

The London Travel Clinic at Wandsworth

Inspection report


90-92 Garratt Lane,
London,
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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 

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused follow up inspection on 17 February 2020 at London Travel Clinic Wandsworth to confirm that the provider had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 16 August 2019. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

Our key findings were as follows:

- There were systems in place to assess, address and mitigate the risks associated with fire and legionella.
- The business continuity plan included contact details of all staff working in the service.
- There were systems in place to review and update Patient Group Directions (PGDs).

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Our inspection team

Our inspection team was led by a CQC lead inspector.

Background to The London Travel Clinic at Wandsworth

The London Travel Clinic at Wandsworth provides travel health services including vaccinations, medicines and advice on travel related issues to both adults and children. The clinic is based at 90-92 Garratt Lane, London, SW18 4DD. The location has four linked sites at Hammersmith (227 Shepherd's Bush Road London, W6 7AS), Waterloo (Mercury House, 109-117 Waterloo Road, London, SE1 8UL), Richmond (Parkshot House 5 Kew Road, Richmond Surrey, TW9 2PR) and Raynes Park, (David Lloyd, Bushey Road, London, SW208DE).

The service sees between 200 and 500 patients a month at The London Travel Clinic at Wandsworth. The service is a designated yellow fever vaccination centre. Services are available to any fee-paying patient. The service had corporate account clients for businesses to access travel health services for their employees.

The service is in an accessible purpose-built building which also hosts a GP practice.

Patients are directed to the first floor of the building which is accessible via lift or stairs, to the provider's reception and waiting area. The areas used by the service include consultation rooms, administrative space and accessible patient and staff facilities.

Services are available by appointment only. The service's opening times vary fortnightly and appointments are available either between Tuesday and Thursday 1-5pm or Monday, and Wednesday 8.30am-8pm Saturdays 9am-4pm.

At a local level the service is run by a travel nurse specialist, who is the nurse manager and operations manager, a reception and administration manager and four nurses. Those staff who are required to register with a professional body were registered with a licence to practice.

The service is registered with the CQC to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

Are services safe?

At our previous inspection on 16 August 2019, we rated the practice as requires improvement for providing safe services as we identified that safety risks associated with fire and legionella had not been assessed and mitigated and two PGDs had expired.

These arrangements had significantly improved when we undertook a follow up inspection on 17 February 2020. The practice is now rated as good for providing safe services.

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 including locums. 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.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients 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. The site had developed a standard operating procedure which included information on the service's safeguarding lead and the local safeguarding contacts.
- There was an effective system to manage infection prevention and control. The provider had oversight of

risks managed by third parties, including fire safety and legionella. The provider ensured outstanding actions from the risk assessments were followed up and actioned routinely.

- 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 and effective systems to manage all other aspects of infection prevention control.

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 understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example 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 to cover all potential liabilities.
- There was a business continuity plan in place and this included contact details of all staff working at the 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 relevant staff in an accessible way.
- 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. Records were all stored on a virtual private network. Additionally, the service would always provide patients with a copy of their records after each consultation.

Are services safe?

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

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 and emergency medicines minimised risks.
- The service carried out regular reviews of clinical records to ensure administration of medicine was in line with best practice guidelines.
- Staff 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. All Patient Group Directions (PGDs) were up to date and signed by authorised clinical staff.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. There was named fire marshals and all staff were aware of who they were and their roles.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

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, report and record incidents and near misses.
- The service told us that they would learn, and share lessons identified themes and took action to improve safety in the service.
- The service had systems to ensure staff 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 including sessional and agency staff through their online patient record system.