

Global Health Medical Services

Inspection report

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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. (Previous inspection 12 December 2018 – unrated)

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 Global Health Medical Services on 3 February 2020 as part of our inspection programme and to follow up on breaches of regulations from the previous inspection. At that inspection we found the provider was not meeting the regulations in respect of governance; specifically, those relating to medicines and equipment safety, business continuity and policies governing the operation of the service. We checked these areas as part of this comprehensive inspection and found they had been resolved.

The service is an independent health service providing general medical services from the clinic and on a call-out basis.

The lead doctor 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.

Feedback obtained through comment cards was wholly complimentary. We received fifteen completed comment cards. We were not able to speak with any patients as none attended or had appointments on the day of the inspection.

Our key findings were:

- There was a system in place for acting on significant events.
- Risks associated with the premises and the delivery of care and treatment were well managed.
- There were arrangements in place to protect children and vulnerable adults from abuse.
- Care and treatment was provided in accordance with current guidelines.
- Patient feedback indicated that staff were compassionate, the care provided of a high standard and that it was easy to access appointments.
- The service had a system to receive and respond to complaints.
- There was a clear vision and strategy and staff spoke of an open and supportive culture.
- There was effective governance to ensure risks were addressed and patients were kept safe.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection team consisted of a lead CQC inspector and a GP specialist adviser.

Background to Global Health Medical Services

Global Health Medical Services is a medical clinic located at 68 Kenway Road, Earls Court, London, SW5 0RD. It is situated in a mainly residential area to the west of central London. The service is easily accessible by public transport and limited parking is available on surrounding streets.

The clinic utilises two floors of a converted residential building, occupying the basement and ground floors. The service consists of a waiting/reception area, consulting room and patient toilet on the ground floor and a further consultation room, bathroom and recovery room on the basement floor. The space was shared with a separate service which offered aesthetic beauty treatments and which mainly used the consulting room in the basement. The activities carried out by that service do not fall within the scope of registration with the Care Quality Commission.

The clinic is open from 9am to 5pm Monday to Saturday and closed on Sundays. The service offers pre-bookable face-to-face appointments for acute illness and minor injuries. It also operates a call out service which was available 24 hours a day, seven days a week. Clinical services are provided by two lead doctors and another doctor, when required. There is also a receptionist carrying who carries out the general management and

administrative duties. The call out service is provided by the lead doctors themselves and was not contracted out. Patients could be seen either at the clinic or at home, hotels and business addresses. The service's patients are mainly visitors from Arabic speaking countries. Staff are able to communicate in a variety of European languages and Chinese.

The provider is registered with the CQC to carry out the regulated activities diagnostic and screening procedures, surgical procedures, family planning and treatment of disease, disorder or injury. The service provides medical services for adults and children. The service did not have a functioning website at the time of this inspection.

How we inspected this service

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:

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.
- 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. The service's policy was to carry out Disclosure and Barring Service (DBS) checks on all staff. (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 receptionist acted as chaperone and was trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. All staff had undergone training. Infection control audits were carried out twice a year and we saw no issues had been identified. Legionella testing was carried out annually by a professional company. This was organised by the landlord.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. All clinical equipment had been calibrated and electrical safety checked within the last year. There were systems for safely managing healthcare waste.

- The provider carried out appropriate environmental risk assessments and audits, which took into account the profile of people using the service and those who may be accompanying them. These included health and safety, infection control and fire safety audits.

Risks to patients

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

- 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. All staff had undergone basic life support training within the last year.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. There was a defibrillator and oxygen available and these were regularly checked.
- There were appropriate indemnity arrangements in place. Each of the doctors had their own individual indemnity cover in place.

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.
- The service did not make many referrals as most of its patients were not UK residents. However, we saw examples where clinicians had written to patients' doctors in their home country, setting out the necessary information for ongoing care and treatment. Where

Are services safe?

immediate hospital treatment was required, patients were directed to one of the local private hospitals. The provider shared information with the hospitals to ensure the patient received safe and appropriate care.

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 emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective protocols for verifying the identity of patients including children.

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.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- Although there had not been any, there was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong.
- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. At the inspection of 12 December 2018, we found the provider did not have a system in place to implement and monitor medicines and safety alerts. At this inspection we found the service had an effective mechanism in place to monitor the limited medicines it held and to disseminate alerts to all members of the team.

Are services effective?

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- The service did not manage long term or chronic conditions and as such, did not have many repeat patients.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in some quality improvement activity.

- The service used information about care and treatment to make improvements. For example, the provider had carried out an audit of urinary tract infections (UTI) and antibiotics to ensure patients received appropriate consultation and an accurate treatment plan. 60 patients had attended with symptoms of a UTI. 20 were treated with antibiotics and 40 were given advice on management of symptoms with no antibiotics. Of those 40, five returned with ongoing symptoms and were successfully treated with antibiotics. The provider told us this demonstrated antibiotics had only been prescribed in appropriate circumstances as 35 had recovered without being prescribed antibiotics. A similar audit had also been carried out into prescribing of antiviral medication used to treat flu symptoms.
- The audits the provider was able to carry out were limited by the nature of the service, specifically that

most patients were no resident in the UK and as such were only seen once by the service. However the audits conducted were appropriate for they type of service they were.

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.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. At the inspection of 12 December 2018, we found staff had not completed all training relevant to their role including safeguarding, infection control, fire safety, basic life support, information governance and Mental Capacity Act. This was addressed by the provider following that inspection and evidence was provided. At this inspection we found training was up to date and an ongoing training programme was in place to ensure staff training was monitored. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, letters were written for patients who were visiting the UK to take back to their doctor in their home country to ensure information was shared and the patient received appropriate ongoing treatment.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

Are services effective?

- The service did not provide prescriptions for medicines liable to abuse or misuse, and those for the treatment of long-term conditions such as asthma.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.

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

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

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. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. They were aware of the specific needs of their patient demographic who were mainly from Arabic speaking countries and had tailored the service to meet their needs.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- At the inspection of 12 December 2018, we found there were no curtains around the examination couches in the treatment room. At this inspection we found this was still the case, however there was a clear process in place to ensure patients had the appropriate level of privacy. For example, staff left the room when patients were removing garments and they were provided with appropriate coverings to only reveal the specific area which was to be examined.

Are services responsive to people's needs?

We rated responsive as Good because:

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. For example, the service recognised its particular patient demographic preferred to speak directly to the doctor. Therefore, they organised the service so that patients either spoke directly to the doctor on calling the number or gave their details contact details to the receptionist who contacted the doctor to call the patient back as soon as possible. They told us in most cases, the doctor was with the patient within 35 to 40 minutes.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

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 provider told us they had not received any complaints.
- The service had complaint policy and procedures in place. They told us they would learn lessons from individual concerns and complaints should any arise.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- 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.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

- The service actively promoted equality and diversity.
- There were positive relationships between all personnel.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. At the inspection of 12 December 2018, we found policies were generic and not specific to the service. At this inspection we found the provider had invested in the support of an organisation which drafted and monitored their policies to ensure they were tailored and up to date.

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. Performance of clinical staff could be demonstrated through audit of their prescribing and referral decisions.
- Clinical audit had a positive impact on quality of care and outcomes for patients.
- 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. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Are services well-led?

- The information used to monitor performance and the delivery of quality care was accurate and useful.
- 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. For example, patient feedback included a preference for an online booking process. We saw processes were in place to introduce this along with an improved service website.

- Staff could describe to us the systems in place to give feedback. The receptionist described an open culture where the doctors encouraged them to be involved with planning how the service ran.

Continuous improvement and innovation

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

- Whilst the service was not actively seeking involvement in any innovative exercises and the provider was happy to continue to provide the service as it was, they had identified ways to help manage the workload amongst the three members of the team. For example, by doing regular stock checks as and when items were used or disposed of rather than saving this to do at a set time. The provider told us this enabled them to better manage the management tasks associated with the service.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.