

East Midlands Travel Clinic

Inspection report

Plains View Surgery
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Nottingham
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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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. This was the first inspection of the service since its registration with the Care Quality Commission (CQC) as the provider of the service in May 2018.

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 East Midlands Travel Clinic as part of our inspection programme. The service provides travel advice and travel vaccinations.

Seven patients provided feedback about the service using CQC comment cards. Patients were very positive regarding the quality of the service provided.

Our key findings were:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Patients were treated with respect and commented that staff were kind and caring and involved them in decisions about their care.
- Services were tailored to meet the needs of individual patients.
- The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

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

- Continue to improve systems to ensure that all vaccines are identified and removed from use when they have passed their expiry date.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection was carried out by a CQC lead inspector and a GP specialist adviser.

Background to East Midlands Travel Clinic

East Midlands Travel Clinic is located at Plains View Surgery, 57 Plains Road, Nottingham, NG3 5LB.

The provider, Dr Umar Afthab Ahmad, is registered with the CQC to carry out the regulated activity of treatment of disease, disorder or injury from the location.

East Midlands Travel Clinic provides a comprehensive travel service including pre-travel assessments, travel vaccinations and travel health advice. Treatment and intervention charges vary, dependent upon what is provided. The service is also a registered Yellow Fever Vaccination Centre.

Services are provided by a male GP who is trained in travel health. At the time of our inspection, there was only one clinician providing the service, who is also the provider, Dr Ahmad. The service is provided from a consultation room within a GP Practice. Dr Ahmad is a partner at the GP Practice.

Patients make an appointment by telephone. The service is open for consultations from Monday to Saturday between 8am to 9am, 12pm to 3pm and 6pm to 6.30pm. The telephone is answered outside these times by the provider or a message can be left.

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor.

Before visiting we reviewed a range of information we hold about the service and information which was provided by the service pre-inspection.

During the inspection:

- we spoke with the provider
- reviewed CQC comment cards where patients shared their views
- reviewed key documents which support the governance and delivery of the service
- made observations about the areas the service was delivered from

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 Good because:

The practice provided care in a way that kept patients safe and protected them from avoidable harm.

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. They outlined clearly who to go to for further guidance. The service had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies were in place and contact numbers for the local authority were displayed in the consultation room.
- The service had systems in place to assure that an adult accompanying a child had parental authority. The provider was aware of high risk destinations for female genital mutilation (FGM) and aware of their responsibilities to report concerns.
- The provider told us that they would carry out staff checks at the time of recruitment and on an ongoing basis if additional staff were recruited. The provider had received a Disclosure and Barring Service (DBS) check as 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).
- The provider had attended up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. If a patient requested a chaperone then it was agreed that nurses from the GP practice would act as a chaperone. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The consultation room and reception area were clean and hygienic. The provider followed infection control guidance and attended relevant training. The provider knew what to do if they sustained a needlestick injury. The service undertook regular infection prevention and control audits and acted on the findings. The provider had appropriate arrangements in place with the GP practice to ensure that the premises was kept hygienic and infection control risks were minimised.

- 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. This included appropriate arrangements with the GP practice.

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. We were informed that if there were any issues resulting in the absence of the provider, this would lead to the cancellation of the clinic for the relevant times. The provider told us that he had explored arrangements for cover if he was to be absent for an extended period.
- The service was equipped to deal with medical emergencies and the provider was suitably trained in emergency procedures. The provider understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections including sepsis. The provider had received recent sepsis training.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. The provider had specific professional indemnity and public liability insurance to cover the travel clinic service.

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 the provider in an accessible way.
- Patients accessing the service were asked to provide basic travel information when booking their appointment. As part of the consultation a travel questionnaire was completed with the patient and risks identified. Some records contained information showing that risks had been discussed with patients, but not all. The provider told us that risks were discussed at all consultations and sent us an amended record template

Are services safe?

shortly after the inspection which would be used in future consultations. This template contained a specific section to record that risks had been discussed with the patient at the consultation.

- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment. The service would share information with local authorities if safeguarding concerns arose. The provider encouraged patients to share information with their own GP practice if they received any vaccinations.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. However, we found one vaccine type that had gone out of date in the last week. The provider told us that they would revise their checking processes to ensure that this did not reoccur in the future. They told us that this vaccine was rarely given and had not been administered recently.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. A lone working policy was in place which stated that the provider would not work alone in the practice.

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. The provider understood their duty to raise concerns and report incidents and near misses. At the time of inspection there had not been any reported or recorded incidents.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider demonstrated a culture of openness and honesty. This was apparent during the inspection and post-inspection when providing us with evidence and acting quickly on issues raised on the day.
- Alerts from the Medicines and Healthcare products Regulatory Authority (MHRA) were received and dealt with. The provider also received alerts from the National Travel Health Network and Centre (NaTHNaC) which were specifically related to travel health. NaTHNaC is the organisation that controls the alerts process and requires standards of practice in line with Conditions of Designation and the Code of Practice e.g. around training in line with World Health Organisation (WHO) international health regulations.

Are services effective?

We rated effective as Good because:

Patients received effective care and treatment that met their needs.

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as National Travel Health Network and Centre (NaTHNaC) travel guidance.
- Patients' needs were fully assessed. A travel risk assessment form was completed for each patient prior to their appointment. This included details of any medical history, allergies, previous treatments relating to travel and whether the patient was currently taking any medicines. This form was then reviewed by the provider who advised the most appropriate course of treatment and gave travel health advice.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The provider reviewed the care given to each patient and encouraged feedback. Due to the small amounts of patients who had used the service at the time of the inspection, extensive audits had not been carried out. Patient feedback was positive and there was no evidence of adverse outcomes. The provider reviewed and discussed their own practice with another GP as a part of the GP appraisal process.

Effective staffing

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

- The provider was appropriately qualified and was registered with the General Medical Council (GMC).
- The provider understood their own learning needs and attended training to meet them. Up to date records of their skills, qualifications and training were maintained.

- The provider had completed specific training in providing travel health advice and vaccinations.

Coordinating patient care and information sharing

The provider worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. The provider referred to, and communicated effectively with, other services when appropriate. The provider advised patients of vaccinations that they could receive from their own GP at no cost or from a pharmacist.
- Before providing treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- The provider encouraged patients to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider told us they would follow their safeguarding policies if they had any safeguarding concerns.

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.

- Patients were assessed and given individually tailored advice, to support them to remain healthy whilst abroad.
- Written health advice was given to patients. Risk factors were identified and highlighted to patients, including recommendations of food and beverages that were either safe or unsafe to consume.

Consent to care and treatment

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

- The provider understood the requirements of legislation and guidance when considering consent and decision making.

The provider had attended recent mental capacity training.

Are services caring?

We rated caring as Good because:

Patients were treated with respect and commented that staff were kind and caring and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way the provider treated them.
- The provider understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. They had attended equality and diversity training.
- The service gave patients timely support and information.
- The provider provided discounted services to patients employed as aid workers.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language.
- While information was not available in an easy read format, the provider agreed to review this to ensure that all patients had information in the format they required to make a decision.
- Patients told us through comment cards, that they felt listened to and supported by the provider and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Clear pricing information was provided.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The provider recognised the importance of people's dignity and respect and had attended appropriate training.

Consultations were conducted behind closed doors, where conversations were difficult to overhear.

Are services responsive to people's needs?

We rated responsive as Good because:

Services were tailored to meet the needs of individual patients.

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 understood the needs of their patients and improved services in response to those needs. The provider had expanded the range of treatments available in response to patient feedback.
- The facilities and premises were appropriate for the services delivered. The consultation was on the first floor and a lift was available.
- Equipment and materials needed for consultation, assessment and treatment were available at the time of patients attending for their appointment.
- There was information on the service's website regarding travel health, vaccinations and a pricing structure.
- The clinic was a registered yellow fever centre and complied with the code of practice.

Timely access to the service

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

- Patients had timely access to consultations. The service was open from Monday to Saturday between 8am to 9am, 12pm to 3pm and 6pm to 6.30pm.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service's website contained details of opening times. Patients could make an appointment by telephoning the service. The provider told us that the booking system on the website was not active at present. Walk-in appointments were not available.
- Patients who needed a course of vaccinations were given future appointments to suit them. These were booked when attending their first appointment.
- Comments recorded on CQC comments cards noted that patients were satisfied with access to appointments.

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.
- 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 a complaint policy and procedures in place.
- The service had received one complaint and had responded appropriately to it.

Are services well-led?

We rated well-led as Good because:

The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

Leadership capacity and capability;

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider responded quickly to any areas of concern raised on the day of inspection.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The provider aimed for the service to, 'deliver high quality travel health in a professional and safe manner'.
- The provider had a strategy to develop the service in the future.

Culture

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

- The service focused on the needs of patients.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The provider kept their knowledge up to date, had an annual appraisal and attended regular training.

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.

- The provider was 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.

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.
- The service had processes to manage current and future performance. The provider had oversight of safety alerts, incidents, and complaints.
- Audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The service had a business continuity plan in place for major incidents such as power failure or building damage.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Patients were encouraged to feedback on every consultation and clear processes were in place for them to do so.

Are services well-led?

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.

There were systems to support improvement and innovation work. The provider had spent time with a dentist to discuss techniques for helping patients with needle phobia manage their condition.