

# Wimborne Medical Services Limited

# Wimborne Travel Clinic

## Inspection report

Wimborne Travel Clinic  
Quarter Jack Surgery  
Rodways Corner  
Wimborne  
Dorset  
BH21 1AP  
Tel: 01202 881693  
Website: [www.wimbornetravelclinic.co.uk](http://www.wimbornetravelclinic.co.uk)

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## Ratings

|  |      |   |
|--|------|---|
| Overall rating for this service            | Good |  |
| Are services safe?                         | Good |  |
| Are services effective?                    | Good |  |
| Are services caring?                       | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led?                     | Good |  |

## Overall summary

**This service is rated as Good overall.** (Previous inspection January 2018- No rating given)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Wimborne Travel Clinic as part of our inspection programme to ask the service provider the following key questions; Are services safe, effective, caring, responsive and well-led?

# Summary of findings

Wimborne Travel Clinic is the only location for Wimborne Medical Services Limited and has been registered to provide travel advice, immunisations and health protection. The clinic is a registered yellow fever centre.

There are six directors of Wimborne Medical Services Ltd who are all partners at the GP practice where the clinic is situated (Quarter Jack Surgery). Two directors take the lead on the day to day running of the clinic and one of the directors is the registered manager of the clinic. 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 through 18 comment cards. These were all positive and contained comments relating to the efficient service and knowledgeable, friendly kind and professional staff. There were no negative comments or suggestions. Patient comments included feedback that they had their procedures fully explained beforehand and felt involved in decision making.

## Our key findings were:

- Staff had the relevant experience to deliver the care and treatment offered by the service.
- Medicines and emergency equipment were safely managed.
- The service was offered on a private, fee paying basis only.
- The practice facilities were well equipped to treat patients and meet their needs.

- Assessments of a patient's treatment plan were thorough and followed national guidance.
- Patients received full and detailed risk assessment, including explanation and costs of any treatment options. This included assessment of patients with complex health needs and long-term conditions.
- The service had systems in place to identify, investigate and learn from incidents relating to the safety of patients and staff members.
- There was an established leadership structure and staff felt supported by management.
- There were effective governance processes in place.
- There were processes in place to safeguard patients from abuse.
- There was an infection prevention and control policy; and procedures were in place to reduce the risk and spread of infection.
- The service encouraged and valued feedback from patients and staff.
- Feedback from patients was consistently positive.
- Staff had been innovative in the development of an IT software system as it was introduced into the UK.

The areas where the provider **should** make improvements are:

Review the significant event process to ensure positive clinical incident learning is included to demonstrate how the learning is shared and applied

**Dr Rosie Benneyworth BM BS BMedSci MRCGP** Chief Inspector of Primary Medical Services and Integrated Care

# Wimborne Travel Clinic

## Detailed findings

### Background to this inspection

Wimborne Travel Clinic is the only location for Wimborne Medical Services Limited, based within the GP practice of The Quarter Jack Surgery, Rodways Corner, Wimborne, Dorset, BH21 1AP

The clinic has been registered since 2014 and provides travel advice, immunisations and health protection.

The clinic operates from one room within a purpose-built GP practice. The clinic has access to all the emergency equipment i.e. defibrillator etc. owned by Quarter Jack Surgery (separately inspected under CQC and rated in February 2019 as 'GOOD'). Private patients attending the clinic access through the surgery reception area and use the practice waiting area until called for their appointment.

There are six directors of Wimborne Medical Services Ltd. All are partners at the GP practice and two of these directors take the lead on running the travel clinic. The clinic currently has a clinical manager/clinical lead, an administrative manager and four nurses offering the travel service.

The opening times of the clinic are as follows:

Monday - 10.30am until 1pm and then 2pm until 6pm

Tuesday - 2.30pm until 6pm

Wednesday - 8.30am until 1pm

Thursday - 2pm until 6pm

Friday - 2pm until 6pm

Saturday and Sunday – by arrangement.

The clinic provides the regulated activity of treatment of disease, disorder or injury.

Further information about the service can be found at [www.wimbornetravelclinic.co.uk](http://www.wimbornetravelclinic.co.uk)

### How we inspected this service

Our inspection team was led by a CQC lead inspector. The team included a member of the CQC medicines optimisation team.

The methods that were used at this inspection included speaking with the provider, interviewing staff, observations and review of documents and comment cards.

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 rated safe as Good because:**

### Safety systems and processes

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

The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.

- The service had systems to safeguard children and vulnerable adults from abuse. This included level three safeguarding training, guidance and raising awareness and staff training about female genital mutilation (FGM).
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken 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).
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider ensured appropriate environmental risk assessments were completed at the practice. Records were kept demonstrating these checks had been completed.
- Appropriate cleaning schedules were in place and there was communication with the cleaning company.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. Staff said they thought there were sufficient numbers of staff and added that any gaps were covered by the staff team.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. For example, they knew how to identify and manage patients with severe reactions to commonly used vaccines.
- The clinic staff also worked at the GP practice and had access to emergency equipment including defibrillator and emergency medicines managed by the GP practice. This was arranged as part of a service level agreement.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

### Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and GPs.

### Safe and appropriate use of medicines

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

- The systems and arrangements in place for managing medicines minimised risks. This included: vaccines, controlled drugs, emergency medicines and equipment. The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale documented that protected patient safety.

### Track record on safety and incidents

**The service had a good safety record.**

## Are services safe?

There were comprehensive risk assessments in relation to safety issues. At the time of inspection this was developed to include transportation of vaccines outside of the practice. The service monitored and reviewed complaints, incidents and accidents both internally at the clinic and externally. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example:

- As part of a significant event at the GP practice, action and learning relating to safe stock control of vaccines had been shared with travel health staff.
- Following two deaths in the UK from yellow fever the provider had reviewed the policy and guidance on yellow fever administration for patients .

### Lessons learned and improvements made

#### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses and said there was an open and supportive culture to do so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took

action to improve safety in the service. There had been one clinical incident since the last inspection. This related to an adverse reaction to a vaccine by a patient. This had resulted in appropriate action being taken. No harm came to the patient and the patient's parents were consulted about future vaccines. There was clinical discussion with the nursing team and appropriate records completed in the patient record. However, the team had not raised this example as a formal significant event. We discussed this with the team and it was agreed that future clinical incidents would be considered to be included within the significant event process.

- The provider was aware of and knew how to comply 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.

The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team and record any action taken. These included alerts from the centre for disease control and prevention, European centre for disease control and prevention and public health England.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated effective as Good because:**

### Effective needs assessment, care and treatment

**The provider had systems to keep clinicians up to date with current evidence based practice.** We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

The clinicians were aware of where to find best practice guidelines including national and international travel websites and National Institute for Health and Care Excellence (NICE) guidelines. For example, the clinic staff used Department of Health 'Green book', nationally recognised travel advice sites, British Global and Travel Health Association, Malaria prevention guidelines and other specialist sites including for those for travelling with children.

Staff used national guidance when undertaking assessments. For example, UK Foreign and Commonwealth Office updates for geopolitical events and World Health Organisation (WHO) for diseases and epidemic reports.

Staff had access to a national social media (Facebook) page for travel health professionals to share information and seek guidance.

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs, medical history and travel requirements.
- Patients were provided with initial advice. Where the consultation resulted in no vaccines or medicines being issued patients were not charged. Patients were directed to their GP where NHS vaccines could be received free of charge.
- Clinicians had enough information to make or confirm a diagnosis and provide treatment. Staff were able to extend appointment lengths in response to the needs of patients. For example, family groups were provided with additional consultation time.
- We saw no evidence of discrimination when making care and treatment decisions.

- The consultation included information regarding side effects from the medicines and vaccines. Patients were also issued with additional health information, including safe travel tips, when travelling and where to access advice and further treatment if required.

### Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. At the last inspection it was suggested that the provider improve methods of quality improvement. Since that inspection the nursing staff complete regular hand washing audits and infection control audits. In addition, following the nationally reported deaths from yellow fever, the provider had collected data of how many patients over the age of 60 years had received treatment for yellow fever. Learning from the nationally reported deaths was particularly relevant to those aged over 60. A repeat audit was booked for October 2019, and every six months, to review these numbers and to ensure all patients had received sufficient advice.

### Effective staffing

**Staff had the skills, knowledge and experience to carry out their roles.**

- All staff were appropriately qualified.
- There was an effective induction system for staff tailored to their role. Staff said the induction process was tailored to the skills and experience of the new member of staff and could be extended if required.
- Relevant professionals (medical and nursing) were registered with the Nursing and Midwifery Council and were up to date with revalidation.
- Staff had access to ongoing support. This included an induction appraisals and support for revalidation.

When staff attended any training updates or courses, learning was cascaded amongst the staff team and recorded in staff meetings minutes. None of the staff had yet completed formal diploma training education although

# Are services effective?

(for example, treatment is effective)

all had completed necessary travel related updates. All members of the team were encouraged to attend travel events. For example, the administration lead had been supported to attend a European travel conference last year.

## **Coordinating patient care and information sharing**

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

- Some travel vaccines are available via the NHS. We saw that the clinic always told people when vaccines may be available to them free of charge and recorded that on their record. Information about medicines or vaccines administered or supplied was made available for patients to give to their GP following completion of a course of treatment.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.

## **Supporting patients to live healthier lives**

### **Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice, so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. and monitored the process for seeking consent appropriately.
- Consent was obtained from each patient before treatment was commenced and was documented on the patient record.
- Clinicians supported patients to make informed decisions including not receiving some vaccines where they were not considered necessary.
- The clinic staff monitored the process for seeking consent appropriately. This was verbal and recorded within the patients' record.



# Are services caring?

## Our findings

**We rated caring as Good because:**

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

#### **Staff treated patients with kindness, respect and compassion.**

- Feedback from patients was positive about the way staff treat people. Comment cards included feedback that staff were kind, knowledgeable and helpful.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

The service continued to support an international social scheme where they donate to a Global alliance for rabies control. For example, for every vaccine for rabies given at the clinic a donation is given which funds a vaccination for one dog. This scheme was started by the practice in 2017

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

#### **Staff helped patients to be involved in decisions about care and treatment.**

- Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to :)
- Patients told us through comment cards, that 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. We were given specific examples where appointment times had been extended to allow groups of patients with additional needs time to receive vaccines and information.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All patient records were kept electronically and could only be accessed by staff working in the travel clinic. Staff complied with GDPR (General Data Protection Regulation) guidance and had information for patients on this.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

#### **The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

The provider responded to changes in guidance, feedback, and to national events.

The provider understood the needs of their patients and provided and regularly looked at ways to improve services in response to those needs. For example:

- The staff recognised increased awareness of FGM (Female Genital Mutilation) and were aware that they may encounter girls and young women travelling to areas where this was practiced. In response, all staff had completed FGM awareness on-line training.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made. For example, automatic doors.

The service was offered on a private, fee-paying basis only. The staff referred patients to the NHS for travel vaccines which were provided free of charge such as those for cholera, diphtheria, hepatitis A and typhoid. The clinic offered appointments to anyone and did not discriminate against any client group.

The staff provided a travel service for local organisations. For example:

- Army and Royal Marines staff and their families attend the clinic for travel vaccines and other vaccines as required
- A company who send staff overseas to Cambodia and Argentina. Employees come to clinic for medicals and vaccines
- Staff from a nearby tourist attraction (Monkey sanctuary) attend the practice for rabies vaccines.

The staff also provide vaccinations for local schools and businesses to reduce sickness rates. For example, flu vaccinations to reduce sickness rates.

### Timely access to the service

#### **Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- The service was open Monday to Friday and the website contained details of current opening times.
- Patients were able to book appointments over the telephone or in person.
- Initial consultations were scheduled with enough time to assess and undertake patient's care and treatment needs.
- There was no fee for initial consultation. Fees were available on request but were also displayed within the clinic and clearly on the website.
- Waiting times, delays and cancellations were minimal and managed appropriately.

### Listening and learning from concerns and complaints

#### **The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

The service had complaint policy and procedures in place. The service had not received any complaints but said it would follow the Quarter Jack Surgery process which had systems in place to ensure lessons would be learned from individual concerns, complaints and from an analysis of trends.

# Are services well-led?

Good 

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

## Our findings

### Leadership capacity and capability;

#### **The leader had the capacity and skills to deliver high-quality, sustainable care.**

- The staff team were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Staff said the leadership team were visible and approachable and fostered a culture of encouragement and support and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- Feedback from staff was positive regarding the support given by each other and the provider. Staff added that the clinic was a good place to work.

### Vision and strategy

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

- The clinic was set up to fill a gap in NHS provision and has developed to meet the needs of the wider community.
- There was a clear vision and set of values. The vision included 'aspiring to provide an excellent, efficient immunisation service to the general public.'
- The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

### Culture

#### **The service had a culture of high-quality sustainable care.**

- Staff said there was a positive morale which made coming to work a pleasure. Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.

- The staff team acted on behaviour and performance inconsistent with the vision and values and had whistleblowing policies in place, which staff were familiar with.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us there was an open culture where they could raise suggestions and concerns and were encouraged to do so. They had confidence that concerns would be addressed, and suggestions acted upon. For example, staff said suggestions about the IT system were implemented promptly.
- All staff received annual appraisals and had access to training updates.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- Nurses were considered valued members of the team. Staff added that there was a mutual sense of respect shown within the team.

### Governance arrangements

#### **There were clear responsibilities, roles and systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. These often mirrored policies from Quarter Jack surgery for consistency.

### Managing risks, issues and performance

#### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.

# Are services well-led?

Good 

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

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and prescribing decisions. The provider had oversight of safety alerts, incidents, and complaints both internally and nationally and readily shared any learning with the whole staff team.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.

## Appropriate and accurate information

### The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. The staff said the online instant messaging group was also used to access this information.
- 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.

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

The service involved staff to support quality sustainable services and encouraged their views and acted on them to shape services and culture. For example, feedback from practice nurses about communication from the clinic led to a staff suggestion to improve information sent to the patients GP. This was introduced promptly.

## Continuous improvement and innovation

### There was evidence of systems and processes for learning, continuous improvement and innovation.

- Learning from external events both nationally and within the Quarter Jack Surgery were shared and used to make improvements. For example, additional fridge temperature checks including those used by the clinic.
- The provider had adopted a new electronic patient record software system from overseas and had been instrumental in adapting this for the UK market.
- The staff were working on developing a corporate travellers service as part of the care and treatment already provided.