

Bond Street

Inspection report

11 South Molton Street
London
W1K 5QL
Tel: 07507880406






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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?	Requires Improvement 
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 June 2018 – unrated).

The key questions are rated as:

Are services safe? – Requires improvement

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 Bond Street as part of our inspection programme to rate all providers of independent health services.

The service provides comprehensive travel health services in addition to other services which are out of scope of CQC regulation including covid 19 testing and occupational health services.

Frances Rea is currently the CQC registered manager. However, we have received an application to cancellation Frances Rea's registration as registered manager and have been informed that Jason Gibbs (Head of Medical services) is in the process of applying to be the registered manager of this location. 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:

- The provider had systems and processes in place to address most risks; including those related to recruitment of staff and safeguarding. However, there was a lack of oversight or action to address risks including fire risks. We also saw that here were minor infection control risks and a faulty sink in one of the clinic rooms.
- Medicines were managed appropriately although we found that labelling for dispensed medicines did not comply with current guidance.
- There was appropriate emergency equipment on site and the service had risk assessed the absence of a defibrillator and had arrangements in place to access one located short walk from the clinic. .
- There were systems for managing significant events and responding to patient safety alerts.
- Clinical care was delivered in line with travel health guidelines. The provider had initiated an audit of the clinic and had reviewed the consultations of staff who worked there.
- All staff had received appropriate training. GDPR training completed by staff included information governance, however this was not documented in staff records we looked at.
- The provider had newly established systems in place to gather feedback from patients, including complaints. Feedback we reviewed on external websites was largely positive.
- There was a strong focus on staff wellbeing and staff had the opportunity to feed into organisational decision making.
- There was a clear vision and set of business plans to aid the organisation in achieving its goals.

The areas where the provider **must** make improvements as they are in breach of regulations are:

Overall summary

- Ensure care and treatment is provided in a safe way to patients.

(Please see the specific details on action required at the end of this report).

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

- Consider documented information governance training.
- Consider replacement of the faulty foot pump sink in one of the consulting rooms.
- Continue with plans to undertake a programme of clinical audit.
- Utilise the new client survey to gather feedback from service users and use this to improve services.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector with support from a CQC pharmacist specialist.

Background to Bond Street

Bond Street is a travel Clinic operates at 11 South Molton Street, London, W1K 5QL. The provider is registered with the Care Quality Commission to provide the regulated activities diagnostic and screening procedures, transport services, triage and medical advice provided remotely and treatment of disease, disorder or injury. The service provides medical services for adults and children. The service website can be accessed through the following link:
www.nomadtravel.co.uk

The provider offers travel health services including pre travel screening, vaccinations, medicines and advice on travel related issues to both adults and children travelling for business or leisure. The service is a designated yellow fever vaccination centre. Most services are available to fee-paying clients although some services offered are specific to clients who work for non-governmental organisations who hold an account with the organisation. Services are available to people on a pre-booked appointment basis Monday to Friday between 9:00am and 4pm. The clinic was also periodically open on Saturdays and offered appointments between 9:00am and 4pm. The service told us that they saw approximately 70 people per week at this location for travel health.

The provider's Bond Street location operates on the first floor of a converted premises and is not accessible for service users who have mobility problems and wheelchair users. However, the provider online booking form highlights this to service users and directs them to book an appointment at one of their nearby locations which is accessible.

The clinic has a reception and waiting area and two consulting rooms.

The inspection was led by a CQC inspector and supported by a CQC pharmacist specialist.

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?

We rated safe as Requires improvement because:

- The provider did not have adequate oversight of risks managed by third parties as the service agreement between the provider and the building managers specified that the fire alarm call points needed to be tested weekly. This had not been done since June 2020 and it was unclear if there was an operational fire alarm system in the building after this date.
- The foot operated sink in one of the consulting rooms did not allow for hands to be washed inline with recommended infection prevention and control (IPC) guidance. The provider told us after the inspection they had arranged for the sink to be serviced in order to improve the action of the foot pump.
- Labelling of medicines did not comply with current guidance.

Safety systems and processes

The service had systems to keep people safe and safeguarded from abuse in most areas.

- The provider conducted safety risk assessments and had oversight of the assessments completed by the management of the building the clinic was located in. The provider produced service agreements with the building owners which showed that they were obliged to undertake weekly tests of the fire alarm. However, correspondence between the provider, who had chased the building owners about the lack of weekly testing prior to our inspection, indicated that this had not been done since June 2020 and it appeared from the building owner's replies that the alarm system had not been functional since this date. We found exposed wiring in the communal hallway leading to the provider's reception and consulting rooms. We were told that this was not connected to any power source. In the bathroom shared with other tenants of the property we found that paintwork was damaged and flaking away from the walls. The provider showed us evidence that this had already been raised with the building owners.
- The service had appropriate safety policies, which were regularly reviewed and communicated to staff including agency or locum 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.
- Those accompanying children to appointments had to provide a copy of the child's red vaccination book and a copy of their own identification in order to prove parental/guardian responsibility.
- The service would work with other agencies to support clients and protect them from neglect and abuse. Staff would take steps to protect clients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The provider undertook monthly infection control audits and reviewed these annually to ensure that auditing was done to a satisfactory standard. The service also conducted six monthly hand hygiene audits. The provider told us that in response to the covid 19 pandemic they had removed any unnecessary items, risk assessed each area of the premises and set cleaning requirements in line with how frequently certain areas are touched. They had also introduced extended appointments to allow for cleaning between clients and a daily task sheet included cleaning checks.
- One of the consulting rooms contained a sink that operated using a foot pump. We found that this was difficult to use to wash hands. The provider told us that they had attempted to get a sink connected to the water mains but that the building owners had told them this was not possible. We were told after the inspection they had arranged for the sink to be serviced in order to improve the pump action.

Are services safe?

- There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

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. The provider told us that they had found recruitment and retention difficult in the last 12 months; particularly as a result of issues associated with the pandemic. The provider had created a shared electronic database to enable staff working remotely to have oversight of risk. The systems enabled leadership within the organisation to oversee who had read communications and updated policy documentation.
- There was an effective induction system for agency staff tailored to their role.
- There were systems and processes in place to identify and manage patients who may present with the symptoms of sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place through a group medical indemnity scheme.
- The provider had anaphylaxis kits on site and a supply of oxygen. The service did not have a defibrillator on site but had undertaken a risk assessment which detailed an agreement to use a defibrillator located two minutes' walk from the service.

Information to deliver safe care and treatment

Information was available to deliver safe care and treatment.

- Individual care records were written and managed in a way that kept clients safe.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

The systems for handling of medicines required improvement.

- The systems and arrangements for overseeing medicines, including vaccines, emergency medicines and equipment minimised risks in most respects. However, sample labelling for dispensed medicines did not contain the medicine's brand or the address of the service in accordance with current guidance. Furthermore, the way in which the service's label machine printed labels meant that it was difficult to read all of the information contained on the samples we were provided with. The provider told us that this was due to a change in where the labels were kept within the system which was rectified the next working day.
- Nurses were authorised to issue medicines under Patient Group Directives (PGD). We saw documentation that indicated periodic reviews of records were being undertaken which assessed both the appropriateness of medicines issued under PGDs and the quality of clinical record keeping.

Track record on safety and incidents

The service had a good safety record in most areas.

Are services safe?

- The provider had completed risk assessments in relation to safety issues and had oversight of some risks monitored and managed by third parties. However, we found some risks associated with fire that had not been adequately mitigated including ensuring that weekly fire alarm testing was being undertaken by the building managers in line with their service agreement and it was not clear from correspondence provided after our inspection whether the premises had a working fire alarm system.
- 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. For example, the provider had difficulties around recruitment which had impacted on the ability to have oversight of certain risks. The provider had therefore recently employed a new member of staff who would ensure oversight of risks associated with the premises.

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. Leaders and managers supported them when they did 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.
- 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.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- There were effective systems in place to take action in response to patient safety alerts.

Are services effective?

We rated effective as Good because:

- Staff had received all the relevant training including clinical updates and mandatory training.
- The service had undertaken limited quality improvement activity.
- The service provided appropriate travel health care and treatment and supported patient's health while abroad and after they returned to the UK.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice.

- Travel health clinics were run by nursing staff who provided medicines, vaccinations and travel health advice. We found that the records we reviewed adhered to current best practice and guidance.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised clients what to do if they became unwell whilst travelling and provided bespoke travel health advice to service users.

Monitoring care and treatment

The service had undertaken some quality improvement activity.

- Leaders within the organisation told us that they had undertaken training on how to undertake full cycle clinical audits to ensure that audits completed resulted in improvement in the quality of care provided to patients. We saw that the service had undertaken the first cycle of an audit looking at various aspects of the clinic including clinical documentation and health and safety. There was an action plan in place, but this had yet to be re-audited to establish if any improvements had been made. The provider submitted examples of review meetings with their newly appointed nurse which contained reference to reviews of their consultations.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff, and we reviewed examples of inductions schedules that had been completed for newly recruited staff. Additionally, we saw evidence of a comprehensive training package that had been delivered to a newly appointed nurse at the service.
- Relevant professionals were registered with the Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. We found that staff whose file we reviewed had completed all mandatory training with the exception of information governance. We were told that the GDPR training completed covered aspects of information governance.
- Staff were encouraged and given opportunities to develop.
- Staff who provided immunisations had received specific training.

Coordinating patient care and information sharing

Staff worked together, and told us they worked well with other organisations, to deliver effective care and treatment.

- Clients received coordinated and person-centred care and information was shared with the patient's GP where necessary or where consent had been provided.

Are services effective?

- All clients 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.
- Care and treatment for clients in vulnerable circumstances was coordinated with other services.
- There were arrangements in place for following up on people who have been referred to other services.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health while travelling.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The service provided bespoke travel advice for patients depending on their destination.

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 clients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

The provider had implemented a system to obtain feedback using electronic surveys that patients could complete after their appointment. Although little feedback had been provided; this was positive and aligned with feedback about the service available on external review websites.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service told us that prior to the pandemic they obtained feedback from client comment cards but had suspended this due to possible risks related to infection prevention and control. Since reopening the provider had introduced an electronic patient survey that patients could access using a QR code. The provider had only received two responses for this location despite, we were told, staff encouraging patients to complete the survey. The survey specifically asked questions related to dignity and respect. Reviews on various external websites were largely positive about the quality of clinical care given by the provider.
- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all clients.
- The service gave clients timely support and information.

Involvement in decisions about care and treatment

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

- Reviews of various websites were either positive or did not mention the service involving them with decisions around care and treatment.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff knew that if clients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

Feedback available from third parties indicated that there was no difficulty accessing care and treatment, the provider told us that they were able to meet current demand and there were systems to respond to and learn from complaints.

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 service told us that various factors including the pandemic had impacted on the provider's ability to retain and recruit staff. Though demand for regulated services had declined as a result of covid 19 travel restrictions we were told that the current staffing levels enabled the provider to provide a service that met demand. The provider told us of steps they had adopted to try and recruit additional staff and one of the nurses working at the location had been recently recruited and trained in travel health.
- The premises were on the first floor and were not accessible to clients with mobility problems and wheelchair users. However, the provider told us that this would be flagged when patients completed the initial appointment form prior to attending the service. The system would then direct patients to other locations that were wheelchair accessible.
- The service offered telephone translation services for those who had difficulty speaking English.
- The service had a hearing loop to support clients with hearing impairments.
- The clients had access to information leaflets in other languages including Arabic, French, Spanish and Somali on topics such as female genital mutilation, Japanese encephalitis, hand washing and food hygiene. The provider informed us that they had produced information leaflets for clients going to Hajj and Umrah.
- The service was a designated yellow fever vaccination centre; clients could receive all their required vaccinations from the same service.

Timely access to the service

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

- Clients had timely access to care and treatment. The service was open Monday to Friday between 9am and 4pm. The clinic was also periodically open on Saturdays and offered appointments between 9am and 4pm. Opening hours were displayed on the service website.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service also informed clients about vaccines that could be obtained free from the NHS.
- None of the external client feedback reviewed indicated clients had problems accessing care and treatment.

Listening and learning from concerns and complaints

The service had appropriate policies and procedures in places to respond and learn from complaints.

- Information about how to make a complaint or raise concerns was available. Staff treated clients who made complaints compassionately.
- The service informed clients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedure in place.
- The service had not received a complaint in the last 12 months.

Are services well-led?

We rated well-led as Good because:

- The leadership understood challenges and had a business plan to address these and build on opportunities.
- The provider had centralised systems and processes but there was insufficient oversight of risks managed by third parties.
- Staff were involved in decision making, there were systems to obtain feedback from patients and the services was engaged in charity projects.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care; however, there were gaps in oversight of some risks managed by third parties.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges, for example those related to recruitment and retention of nursing staff which had arisen during the pandemic and were addressing them. However, we did find that some risks that were managed by third parties did not have sufficient oversight. The service told us that they had recently employed someone whose responsibility it was to centrally monitor and manage risk; including those associated with clinic premises.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills.

Vision and strategy

The service had a clear vision and credible strategy.

- The provider had a comprehensive business plan to support the overarching strategy of becoming the leader in travel and tropical health delivering the highest standards of care through use of innovation. Business plans analysed possible areas for development using existing strengths and developed strategies to address possible threats.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy through regular business meetings.

Culture

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

- Staff we spoke with reported feeling happy, supported and valued at work. Staff told us about being able to contribute ideas and influence decision making through various forums including the Nomad culture collective and the community and environmental impact group.
- The organisation had trained five mental health first aiders across the organisation who could offer support to colleagues who were experiencing mental health problems.
- The service focused on the needs of clients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they needed. This included regular one to ones and career development conversations. All staff had monthly one to ones which functioned like a continual appraisal. Staff

Are services well-led?

were supported to meet the requirements of professional revalidation where necessary. Staff were given protected time for professional time for professional development and evaluation of their clinical work. Staff told us that there was a staff forum that focused on education and that the company was in the process of establishing a development programme for non-clinical staff.

- There was a strong emphasis on the safety and well-being of all staff. Staff told us about a service that the provider offered them through a third-party which gave staff access to counselling and financial advice.
- The service actively promoted equality and diversity both through training and through a staff forum. It identified and addressed the causes of any workforce inequality and no staff reported feeling discriminated against by staff working at the service.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Policies and supporting processes worked effectively to ensure that the service ran smoothly.
- The service had centralised and digitised some areas of governance to ensure centralised oversight. They had employed a new member of staff to oversee areas of risk, this role had not yet been fully embedded as fire risks managed by the building owners had not been adequately mitigated.
- Staff were clear on their roles and accountabilities.

Managing risks, issues and performance

Some processes related to the management of risk and medicines required refinement.

- There was an effective, process to identify, understand, monitor and address current and most risks including risks to client safety. However, oversight of fire risks that were the responsibility of the building managers was lacking in relation to fire safety. We also found that information was missing from the labels that the service produced for dispensed medicines.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through reviews of their consultations. Leaders had oversight of safety alerts, incidents, and complaints.
- There was still limited evidence of clinical audit although the providers had undertaken a single cycle of audit and produced an action plan. Additionally member of the leadership team told us that they had recently completed training on how to correctly undertake a completed audit cycle.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- 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 client identifiable data, records and data management systems.

Engagement with patients, staff and external partners

Are services well-led?

The service obtained service user feedback through an online survey and staff were able to outline examples of when they had felt involved in the running and development of services.

- The service had implemented an electronic survey that enabled patients to provide feedback on the care that they had received.
- The service had a tool which aligned to regulatory compliance requirements. This was used as a basis for improving quality and managing risk.
- Staff said they felt able to provide feedback and contributed to decision making via various forums.

Continuous improvement and innovation

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

- The service had changed their offering in response to reduced demand for traditional travel health services.
- The service had systems in place to use learning from incidents to make improvements to the service offered.
- The provider told us that they were supporting a charity which planted trees in Africa which both provided local communities with access to crops and raw materials while also contributing towards carbon offsetting goals. We were also told that the staff community and environmental impact forum was currently looking at charities close to their locations that they could offer support to.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Transport services, triage and medical advice provided remotely	Risks associated with fire and infection prevention and control had not been fully identified or addressed.
Treatment of disease, disorder or injury	Labelling of medicines dispensed under Patient Group Directions did not adhere to current guidelines. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.