

## Japan Green Medical Centre Limited

# Japan Green Medical Centre

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 6 November 2017 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.

#### **Background**

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 the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Japan Green Medical Centre is registered with the Care Quality Commission to provide Diagnostic and Screening procedures, Maternity and midwifery, surgical procedures and Treatment of Disease, Disorder, Injury (TDDI).

Japan Green Medical Centre (JGMC) provides primary healthcare services for Japanese patients living in the West London area. The centre offers private consultations with doctors in a range of specialties ranging from range from GP services, medical emergency care, health checks, ultrasound, women's and children's care.

The clinics opening times were Monday-Friday 9am-7pm. Saturday, Sunday and bank holidays 9am-5pm. When the clinic was closed had a recording message on their answer phone that directed patients to other fee paying services in hospitals in the city.

The clinic has 5854 patients registered and they undertake approximately 8504 consultations per year.

The cost of the service for patients is advertised on the website and detailed on the patient consultation forms and prices are also displayed in the clinic.

# Summary of findings

The service employs eight full time doctors and four part time doctors across the providers other location in London City. All these doctors attained their training in Japan and are also registered with the GMC. The clinic has two full time nurses with both Japan and NMC registrations. Other staff at the practice are health care assistants undertaking phlebotomy roles, pharmacy assistants (the pharmacy assistants are qualified pharmacists from Japan, and they work under the supervision of a GMC registered doctor), a full time health service manager and a practice manager.

The principle GP who is the organisation's Director is also the CQC registered manager. The Chief executive officer is registered as the Nominated individual. 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.

We obtained feedback about the service from 35 patient Care Quality Commission comment cards that had been translated into Japanese. All patients comments were positive about the service experienced. Patients said they felt the practice offered an excellent service as they could access it seven days per week. Patients reported that staff were helpful, caring and treated them with dignity and respect. We also spoke with three patients on the day. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Our key findings were:

- There was an effective system in place for reporting and recording significant events.
- Risks to patients were always assessed and well managed, including those relating to recruitment checks.
- The clinic had a number of policies and procedures to govern activity.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named healthcare professional and that there was continuity of care, with urgent appointments available the same day.
- The clinic had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The clinic proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Maintain the recently developed policy for following up test results.
- Develop a specific policy for dealing with sepsis.

# 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 caring services in accordance with the relevant regulations.

- Lessons were shared to make sure action was taken to improve safety in the clinic.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal apology and are told about any actions to improve processes to prevent the same thing happening again.

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### **Are services effective?**

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

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with external partners to understand and meet the range and complexity of people's needs.

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### **Are services caring?**

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

- 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 easy to understand and accessible.

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### **Are services responsive to people's needs?**

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

- Appointments with the doctors were always available and there was continuity of care, with urgent appointments available when requested.
- The clinic 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.

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### **Are services well-led?**

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

- The clinic had a clear 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.
- There was a clear leadership structure and staff felt supported by management.
- The clinic had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- This included arrangements to monitor and improve quality and identify risk.
- The clinic proactively sought feedback from staff and patients, which it acted on.

# Are services safe?

## Our findings

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

### Safety systems and processes

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

- Staff told us they would inform the managers or the senior doctor of any incidents and there was also a recording form available.
- The clinic carried out a thorough analysis of significant events and they also monitored trends in incidents.
- We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the clinic. For example, the clinic reviewed their vaccinations recording procedure after an error had been noted in a child's vaccination record.
- 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.

### Reliable safety systems and processes (including safeguarding)

The clinic had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. For example the clinic showed us evidence of a case they recently dealt with regarding a child and family who were referred to the local councils safeguarding team.
- All doctors and nursing staff were trained to Safeguarding level 3 and all other administrative staff and health care assistants to level 2.

- A notice in the waiting and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (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).
- We viewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Risk to patients

- The clinic had adequate arrangements in place to respond to emergencies and major incidents.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The clinic had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The clinic had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

### Monitoring health & safety and responding to risks

There were procedures in place for monitoring and managing risks to patient and staff safety.

- The clinic had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The clinic had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

# Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Staff working in reception worked within their remit and knew to refer clinical queries to clinical staff. However the clinic had not developed a specific policy for sepsis.

## Infection control

- We observed the premises to be clean and tidy and there were cleaning schedules in place. Patients feedback we received on the day of the inspection highlighted that all patients found the practice clean and had no concerns about cleanliness or infection control.
- One of the clinics nurses was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. We saw evidence that an infection control audits were undertaken on a monthly basis and this also included weekly spot checks.

- Staff and clients had access to toilets with appropriate handwashing facilities. Examination gloves and alcohol hand gel were available for the doctors in the clinic room.
- The clinic also had access to a room they used if any patients were suspected of having a disease that was infectious.

## Safe and appropriate use of medicines

- We checked medicines stored in the treatment rooms and medicine refrigerators within the pharmacy department and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were kept at the required temperatures. We saw records that confirmed the fridge temperatures were checked and recorded. All recordings for the past 12 months were within the required range. Action to take in the event of a potential failure was available and staff were able to confirm this to us.
- All the medicines used at the clinic were those that were within the UK scope of prescribing and were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- The clinic used blank prescription sheets and these were only printed and signed by the medical staff. We observed all prescription sheets were all locked away.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

- The clinic assessed needs and delivered care in line with relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and other guidance from bodies such as the British Medical Journal.
- Staff had access to guidelines from a variety of sources including NICE and used this information to deliver care and treatment that met peoples' needs. Where necessary they also used other guidance's which were outside the recommendations of NICE but were credible.
- The clinic monitored that these guidelines were followed through risk assessments and audits.

### Monitoring care and treatment

- The practice had completed five audits in the last two years. All of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, action taken as a result included continual following of eradication therapy for Helicobacter Pylori treatment to ensure care and advice was effective.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The clinic had an induction programme for newly appointed members of staff that covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- The clinic could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those conducting x-rays and imaging of patients.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the

scope of their work. This included on-going support during sessions, one-to-one meetings, and appraisals, coaching and mentoring. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice patient record system and their intranet system. This included care assessments, medical records, and investigation and test results. The clinic explained the process they used to receive test results and how they were reviewed. From this discussion we found that though the system they had was working, it was not formally written down. We were concerned that although there had been no incident, there was potential for inconsistent working. Following the inspection the clinic sent us a policy that they intended to put in place to ensure consistency in the receipt and review of test results.
- The practice shared relevant information with other independent services in a timely way, for example when referring people to other private services. The clinic asked their patients if they wanted their NHS GP notified of their attendance. They told us they were aware of the need to share information without patient consent, for example safeguarding concerns.

### Supporting patients to live healthier lives

- We also saw that clinic staff attended a local school for Japanese children to provide advice on healthy eating and other issues relating to young people and health.

### Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

# Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the medical staff assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- All of the 35 patient Care Quality Commission comment cards that had been translated into Japanese we received were positive about the service. Patients said they felt the clinic offered an excellent service as they could access it seven days per week. Patients reported that staff were helpful, caring and treated them with dignity and respect.
- We spoke with three patients on the day. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

### **Involvement in decisions about care and treatment**

- Patients reported that they felt involved in decision making about the care and treatment they received. They also told us they 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. Patient feedback on the comment cards we received was also positive and aligned with these views.

### **Privacy and Dignity**

- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting patients' needs.

- All patients attending the practice referred themselves for treatment; none were referred from NHS services.
- There were longer appointments available for all patients and if required double appointments were offered.
- All clinic staff worked beyond the expected hours if a patient required extra time.
- Same day appointments were available if required and the practice was flexible in offering alternative times if required.
- The clinic had consultation rooms downstairs for patients who could not use stairs.
- The clinic provided child friendly colourful chairs and toys to keep children entertained whilst waiting for treatment.

### Timely access to the service

- The clinics opening times were Monday-Friday 9am-7pm. Saturday, Sunday and bank holidays 9am-5pm. When the clinic was closed had a recording message on their answer phone that directed patients to other fee paying services in hospitals in the city.

- Patient's feedback demonstrated that patients were able to get appointments when they needed them.

### Listening and Learning from concerns and complaints.

The clinic had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance for independent doctors in England.
- There was a designated responsible person who handled all complaints in the clinic.
- A complaints form was available to help patients understand the complaints system. There was information on how to complain on the practice website. Staff also told us that information on how to complain was easily available to patients on the website and if they requested it.
- We looked at one complaint received in the last 12 months and found it was satisfactorily handled and dealt with in a timely way. The clinic demonstrated an open and transparent approach in dealing with complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.
- All complaints were discussed at weekly meetings and actions agreed and corroborated. The clinic also carried out a yearly analysis of trends in complaints to make improvements.

# Are services well-led?

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

## Our findings

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

### Leadership capacity and capability;

- The director of the clinic had the experience, capacity and capability to run the clinic and ensure high quality care. They prioritised high quality and compassionate care. The director was visible in the clinic and staff told us that they were approachable and always had the time to listen to all members of staff.
- The clinic also had a responsible officer who was on site once a week.
- Staff told us that there was an open culture within the clinic and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice.
- The culture of the service encouraged candour, openness and honesty.

### Vision and strategy

The clinic had a vision to deliver high quality care to patients. Staff we spoke with shared the same vision. We saw the vision displayed in patient waiting areas.

### Culture

- The director was aware of and complied with the requirements of the Duty of Candour. They encouraged a culture of openness and honesty. The clinic had systems in place for knowing about notifiable safety incidents.
- When there was safety incidents the clinic gave affected people reasonable support, truthful information and a verbal or written apology and we saw that staff were encouraged to report incidents.

### Governance arrangements

The clinic had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the service was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were efficient arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Engagement with patients, the public, staff and external partners

- The clinic encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.
- It had gathered feedback from patients through surveys and complaints received. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the clinic was run.

### Continuous improvement and innovation

- The clinic were open to feedback and offered patients the opportunity to reflect on their experiences. The clinic encouraged learning from complaints and significant events.
- The clinic doctors attended seminars offered by local hospitals and NHS trusts to increase their knowledge and to stay in touch with developments in other health sectors.