.

- Where material had been sent for testing, such as skin or blood samples, there were systems to help ensure that results were received and checked against the patients' record.
- The provider did not routinely keep the patients' GPs informed about the treatment. The provider did use the Personal Child Health Record (also known as the PCHR or 'red book') which is the national standard health and development record given to parents/carers at a child's birth, to record immunisations and as a means of

Are services safe?

checking that immunisations were appropriate. Staff checked patients' identity by asking to confirm their name, date of birth and address provided at registration and against the details in the red book. Patients were encouraged to share information with their GP. However some of the testing related to sexual health and the provider respected the patients' right to confidentiality.

- Patients provided personal details at the time of registration including their name, address and date of birth. Before consultations and at the appointment booking stage, staff checked patient identity by asking to confirm their name, date of birth and address provided at registration.

Safe and appropriate use of medicines

- There were safe processes for handling medicines.
- The provider received pharmacy advice from several different sources to help ensure that their prescribing practice remained safe and up to date.

Track record on safety

There was a system for reporting and recording significant events.

- There had been no significant events over the last year.

- There was a system for receiving safety alerts, such as those relating to the use of medicines or medical devices. They were assessed to decide if they were relevant to the provider and acted upon when necessary.

Lessons learned and improvements made

We saw evidence that lessons were shared and action was taken to improve safety in the provider.

- For example there had been instances where the vaccinations had been drawn up before the patients arrived for the appointment. Staff realised this posed an unnecessary risk and a potential waste resources. Following a review and staff meeting a new protocol was developed to ensure the medicines vaccinations were only drawn up once the patient had arrived for the appointment.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

- There had been no unexpected or unintended safety incidents. However the service had protocols to give affected people reasonable support, truthful information and a verbal and written apology, in the event that such incidents arose.
- They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as those from the Public Health England and the National Institute for Health and Care Excellence.

- Yellow fever vaccinations were administered at the clinic and we saw that the provider was aware of, and complied with, the latest guidance. They were aware that patients prescribed certain medicines, or having certain conditions, could not be given the vaccine.
- Patients completed a comprehensive questionnaire regarding their previous medical history. Where patients had allergies this was recorded in the notes and prominently flagged so that other clinical staff would be aware of the issue.

Monitoring care and treatment

There was evidence of quality improvement including clinical audit:

- There had been audits of infection prevention control, patient consent and medicine stock.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. However the provider used nurses who were employed in the NHS and relied upon the standard training expected of NHS trained staff. Sometimes the provider checked that staff were up to date. For example we saw that one staff member was booked to attend training in February 2018 as their training, in that skill area was about to expire. However there was no overarching system for the provider to ensure that all these staff had undertaken the training expected.

- The learning needs of staff were identified through a system of appraisals, meetings and formal and informal reviews. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating nurses. The service had identified that up to date vaccines administration training was central to staff needs and had ensured that this was completed for all employed and contracted staff.
- All employed staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

- From documented examples we reviewed we found that the provider shared relevant information with other services in a timely way, for example when referring patients to other services.
- Referral letters were timely and contained the necessary information.
- Staff worked together and with other health professionals to patients' needs and to assess and plan ongoing care and treatment. For example we saw that patients who attended for sexual health screening were referred, with their consent, to relevant local and national providers when appropriate.

Supporting patients to live healthier lives

- There was a wide range of informative literature about maintaining sexual health. This focussed on avoiding infections and illnesses and taking responsibility for preventing the spread of sexually transmitted infections.

Consent to care and treatment

- All patients and patients' parents/guardians provided consent as in the provider's policy. There had been audits of consent which showed that staff complied with the policy.

Are services caring?

Our findings

Kindness, respect and compassion

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The provider occasionally had patients with learning disabilities and other specialist needs. There was a compassionate approach to accommodating them, for example by making their appointments for quiet times. The consulting rooms were on the first floor, where patients had disabilities that could not be accommodated staff referred them to services which were able to accommodate them.

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Of those six specifically mentioned the caring attitude of staff, both in reception and clinically.

Involvement in decisions about care and treatment

- There was evidence in the treatment plans of patients' involvement in decisions about their care.
- We saw that there were information leaflets about the various treatments, in particular leaflets about vaccinations and the impact on public health generally.

Privacy and Dignity

- Patients' confidential information was protected. The reception staff were aware of the need to keep conversations private. Appointments were arranged so that it was rare for more than one patient (or family) to be in the waiting area at the same time.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The provider had same day appointments for those who needed them.
- There were childhood immunisation that were not accessible on the NHS.
- There were longer appointments available for patients who needed them for example, with a learning disability
- There was a comprehensive price list so that patients were aware of the total costs of any particular course of treatment.

- The service provided free consultations to people seeking travel health advice.

Timely access to the service

- The service was open from 10am to 5pm Monday to Friday and 9am to 4pm on Saturday.

Listening and learning from concerns and complaints

There had been no complaints in the previous year. There was a policy for managing complaints. The provider showed us how the complaint would be dealt and the processes that were in place for learning from complaints.

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

On the day of inspection the provider demonstrated they had the experience, capacity and capability to run the service and ensure high quality care.

They prioritised safe, high quality and compassionate care. Staff told us the provider was approachable and always took the time to listen to all members of staff.

Vision and strategy

The provider had a vision to be a leader in the provision of private travel and health services. There were plans to create a more modern service and to increase the services that were available to patients.

Culture

There was a clear leadership structure and staff felt supported by management.

- The provider held and minuted meetings. This was a small provider and most of the clinical staff were contractors, who worked for the NHS. The provider took opportunities, such as prior to the Christmas lunch, to engage with staff.
- Staff told us there was an open culture within the provider and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. For example staff felt that the appointment time allowed for certain procedures was too short, they raised this and the appointment times were extended. Other staff suggestions included, using text messaging instead of e-mails to keep patients informed and contributions to the templates used in administering vaccines.
- The provider held regular social events.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). There was a culture of openness and honesty.

There had been no unexpected or unintended safety incidents. However the service had protocols to give affected people reasonable support, truthful information and a verbal and written apology, in the event that such incidents arose.

Governance arrangements

There was an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The provider, nurses and administrators had lead roles in key areas.
- Provider specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- We saw evidence from minutes of a meetings' structure that allowed for lessons to be learned and shared following significant events and complaints.

Managing risks, issues and performance

There were risk assessments to monitor safety and to mitigate risks. For example:

- There were regular test of the fire safety equipment and regular fire drills, on different days of the week.
- There were protocols for prescribing medicines and ensuring that associated blood test were completed.
- There was a thorough assessment of the control of substances hazardous to health.

Appropriate and accurate information

- Patients completed a comprehensive questionnaire regarding their previous medical history and allergies were record in way that all staff carrying out treatment would be aware of them.
- Patients GPs were not routinely informed of treatment. Patients were encouraged to inform their GP but many patients used the sexual health services for reasons of confidentiality which the service respected.
- Referral letters were timely and contained the appropriate information.

Engagement with patients, the public, staff and external partners

The provider encouraged and valued feedback from patients and staff

- There were high levels of staff satisfaction. Staff we spoke with were proud of the organisation as a place to work and spoke highly of the culture.
- The provider regularly surveyed patients about their satisfaction with the service and this was consistently

Are services well-led?

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

high. Administration staff had suggested that the provider use an online survey tool to capture the voices and opinions of the patients and the provider had supported the staff member in doing this.

- There were 19 CQC patient comment cards. All the cards were positive.

Continuous improvement and innovation

- There were plans to increase the services available at the location.
- There was recognition of the need for specialist skills. For example staff who undertook skin tag removal were trained in screening for basic skin ailments so that could refer patients in any cases of doubt.