

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Japan Green Medical Centre

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London, W3 9QN

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Japan Green Medical Centre
Registered Manager	Mrs. Miki Uchida
Overview of the service	Japan Green Medical Centre provides primary medical services for mainly Japanese people and their children. The centre offers private consultations with doctors in a range of specialties, immunisation and health screening .
Type of service	Doctors treatment service
Regulated activities	Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 October 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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During our visit to the service we spoke to two people who use the service. They told us that they felt respected by all the staff and they were informed about their treatment. They said they were involved in planning any future treatment needs and could choose which secondary care services referrals could be made to, such as NHS or private hospitals. We found that appropriate systems were in place for the management of infection control and staff received training and development in their work. However, feedback we received from some people who use the service was that their privacy was not always respected. This was specifically in relation to needing to complete forms, and being informed about their medicines, in the waiting area of the service.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

Peoples' diversity, values and human rights were respected. The manager informed us that the centre provided care and treatment to mainly Japanese people. She explained that this was due to the registration of the GP's, where they had qualified in Japan, yet their GMC registration meant they could only provide a service to non UK nationals, except in an emergency. All the staff who worked at the centre were Japanese and we saw them communicating with people in a calm and respectful way. People were seen by a GP in one of three consultation rooms. There was a separate treatment room which could accommodate two people to be seen at one time, such as for taking blood or having a mouth swab taken. There was a curtain to separate the two treatment couches, to enable people to be seen in private.

The provider might like to note that, whilst the staff demonstrated a good understanding of confidentiality issues, people said they felt their privacy was not always respected. This was specifically in relation to needing to complete forms and being informed about their medicines in the waiting area of the service.

People were given appropriate information and support. We were shown information provided to people, which was in Japanese and English, and informed them about the services provided by the centre. The fees for the service were displayed in the reception area of the centre. The website was provided in Japanese, with a summarised English version. People we spoke to said they really appreciated the service and that explanations were given to them in Japanese, as this helped them understand better,

People who use the service understood the care and treatment choices available to them. We spoke to two people who use the service. They told us they were involved in planning any future treatment needs and could choose which secondary care services referrals could be made to, such as NHS or private hospitals. People said that they were able to get an appointment when they needed to and were seen promptly.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. The manager showed us the results of the annual feedback survey with people who use the service. She also spoke about

improvements that had been made in response to feedback received, which included a wider choice of magazines in the waiting area, and the installation of WI-FI for people to use.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People told us they were able to discuss their needs with the GP or nurse and they felt they received the right treatment. The service employed GP's with a range of specialities, including gynaecology and paediatrics, and people said they were often given a choice of which GP they wanted to see. People said they were involved in their care and given advice to help them manage their health needs. They also said they felt able to ask any questions and these were fully answered.

Where people needed referral onto secondary care, a GP told us that they explained to people the benefits and advantages of both NHS and private services, and allowed the person to choose which they wanted to pursue. People we spoke with confirmed that this took place and that they felt fully consulted about this.

People's needs were assessed. The manager told us about the different health screening and diagnostic tests that took place at the service, in response to people's needs, and also when they first registered with the centre. These assessments included the person's medical history and medication they were already receiving. They informed us these were re-checked each time the person attended an appointment. The manager told us that where people had chronic illnesses, such as diabetes or hypotension, future appointments were made with the person to ensure that this was monitored. Diagnostic tests, such as smear tests, urine testing and ultrasound were also carried out as necessary, and the samples were stored in a fridge until they were picked up by a courier and taken to a laboratory. Staff told us that when the results were received they informed people by their preferred method of communication, whether this was via email, telephone or letter.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. The staff showed us the protective equipment they used, which included disposal gloves and aprons and face masks. They also showed us the disposable paper sheets use on the treatment couches, and informed us these were disposed of between each person. Staff also spoke about the daily infection control checks they carried out, which included checking the sharps bins, clinical waste and the cleaning carried out by the domestic staff. All the staff we spoke to confirmed they had received training in infection control and we saw the records to evidence this.

People who use the service said they felt the centre was always clean and well-maintained. We observed alcohol hand gel in different areas of the centre, as well as disinfectant wipes for people to use.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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### **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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### **Reasons for our judgement**

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People who use the service told us they had confidence in the ability of staff when they identified their needs and determined the most appropriate course of treatment. They said that referrals to hospitals were timely, which helped assure them they were getting the right treatment.

Staff received appropriate professional development. Staff said they felt there was good teamwork and they felt supported in their work. They said they were encouraged to undertake training in mandatory areas, such as safeguarding and moving and handling, and they were also supported to attend training for their professional development. The training records confirmed this training was undertaken by the staff. Staff had an annual appraisal of their work, where any training needs were identified. We were also shown the induction programme for new staff which, once done, was reviewed regularly with their line manager to ensure they were competent in their work.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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### Reasons for our judgement

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People were made aware of the complaints system. There was information in the waiting area of how people could make a complaint, as well as a 'suggestion box' where people could provide anonymous feedback about the service. People said they felt confident to raise any concerns, and would do this directly with the centre, verbally, or via email.

Comments and complaints people made were responded to appropriately. Staff told us that if they received a complaint from a person they would refer this to the manager to deal with straight away. The manager showed us the complaints log, which recorded the complaint, investigation of this and the outcome.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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