

# Wimborne Medical Services Limited

# Wimborne Travel Clinic

## Inspection report

Suite A, Rodways Corner  
(Within the Quarter Jack Surgery)  
Wimborne  
Dorset  
BH21 1AP  
Tel: 01202 881693  
Website: [www.wimbornetravelclinic.co.uk](http://www.wimbornetravelclinic.co.uk)

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## Overall summary

We carried out an announced comprehensive inspection on 16 January 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.

The Wimborne Travel Clinic offers a vaccination service to customers. The clinic can source and administer both travel vaccines and some non-travel vaccines.

Dr Rene Skule is the 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.

On the day of the inspection we received 23 comment cards from customers of the clinic. All the cards were positive and most commented on the friendliness, efficiency and the professionalism of the staff. Several mentioned that they would recommend the clinic to a friend.

### Our key findings were:

- The clinic was well managed with supportive leadership.
- Policies and procedures had been thoroughly reviewed and applied.

# Summary of findings

- Customers found the service professional and welcoming.
- Staff were valued and appropriately trained for their roles.
- There was an increasing customer demand for the clinic from an increasing geographical area.
- Stock controls for single use equipment was not always effective as some out of date items were held at the clinic. This was rectified on the day.

- The clinic undertook several audits such as for infection control, vaccine storage and a cold chain audit and was starting to look into systems of clinical quality improvement.

There were areas where the provider could make improvements and should:

Review implementation plans for quality improvement activities such as clinical audits to assess or improve outcomes for patients.

# 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 clinic had clear and comprehensive policies and employed well trained and competent staff. Medicines and patient information were all securely stored, and there was a clear line of responsibility. The clinic was clean and tidy and there were clear processes for all risks, emergency scenarios or significant events. However the stock of disposable equipment had not been monitored effectively, resulting in a small number of syringes and butterfly needles being held in stock that had not been used or disposed of before the expiry date. This was put right on the day of inspection.

### **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 clinic had yet to implement quality improvement activities such as clinical audits to improve outcomes for patients; however the clinic undertook several non-clinical audits and was starting to look into systems of clinical quality improvement. The clinic gave co-ordinated and tailored care and treatment and aimed for best practice and increasing levels of disease prevention activity.

### **Are services caring?**

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

The clinic had received positive feedback through its own feedback surveys, and this was further evidenced by patient responses to CQC comment cards on the inspection. Patients felt that they were treated with respect and courtesy. The clinic contributed to a rabies prevention charity as part of its rabies vaccination programme.

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

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

The clinic had been started in response to local need for travel and non-travel vaccinations. It was found to be efficiently run and the directors were investing further in the clinic, particularly with regard to a better on-line service and website. Complaints were few and had been dealt with in a timely and appropriate manner.

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

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

The clinic had competent and knowledgeable directors who employed an energetic lead GP and an enthusiastic team. There was a clearly laid out vision for the clinic and all staff were aware of the values and team ethos. Staff were demonstrably well trained and knowledgeable. The governance structure was clear and staff were engaged with the leadership.

# 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 in Wimborne, Dorset. The clinic has been registered since 2014 to provide treatment of disease, disorder or injury, and this includes travel advice, immunisations and health protection.

The clinic operates from one room within a purpose built building. It has access to all the equipment that is available to the GP practice, including emergency equipment. Customers attend the clinic through the practice reception area and use the practice waiting room until called for their appointment.

There are six directors of Wimborne Medical Services Ltd. The clinic currently has a clinical manager/clinical lead, an administrative manager, three travel nurses and an administrator. 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 name and address of the registered provider is:

Wimborne Medical Services Ltd, Suite A (within Quarter Jack Surgery), Rodways Corner, Wimborne, Dorset. BH21 1AP.

The inspection took place over one day on the 16 January 2018. The inspection team consisted of a lead CQC inspector and a nurse specialist advisor.

The provider sent information regarding the management of the clinic beforehand which was reviewed before the inspection. There were no concerns given to the Care Quality Commission from community groups, patients or other stakeholders before the inspection was undertaken.

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

### Safety systems and processes

All safety and safeguarding processes had a clear clinic specific policy and were adhered to. All clinical staff were trained to the required safeguarding standard for adults and children, and were aware of the policy and the safeguarding lead. All policies were accessible and had a date for review. When asked, staff were able to identify an example of a safeguarding concern. The clinic has not encountered any safeguarding concerns to date, but informed us they would discuss any concerns at staff meetings and escalate as required. The clinic had a majority of customers directly from the GP practice in which it was based and therefore staff based in both locations would be aware of any of these patients that were regarded as vulnerable. There was also a comprehensive and detailed policy for adults at risk.

All the staff displayed knowledge of the Mental Capacity Act 2005 and its applications. Children needed the signed consent of their parents for vaccinations.

All clinical staff had received a Disclosure and Barring Services (DBS) check, according to clinical policy. Clinical staff had been trained to undertake chaperone duties and all customers were made aware that they could request a chaperone. There were clear notices in the waiting room and in the consulting room advising of this as well.

All staff were correctly registered and were confident with ongoing professional revalidation processes. All staff were able to cover the absences for each other and therefore there was no need for agency staff at this present time. We saw evidence that all staff employed to date had references and registration/qualification checks in place. There was a policy to ensure that these checks would be followed through for all future staff, permanent or temporary.

The clinic had a comprehensive building risk assessment and undertook the relevant checks for the waterborne bacteria legionella.

The clinic was clean and tidy, including all storage areas, with an evidenced frequent cleaning schedule and checklist. There were quarterly nurse meetings where infection control and cleaning regimes were discussed to ensure best practice was being kept. Equipment was single use and still in the correct covers. All of the equipment was

within the expiry date, with the exception of three small syringes and two butterfly needles that were out of date by two months. These were replaced on the day of the inspection.

Staff immunity status was monitored through the clinic and also through the GP practices where the staff were employed when not at the clinic. All staff were up to date with their own immunisations.

### Risks to patients

Staffing levels were sufficient for the demands of the clinic. All sickness and absences were covered by the staff themselves. The nursing staff felt that they had received a good induction to the clinic and that they were confident in their training and support given. Staff asked on the day were familiar with the emergency procedures regarding the safety of the building and also any medical emergencies. The clinic had full and easy access to the emergency equipment and emergency medicines that were within the GP practice it was based in. All the medicines and equipment were appropriate, accessible and fit for use. The clinic also had its own stock of emergency medicines for anaphylaxis or severe allergic reactions. These were all in date and clearly marked.

The clinic had all the appropriate indemnity arrangements in place to cover all potential liabilities.

### Information to deliver safe care and treatment

All customers to the clinic had to undertake a 30 minute initial assessment in order to ensure that their medical history and the customer needs were completely understood and noted. This was the procedure for all customers, including those that were registered patients for the GP practice where the clinic was based. Information of treatment given was noted for patients to then share with their own GP.

All customers were required to present identification. All notes and records were securely accessed and stored, with all staff using smartcard security.

### Safe and appropriate use of medicines

The clinic kept an amount of vaccine stock, and was able to order other vaccines on demand. All were stored appropriately and securely in vaccine fridges that were constantly and consistently monitored for temperature. We

# Are services safe?

saw evidence that the cold chain for all vaccines was adhered to at all times. In the event of a fridge malfunction or an issue with the cold chain, all staff were aware of the policy and procedures with regard to the vaccines.

All the travel nurses were aware of their scope of practice and were competent. This was evidenced by their training, qualifications and knowledge. All the nurses worked to properly authorised directions that were signed by the lead clinician for the clinic.

We saw evidence that the clinic staff were aware of all the national guidelines regarding safe administration of medicines and adhered to all reporting requirements. Any relevant information was sent to all staff or discussed at staff meetings. All stock levels were evidenced to be checked weekly and all batch numbers recorded. All stock was noted as being rotated as routine.

All customers were made aware of the potential risks and side effects of each vaccine that they were offered.

## **Track record on safety**

There had been one significant incident for the clinic, and there were competent and easily accessible processes in place should there be the need to report more in the future. All staff were aware of what constituted a significant event and the need to report, discuss and action such incidents. There was a line of communication between the GP practice and the travel clinic which ensured that any

relevant incidents that were reported by the GP practice would be communicated and discussed with the clinic staff. An example would be any issues with the building itself.

The one significant incident that was looked at was regarding a child moving while being administered a vaccine. The circumstances were examined and reported to the manufacturer with the conclusion that the risk was minimal and that the vaccine would not need to be repeated. However it was still reported as a significant event and was evidenced to have been discussed by all staff with learning actions regarding vaccination technique on children.

The clinic had thorough health and safety policies, which were all followed. These included a fire policy for the clinic that outlined the evacuation procedure in detail for staff and customers. The evacuation procedure was practiced and clearly accessible to all people in the building.

All concerns or issues within the clinic were communicated via the staff computer system or through person to person conversations. There was a good administration system in place that ensured that all such information was logged accordingly.

## **Lessons learned and improvements made**

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

### Effective needs assessment, care and treatment

Staff were aware of relevant and current evidence based guidance and standards.

- The clinic had systems to keep all clinical staff up to date. Staff had access to guidelines from a variety of sources, including NaTHNaC and Travax, and used this information to deliver care and treatment that met customer needs. There was an example of how extensively these sources were interrogated with a customer who was travelling in a short period of time to 35 different countries.
- The clinic was a subscriber to a tropical medicine society in order to access new research articles and keep up to date with new advances in disease prevention.
- Any medical alerts would be sent through the clinic intranet and this would include any potential or actual shortages of supply for a particular vaccine.

### Monitoring care and treatment

The clinic had yet to implement a full programme of clinical audits or monitoring of trends. However there was an infection control audit programme in place together with a vaccine storage audit (with resultant action attached) and a cold chain audit.

The clinical lead was planning future audits/quality improvement measures in the upcoming year now that there was an increasing number of customers attending the clinic. The clinical lead had overall clinical governance for the travel clinic.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example all the nursing staff had received, or were receiving, additional training in immunisation and travel health.

- The clinic understood the learning needs of its staff and provided time for the staff to undertake the training required. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

- The clinic provided support to all staff. The clinical lead was easily accessible at all times when the clinic was open. There was an up to date and thorough appraisal system in place and staff felt that they were managed well and were content with the running of the clinic.
- Staff attended external forums and conferences whenever possible. In 2017 staff had attended four such conferences.

### Coordinating patient care and information sharing

Staff worked together to deliver effective care and treatment.

- We saw records that showed that all appropriate staff were involved in the assessing, planning and delivery of treatment to customers.
- Customers received specific care options appropriate to their needs.
- The clinic co-ordinated care where applicable in order to ensure that the vaccinations were relevant to the needs of the customer and also in line with their underlying medical needs.
- One case study that we saw was a customer who had purchased on-line anti-malarial medicines on the advice of their own GP, and had then come to the clinic for other vaccinations. After the first consultation it was discovered that the customer had an underlying condition that meant that the on-line medicine was unsuitable for them. The clinic was able to adapt the regime accordingly so that the customer could still travel with malarial protection.

### Supporting patients to live healthier lives

The staff ensured that all the treatment and advice offered was in accordance with national guidelines and that all health advice was aimed towards ensuring that the customers were safe and aware of the best practice and prevention advice.

### Consent to care and treatment

The clinic operated a practice of implied consent, after the procedures and advice had been given to the customer. This consent was registered on the customer record.

# Are services effective?

(for example, treatment is effective)

The staff supported the customers with regard to the immunisations on offer and advised the customer if they could obtain the vaccine free at an NHS provider, rather than pay to have the vaccine privately at the clinic.

Staff were fully aware of mental capacity and Gillick competence. All staff were up to date in consent and mental capacity training.

The charges for the treatments available were clearly advertised in the clinic, on all literature given to the customers, and on the website. It was clearly explained that there was a consultation cost in addition to the cost of the vaccines. This was made clear before the first consultation so the customer had been informed that there would be a payment due at this first consultation.



# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated customers with kindness, patience and respect.

- Staff understood customers' personal, cultural, social and religious needs.
- The clinic gave the customers tailored and considered advice.
- All 23 Care Quality Commission comment cards that were received were positive regarding the service experienced. The adjectives most commonly used to describe the clinic were that it was friendly, helpful, informative and efficient.
- The clinic operated their own feedback forms and we evidenced 40 of these on the day of the inspection. These all stated that the service was good and that no improvements were indicated as needed.
- The clinic supported a charitable organisation where, with each rabies vaccine administered, the clinic donated to a programme of rabies prevention.

### Involvement in decisions about care and treatment

Staff helped customers to be involved in the treatment that they were offered. Staff were aware of the Accessible Information Standard (a requirement to make sure that people and their carers, where applicable, can access and understand the information that they are given).

- Interpretation services were available for patients that did not have English as a first language.
- Staff communicated with customers in a way that they could understand.
- Staff ensured that all customers 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.

### Privacy and Dignity

The clinic respected and promoted customer privacy and dignity.

- Staff recognised the importance of customer dignity and respect.
- The clinic complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The clinic organised and delivered services to meet a specific patient need.

- The clinic understood that the local population required tailored and accessible travel advice and vaccinations that many NHS GP providers were not providing.
- The clinic also supplied some non-travel vaccines in order to allow customers the full range of immunisations for preventable diseases that were not always provided by local GP practices.
- The facilities and premises were appropriate for the services delivered.

### Timely access to the service

Customers were able to access treatment from the clinic within an acceptable timescale for their needs.

- Customers had timely access to an initial consultation and then the follow on treatment where applicable.
- The clinic had varying opening times with the aim that customers were able to book a time convenient to them. There was also the availability to provide services at weekends, dependent on the situation.

- Appointments could be made through the reception desk. The clinic was in the process of updating the website so that the appointments could be made available online in the near future.

### Listening and learning from concerns and complaints

The clinic took complaints and concerns seriously and responded to them appropriately.

- Information about how to make a complaint or raise concerns was available.
- There was a complaints policy easily accessible in the clinic.
- The clinic had received three complaints in the last two years. We saw that these were dealt with in a timely and appropriate manner.
- One complaint was regarding the lack of a particular vaccine, which had arisen from an error in one stock take, resulting in a disappointed customer. This had been discussed at the next staff meeting and resulted in the action being taken for more regular and comprehensive stock updates.
- Staff had also actioned the other two complaints through discussion in meetings, which had led to changes in approach to child restraint by parents for vaccinations and the policy to document all the information and advice discussed in each consultation.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The provider had the experience to deliver the treatment that was offered and to address and manage any risks associated to it.
- The provider had the capacity to deal with the increasing demand on the service.
- All staff, and particularly the clinical lead, were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were able to address them.

### Vision and strategy

The clinic had a clear vision and credible strategy to deliver high quality treatment and advice to customers.

- There was a clear vision and set of values. The vision of the clinic was the provision of an excellent, efficient immunisation service to the general public.
- The clinic had a well thought out and executed business plan.
- The clinic vision was formed by utilising the experience of the directors and the staff, together with the patient need for good quality and accessible service.
- The clinic encouraged an holistic care approach where appropriate advice and immunisation was delivered according to national guidance, but where the physical, psychological and social aspects of the care of each customer was also considered.
- All staff understood and practiced the values of professionalism and efficiency.
- The clinic had a well-managed financial management in place and was realistic regarding targets and objectives.

### Culture

The clinic had a culture of high quality care

- Staff felt respected and valued. All staff enjoyed working at the clinic and were supported both clinically and personally.

- There was a focus on tailoring advice and treatment to each customer on an individual basis.
- Leaders were knowledgeable and led by example.
- There was a culture of openness and honesty. All issues were openly discussed at regular formal staff meetings or ad hoc meetings. The provider was aware of and had systems in place to ensure it complied with the requirements of the duty of candour.
- All clinical staff had a training schedule and were valued for the expertise that they had, and were gaining, through continuous development.
- There was a culture of equality and diversity, and all staff and patients felt they were treated equally and respectfully.
- The clinic operated safely, with particular consideration given to potential emergency scenarios and how staff would deal with them.
- The clinic had a positive outlook, with staff content in their job roles.
- Staff stayed in contact through technology to personal phones and this was leading to future increased use of chat forums to stay in touch when not working at the clinic. This meant that any important or informative travel health news could be shared immediately.
- Patients were encouraged to be involved in their own care and were given the appropriate choices and options in the clinic in order to make an informed decision.

### Governance arrangements

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

- The clinic was managed well, with particular systems to support an effective and safe service.
- Staff were clear as to their roles. There were defined lead roles and a dynamic and visible clinical lead for clinical governance.
- There was continuous review of policies and objectives, which were communicated to all staff.

### Managing risks, issues and performance

# Are services well-led?

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

There was a clear and effective process for managing risks, issues and performance.

- Risks were managed and monitored, although to date there was no programme of clinical audit.
- There were financial management processes in place to keep an oversight of the performance and sustainability of the clinic for the future.
- The clinic had a good relationship with the GP practice where it was based, and this enhanced the communication and awareness regarding information of all alerts, incidents and complaints.
- The clinic was able to deal with all incidents, with staff trained and aware of what to do – for example for spillages, medicine issues or a customer taken unwell. This was in addition to training in fire evacuation and life support.
- There was an understanding that in the event of need that all clinical staff within the GP practice would aid and assist the clinic staff.

## **Appropriate and accurate information**

The clinic acted on appropriate and accurate information.

- The clinic kept up to date with all relevant medicines.
- Performance of the clinic was discussed at meetings.
- Staff were kept up to date with information and business objectives.
- 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 the public, staff and external partners**

The clinic involved the staff and the customers to support ongoing sustainable treatment.

- There were feedback processes and the clinic used its own feedback form to measure customer opinions.
- There was a transparent and collaborative approach by the staff and company directors.
- All staff were encouraged to attend travel forums and to share their knowledge both internally and externally.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Learning was shared where applicable.
- Leaders encouraged staff to take time for revalidation, training and career development. The clinic stated that it believed in 'life-long learning' based in comprehensive annual appraisals and where goals are discussed for individuals and teams. These were enforced by regular reviews of performance.
- There was a team vision to improve and increase the service offering, including plans to branch into occupational health for local large companies.
- The business ethos was to strive towards a partnership between patient and health professional to deliver an excellent service.