

Globetrotters Medical Services Ltd St Bernards Practice

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 18 May 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 the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Globetrotters Medical Services Ltd offers travel health advice and vaccination services to patients seeking advice on travel and non- travel related medication and vaccinations. The clinic is also a registered yellow fever vaccination centre.

The service is based in Southall and offers satellite services from Hounslow. During this inspection we visited the Southall site where the service is predominantly run from. The service in Southall has a full use of a suitable private consultation room located within the St Bernard's Medical Practice.

At the time of our inspection the service staff comprised of a GP who is the service's registered manager, a specialised travel vaccines nurse who was self-employed and a nominated individual. On the day of the inspection we met with the GP and the specialist nurse.

The clinic's opening times were Tuesday and Thursday 2:30pm-6:30pm. When the clinic is closed there is a mobile phone that is answered by non-clinical staff. If queries relate to a clinical issue they are forwarded to clinical staff who are contacted via an instant mobile application set up by the service.

Summary of findings

Approximately five to ten consultations per month are carried out and these increase to approximately 100 during busy travel periods in the summer.

The cost of the service for patients is advertised on services website. Leaflets at the practice contain detailed information for patients. Patients attending the clinic phone in to discuss their care, and information about prices is given at this stage as well.

The GP is the organisation's CQC 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.

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 many policies and procedures to govern activity.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Information about services and how to complain was available and easy to understand.
- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Develop quality assurance processes to include two cycle clinical audits to drive improvement.

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.

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

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

There was a policy in place for reporting and recording significant events.

Are services effective?

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

The clinic demonstrated that staff were up to date with all current safety alerts and recent travel health knowledge.

The service assessed needs and delivered care in line with current evidence based guidance.

Are services caring?

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

Information for patients about the services available was easy to understand and accessible.

Patient feedback showed a high satisfaction with the service provided, with praise for the staff.

Are services responsive to people's needs?

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

The service understood its population and provided services to meet their needs.

Information about how to complain was available and easy to understand.

Are services well-led?

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

The service had many policies and procedures to govern activity.

The service proactively sought feedback from staff and patients, which it acted on.

St Bernards Practice

Detailed findings

Background to this inspection

St Bernard's clinic operates from Southall in West London. The service also has a satellite clinic based in Hounslow. Both locations are based within GP practices and have full access to all the equipment that is available to the GP practice, including emergency equipment.

The clinic has been registered since 2015 to provide diagnostic and screening procedures and treatment of disease, disorder or injury.

The clinic currently has a clinical lead GP, an administrative manager who is the nominated individual, and a specialist travel nurse. The opening times of the clinic are, Tuesday and Thursdays 2:30pm- 6:30pm. The service offers a 24-hour dedicated line for clinical advice. This service was available to patients via mobile access. However, if the query was received by a non- clinical staff it was the service`s policy that this was passed to clinical staff who could provide advice.

The name and address of the registered provider is:

5 William Close

Southall

UB2 4UP

02088149644

The inspection team consisted of a lead CQC inspector and a GP specialist advisor with travel vaccines experience and expertise.

On the day of the inspection the team interviewed staff, undertook observations in the clinic and reviewed documents.

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

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

Safety systems and processes

We saw that the service had a policy to report and investigate incidents. The service reported they had no significant events in the last 12 months.

Staff received up-to-date safeguarding and safety training appropriate to their role. The GP was trained to level 3 child safeguarding and the nurse level 2. Both had received adult safeguarding training and had full awareness of Female Genital Mutilation/Cutting (FGM). The specialist nurse explained that they always asked appropriate questions to both children and parents to safeguard appropriately.

The service had a chaperone policy in place and this was offered where needed. The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 the specialist nurses and the GPs file and saw current information relating to proof of professional registration with the General Medical Council (GMC) the medical professionals' regulatory body with a licence to practice, professional indemnity insurance, references, DBS check/ performers list, proof of identity and evidence of annual appraisal. The GP was a senior partner at a local NHS practice and we saw that they kept themselves updated through the NHS validation process.

There was an effective system to manage infection prevention and control including legionella. We saw that the room used by the service was clean. There were systems for safely managing healthcare waste. The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were sufficient staff to cover the needs of the service. There was an effective approach to managing staff

absences and for responding to busy periods. The service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. 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 including sepsis.

Information to deliver safe care and treatment

All patients attending the service for treatment had to undertake an initial consultation and pre-travel health risk assessment which included taking details of past medical history. This initial consultation lasted around 30 minutes and no treatment was offered before this was completed.

The service did not routinely check IDs for patients. However, all patients attending with children were required to verify and confirm that they were the child's parent or had parental responsibility. The GP advised us that in instances where the parent was not in attendance they ensured they had written consent or this was obtained verbally and recorded in the patients notes.

All notes and records were securely accessed and stored, with appropriate password security to access the system. The service enquired from patients if they wanted their GP to be provided with information for their vaccinations and treatment and this was passed on where appropriate. Patients were also provided with a vaccination record card that they could pass on to their doctor themselves if they wished to. The vaccine record contained information on the vaccine provided together with information of the brand name of the vaccine, batch number, expiry date the initials of the staff. The service retained a copy of the vaccine record with the patient's file kept on site.

Safe and appropriate use of medicines

The systems for managing and storing medicines, including vaccines, and emergency medicines and equipment minimised risks. The service had all the medicines required to safely administer vaccines including medication for dealing with an anaphylactic reaction (**Anaphylaxis is a severe and potentially life-threatening reaction**). Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. We saw that Patient Group Directives (PGDs) were very comprehensive

Are services safe?

and contained all the necessary signatures to validate them. We also saw that Patient Specific Direction forms were available for use where medicines not included in PGDs were required.

The service only supplied any medicines and administered vaccinations after patients had been made aware of the possible risks or side effects and they had agreed to this.

Track record on safety

There were comprehensive risk assessments in relation to safety issues. The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

There was a system and policy for recording and acting on significant events and incidents including the use of the Yellow Card System. There was a system for receiving and acting on safety alerts. The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

We saw that clinicians assessed and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. The service had systems to keep all clinical staff up to date. The specialist nurse had current registration with the Nursing and Midwifery Council (NMC). Staff had access to guidelines from a variety of sources, including NaTHNaC, Green Book Online and travel vaccine websites. The specialist nurse was also a member of the Faculty of Travel Medicine and sat on the board, providing additional specialist information to the service.

Monitoring care and treatment

The service had on-going control audits for the vaccination storage and handling. However, they were yet to implement a full programme of clinical audits.

Effective staffing

Staff attended travel medicines conferences and shared knowledge within the service. The service facilitated staff with ongoing support. This included an induction process, clinical supervision and support for revalidation.

Coordinating patient care and information sharing

We saw records that showed that all appropriate staff were involved in assessing, planning and delivering care and treatment.

Supporting patients to live healthier lives

It was a requirement of patients using the service to receive a full consultation prior to receiving any vaccines or medicine. During this consultation; travel and non- travel health advice as well as other relevant health information for patients travelling was also offered in accordance with national guidelines. It was also policy to withhold treatment if the service felt that it was not in the patient's interest. There were instances where patients were recommended to seek a consultation from their GP/ medical practitioner for suitable treatment prior to receiving treatment from the service.

Consent to care and treatment

The service obtained consent for 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. Where appropriate, they assessed and recorded a patient's mental capacity.

Are services caring?

Our findings

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

Kindness, respect and compassion

The GP and the nurse were aware of the need to treat people with kindness, respect and compassion. No patients were at the clinic on the day of our inspection and so we could not speak to them. We did not receive CQC patients comment cards on this inspection due to a confusion with the GP practice. However, the service had their own feedback forms which patients completed when they accessed the service. We saw that patients had given positive feedback.

Involvement in decisions about care and treatment

Staff helped patients to be fully involved in the treatment that they were offered. Interpretation services were available for patients that did not have English as a first language. The GP and other administrative staff were multi-lingual and spoke languages that were commonly used by patients accessing this service. Staff told us they ensured that all patients were fully aware of the advice and treatment options and encouraged them to ask questions and ensure that they wanted to proceed with the vaccinations and treatment.

Privacy and Dignity

We saw that the room used for patient consultations provided privacy.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

Patients attending the service referred themselves for treatment. The service had assessed the need to offer travel vaccines and advice to patients from the local community who often travelled to countries that required extra vaccinations protection and other precautions.

The service told us that in some instances patients attended seeking vaccines that were offered in the NHS. In such instances they gave the patients appropriate advice on receiving these vaccines at their GP surgery without the need to pay for them.

The service was available on Tuesday and Thursday from 2:30pm- 6:30pm depending on the demand, sometimes they worked beyond these times. The service was based on the ground floor and was easily accessible with parking available on site.

Timely access to the service

Access to the service was explained to patients on the services intranet website and on printed leaflets.

Listening and learning from concerns and complaints

The service has a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance for independent doctors in England. We saw the policy that the service worked to when dealing with complaints.

There was information on how to complain on patient leaflets and on display in the waiting area. At the time of our inspection, no complaint had been received by the service.

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 provider of the service was a General Practitioner. They demonstrated that they had the capacity and capability to run the service and ensure high quality care. They were also aware of their limitations and professional responsibilities. They were supported by a highly qualified and experienced specialist nurse.

Vision and strategy

The clinic had a vision to provide a consistently high-quality travel health advice and vaccination service for those seeking advice on travel and non-travel related medication. We saw that this vision was a shared common goal when we spoke to the provider and the specialist nurse.

Culture

We could evidence that there was a culture of openness and honesty. The provider was aware of and had systems in place to ensure it complied with the requirements of the duty of candour.

Governance arrangements

The service had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place with clear responsibilities, roles and systems of accountability to support good governance and management. We saw that service specific policies were available for use and these were continuously reviewed.

Managing risks, issues and performance

The service had systems in place to manage risks associated with offering travel vaccines and advice to patients receiving care from other services. However, the service had not fully undertaken a programme of clinical audits.

Engagement with patients, the public, staff and external partners

The service gathered feedback from patients through rolling surveys. Feedback was used to improve the service. The clinic sought feedback from staff through appraisal and regular staff meetings.

Appropriate and accurate information

The clinic acted on appropriate and accurate information. Operational information was used to ensure and improve performance. Performance information was combined with the views of patients. The service used information technology systems to monitor and improve the quality of care. The service submitted data or notifications to external organisations as required. There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation. We saw that the specialist nurse was involved in many learning forums. They told us that they had recently been offering training to local pharmacists on travel medicine and health. The service was also planning to expand their service to cater for patients that were seeking GP consultations. The provider told us they were re- evaluating the service with plans to offer this in the future.