

Dr Winifred Jane Woyka

Harrow Health Care Centre

Inspection report

Clementine Churchill Hospital,
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Middlesex
HA13RX

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Overall summary

We carried out an announced comprehensive inspection on 7 November 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Harrow Health Care Centre is a private clinic providing GP consultations, travel health advice, travel and non-travel vaccines and travel medicines such as anti-malarial medicines to children and adults. In addition, the clinic holds a license to administer yellow fever vaccines.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Harrow Health Care Centre offers a range of occupational health services but these services were out of the scope of this inspection.

The principal GP 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.

We received 53 patient Care Quality Commission comment cards and spoke with two patients. All of the

Summary of findings

feedback we received was positive about the service. Patients said they were satisfied with the standard of care received and said the staff was approachable, committed and caring.

Our key findings were:

- The provider offered private GP consultations to adults and children. They offered gastric band adjustments (post-bariatric surgery patient aftercare) and acupuncture treatments (a form of alternative medicine in which thin needles are inserted into the body). They offered urine drug and alcohol tests service.
- The provider offered vaccination and travel clinic services to adults and children.
- Each travel clinic patient received an individualised travel health brief which was tailored to their specific needs and travel plans. The health brief outlined a risk assessment; all travel vaccinations that were either required or recommended, and specific health information including additional health risks related to their destinations with advice on how to manage common illnesses.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- There were arrangements in place to protect children and vulnerable adults from abuse.
- The provider ensured that care and treatment was delivered according to evidence based guidelines and up to date travel health information.
- There was evidence of quality improvement activity including the clinical audit.
- Consultations were comprehensive and undertaken in a professional manner.
- Consent procedures were in place and these were in line with legal requirements.

- Systems were in place to protect personal information about patients.
- Appointments were available on a pre-bookable basis.
- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- There was an infection prevention and control policy and procedures were in place to reduce the risk and spread of infection.
- Vaccines, medicines and emergency equipment were safely managed. There were clear auditable trails relating to stock control.
- Information about services and how to complain was available.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- There was a clear vision and strategy and staff spoke of an open and supportive culture.

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

- Review systems to verify a patient's identity on registering with the service.
- Consider ways to monitor antimicrobial prescribing.
- Consider how to improve access to patients with hearing difficulties.
- Ensure a response to complaints includes information of the complainant's right to escalate the complaint if dissatisfied with the response.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Harrow Health Care Centre

Detailed findings

Background to this inspection

Harrow Health Care Centre is an independent clinic and offers private GP consultations, travel health consultations, travel and non-travel vaccines and travel medicines such as anti-malarial medicines to children and adults. The clinic is also a registered yellow fever vaccination centre.

They offer gastric band adjustments (post-bariatric surgery patient aftercare) and acupuncture treatments (a form of alternative medicine in which thin needles are inserted into the body). They also offer urine drug and alcohol tests service.

Dr Winifred Jane Woyka has specialised in offering a range of occupational health services but these services are out of the scope of this inspection.

The team consists of five GPs, four travel clinic nurses and a business manager supported by a team of administrative staff.

Services are provided from: Harrow Health Care Centre, Clementine Churchill Hospital, Sudbury Hill, Harrow, Middlesex, HA13RX.

On 7 November 2018, our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Online services can be accessed from the practice website: www.harrowhealthcare.co.uk.

The clinic is open between 8am to 8pm Monday to Thursday, 8am to 6pm Friday and 9am to 12pm Saturday.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning and treatment of disease, disorder or injury. This service is registered with CQC under the Health and Social Care Act 2008 in respect of the services it provides.

Pre-inspection information was gathered and reviewed before the inspection. We spoke with the principal GP, a doctor, two travel clinic nurses, a business manager and administrative staff. We collected written feedback from five members of staff. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service. We reviewed patient feedback received by the 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?

Our findings

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

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. 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. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- 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. 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. We observed that appropriate standards of cleanliness and hygiene were followed. The provider had carried out an infection control audit.
- 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.
- On registering with the service, a patient's identity was not verified. Patients were able to register with the

service by verbally providing a date of birth and address. At each consultation, patients confirmed their identity face to face. They were able to pay by the bank transfer, debit or credit card and cash.

- The provider had a formal documented business continuity plan in place.
- Staff were aware of how to alert colleagues to an emergency. There was a panic alarm for use by the staff in the event of an incident or an emergency.

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.
- There was an effective induction system for staff tailored to their role.
- 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 reporting on medical emergencies, the guidance for emergency equipment is in the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).
- The service had an arrangement in place with the Adult and Paediatric resuscitation team from the host hospital to seek support in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- A first aid kit and accident book were available.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

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.

Are services safe?

- The service had a system in place to retain medical records in line with (Department of Health and Social Care (DHSC) guidance).
- 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, emergency medicines and equipment minimised risks.
- The private prescriptions were printed on the letterhead which included a company name and other necessary information. These prescriptions were prescribed and signed by the doctor. All prescriptions were saved online along with the patient consultation notes.
- There were patient group directives (PGDs) in place to support the safe administration of vaccines and medicines. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- The service had carried out some prescribing audits. The service had not always audited antimicrobial prescribing to ensure prescriptions were given appropriately. However, the service acted proactively and informed us a week after the inspection that they had implemented changes, carried out relevant clinical audits and shared the information with the CQC.
- The provider used an accredited company to deliver vaccines and these were only delivered on the days when the clinic was open.
- 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.
- The travel nurse carried out regular checks to ensure storage and administration was in line with best practice guidelines for safe prescribing, such as fridge temperature monitoring and safe security of medicines. Guidance was in place and staff were aware of actions to take if fridge temperatures were outside of the recommended range. The fridge temperatures were recorded manually twice daily. In addition, all three

fridges were connected with the wireless temperature monitoring system, which stored monitoring data on the computer system and triggered an alert if fridge temperatures were outside of the recommended range.

- Arrangements for dispensing medicines such as anti-malarial treatment kept patients safe. The clinic provided complete medicine courses with appropriate directions and information leaflets.

Track record on safety

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.
- The fire safety risk assessment had been carried out in October 2017. The service had carried out a fire drill on 25 May 2018 and the electronic fire system was serviced in October 2018. Smoke alarm checks had been carried out weekly.
- A legionella risk assessment had been carried out on 31 July 2017 and regular water temperature checks had been carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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. For example, following a significant event the service had reviewed their childhood immunisations protocol, developed a better understanding with both UK and US immunisations schedules and reminded all the staff to follow the protocol correctly.

Are services safe?

- 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.
- The service acted on and learned from patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

(for example, treatment is effective)

Our findings

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

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 such as the National Institute for Health and Care Excellence (NICE) and the British Menopause Society (BMS) best practice guidelines; and NaTHNac (National Travel Health Network and Centre), a service commissioned by Public Health England.

- The provider offered private GP consultations to adults and children. They offered gastric band adjustments (post-bariatric surgery patient aftercare) and acupuncture treatments (a form of alternative medicine in which thin needles are inserted into the body).
- On average they offered 200 to 250 GP consultations per month. They offered 22 gastric band adjustments consultations and 11 acupuncture treatments in the last six months.
- The principal GP had a specialist interest in menopause care and was a member of the British Menopause Society (BMS).
- The provider also offered a range of occupational health services but these services were out of the scope of this inspection.
- The service ensured that all patients were seen face to face for their initial consultation. A patient's first consultation was usually 30 minutes long.
- The service used a comprehensive assessment process including a full life history accounts and necessary examinations such as blood tests or scans to ensure greater accuracy in the diagnosis process. The assessments were tailored according to information on each patient and included their clinical needs and their mental and physical wellbeing.
- The outcomes of each assessment were clearly recorded and presented with explanations to make their meaning clear and included a discussion on the treatment options.
- The service had arrangements to review the treatment of patients on long-term medicines.

- We reviewed examples of medical records which demonstrated that patients' needs were fully assessed and they received care and treatment supported by clear clinical pathways and protocols.

In addition, the provider offered vaccination and travel clinic services to adults and children. On average they offered 200 to 250 practice nurse (including travel clinic) consultations per month.

- A patient's first consultation was usually 30 minutes long, during which a comprehensive pre-travel risk assessment was undertaken. This included details of the trip, including any stopovers, any previous medical history, current medicines being taken and previous treatments relating to travel. All patients were completing a travel information form (TIF) when attending the travel clinic.
- The patients received a travel health brief. The brief provided a comprehensive individualised travel risk assessment, health information related to their destinations and a written immunisation plan tailored to their specific travel needs. The health brief also provided advice on how to manage potential health hazards and some illnesses that were not covered by vaccinations. This was fully discussed during the consultation and written information was provided for the patient to take home (or emailed to patients if they consent). The travel clinic nurse had access to all previous notes.
- Latest travel health alerts such as outbreaks of infectious diseases were available.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.
- The provider offered urine drug and alcohol tests service. They offered three drug and alcohol tests in the last 12 months.

Monitoring care and treatment

The provider had carried out quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care and treatment provided.

- The service offered annual membership and approximately 980 patients were registered with the

Are services effective?

(for example, treatment is effective)

service. All members received comprehensive 'annual health reviews' which included the review of current medicines, past medical history, social history and necessary examinations such as blood tests.

- The clinicians had access to all previous notes. Patients' notes and results were monitored to ensure service was delivered in line with current standards and guidance supported by clear clinical pathways and protocols.
- The principal GP was auditing a random sample of patients' consultations to review clinical performance and ensure consultations were of the highest quality and where clinicians fell below this standard the provider demonstrated that action was taken to support the clinician to improve their performance.
- The service used information about care and treatment to make improvements. For example, we saw a clinical audit of patients taking ACEi (Angiotensin-converting enzyme inhibitors) and ARBs (Angiotensin II receptor blockers) medicines used to treat high blood pressure. The aim of the audit was to identify and ensure all patients taking these medicines had an annual blood pressure checked and kidney blood tests (renal function) carried out in the last 12 months to ensure safe prescribing and monitoring. This audit helped to ensure that medicines were prescribed effectively and that side effects were monitored. The audit demonstrated that 84% of patients had an annual blood pressure recorded in their notes. However, only 53% of patients had kidney blood tests carried out in the last 12 months. The service had invited patients for blood tests and a follow up audit was planned in six months' time to monitor the improvement.

The clinicians advised patients what to do if their condition got worse and where to seek further help and support. The service had a contract with an out of hours provider to provide out of hours service when the service was closed.

We found the service was following up on pathology results and had an effective monitoring system in place to ensure that all abnormal results were managed in a timely manner and saved in the patient's records. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- The provider monitored national standards for travel health and immunisation. Nursing staff received up to date training in line with this.
- Batch numbers of all vaccinations given were recorded and a printed copy was given to patients to share with their GP or practice nurse.
- There was evidence of quality improvement including the audit. This included a medical notes audit and mandatory yellow fever audit.
- There were clear auditable trails relating to stock control. The provider had maintained a spreadsheet to monitor the stock control which included details of expiry dates.
- The travel clinic nurses had carried out peer reviews to monitor the quality and appropriateness of the care provided.

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 (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The principal GP and some other GPs were registered with the Independent Doctors Federation (IDF) the independent medical practitioner organisation in Great Britain. (IDF recognised as the nationwide voice of independent doctors in all matters relating to private medicine, their education and revalidation).
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date. For example, all nurses had received yellow fever vaccination training.
- The provider had offered an in-house training session to the nurses to enable them to assess the risk of female genital mutilation (FGM) in a travel consultation.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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, if a patient needed further examination they were directed to an appropriate agency; we noted examples of patients being signposted to their own GP or to their nearest A&E department as well as referral letters to private consultants.
- The service had access to private consultants working at the host hospital (where the service has a licence to occupy). The provider informed us that the staff would visit the patients if they were admitted to the host hospital to ensure continuity of care.
- Before providing treatment, GPs at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients 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.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, 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.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- 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. There were clear and effective arrangements for following up on patients who have been referred to other services.

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 patients 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. For example, during 'annual health reviews' patients received preventive counselling with an emphasis on prevention and early intervention.
- Where patients need 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.
- The service monitored the process for seeking consent appropriately.
- We were told that any treatment including fees was fully explained to the patient prior to the procedure and that people then made informed decisions about their care.
- There was information on the service's website with regards to how the service worked and what costs applied including a set of frequently asked questions for further supporting information. The website had details on how the patient could contact them with any enquiries.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- 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.
- We obtained the views of patients who used the service. We received 53 patient Care Quality Commission comment cards. All of the comment cards we received were positive about the service.
- We spoke with two patients on the day of the inspection. Patients said they felt the provider offered an excellent service and the staff was helpful, caring and treated them with dignity and respect. They said staff responded compassionately when they needed help and provided support when required.
- We saw that staff treated patients respectfully and politely at the reception desk and over the telephone.

Involvement in decisions about care and treatment

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

- Staff told us that interpreter or translation services could be made available if required. Patients were also told about the multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

- The service did not provide a hearing induction loop. However, the staff we spoke with was able to demonstrate that how they would communicate with patients with hearing difficulties.
- 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Comprehensive information was given about treatments available and the patients were involved in decisions relating to this. We saw evidence that discussions about health risks, vaccinations and the associated benefits and risks to specific vaccinations were recorded. Written information was provided to describe the different treatment options available.
- At each appointment, patients were informed which treatments were available at no cost through the NHS.
- Patients also received an individualised comprehensive travel health brief detailing the treatment and health advice relating to their intended region of travel.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The service had a confidentiality policy in place and systems were in place to ensure that all patient information was stored and kept confidential.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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.

- Information was available on the provider's website, informing prospective patients about the services provided. The service website was well designed, clear and simple to use featuring regularly updated information.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, there were accessible facilities, which included a disabled toilet and baby changing facility.
- Patient's individual needs and preferences were central to the planning and delivery of tailored services. Services were flexible, provided choice and ensured continuity of care. For example, the provider had agreed with the patient to take photographs of skin lesions and sent to the practice by email, which was saved under the patient's records for future reference.
- The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against anyone.
- There was a patients' leaflet which included arrangements for dealing with complaints, information regarding access to the service, consultation and treatment fees, terms and conditions, and a cancellation policy.
- An in-house phlebotomy service was offered onsite, resulting in patients who required this service not having to travel to local hospitals.
- An electrocardiogram (ECG) service was offered onsite. An electrocardiogram (ECG) is a simple test that can be used to check the heart's rhythm and electrical activity. Sensors attached to the skin are used to detect the electrical signals produced by heart each time it beats.
- The service offered a flexible and accessible contraceptive and family planning service.
- The clinic provided the local flu and travel vaccination service.
- During the consultation with the travel nurses, patients received a personalised travel health brief, which detailed any additional health risks of travelling to their destinations as well as the vaccination requirements. The travel health brief also included general tips and health advice for travellers and identified the prevalence of diseases in areas of the world.
- The provider had oversight of the national and worldwide supply of vaccinations and monitored where demand may exceed supply. There were contingencies in place to support service provision to clients in those circumstances. For example, the provider informed us they had secured the supply of unlicensed BCG vaccination {a vaccine for tuberculosis (TB) disease} from India during the shortage period. However, they informed us that they were expecting a delivery of UK licensed BCG vaccine which had just become available. The provider informed us they had also secured the supply of unlicensed flu vaccination during the shortage period.
- (Treating patients with unlicensed medicines is higher risk than treating patients with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. The Medicine and Healthcare products Regulatory Agency (MHRA) guidance states that unlicensed medicines may only be supplied against valid special clinical needs of an individual patient. The General Medical Council's prescribing guidance specifies that unlicensed medicines may be necessary where there is no suitable licensed medicine).
- The provider informed us that information regarding the use of medicine outside of its license was provided, the risks explained to the patient and documented during the consultations. We saw evidence of consent by the patient to acknowledge and accept that they were receiving a medicine for use outside of its license.
- In addition to travel vaccines, the service was able to dispense anti-malarial medication through the use of patient group directives (PGDs). Other travel related items, such as mosquito nets insect repellent and first aid kits were also available to purchase.
- The service offered travel health advice and vaccination for individuals planning to undertake Hajj and Umrah pilgrimage (performed by Muslims).

Are services responsive to people's needs?

(for example, to feedback?)

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. For example, the service routinely had catch up breaks between appointment slots every hour.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use. Patients could access the service in a timely way by making their appointment over the telephone or by email. Appointments were available on a pre-bookable basis only and there was capacity on every day for the patients to be seen on the day.
- The service offered 15 GP sessions per week.
- Consultations were available between 8am to 8pm Monday to Thursday, 8am to 6pm Friday and 9am to 12pm Saturday. The service published information about this on the service website and on the patient leaflet.
- The service offered private appointments to members of one of the practice's annual membership schemes and occasional users. The service had approximately 980 patients registered with the service.
- Referrals and transfers to other services were undertaken in a timely way.
- This service was not an emergency service. Patients who had a medical emergency were advised to ask for immediate medical help via 999 or if more appropriate to contact their own GP or NHS 111.
- The patient feedback we received confirmed they had flexibility and choice to arrange appointments in line with other commitments.
- The service offered a home visiting GP service where appropriate by prior arrangement to registered members living within the core catchment area.

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. Staff treated patients who made complaints compassionately.
- 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 complaint policy and procedures in place. The policy contained appropriate timescales for dealing with the complaint. There was a designated responsible person to handle all complaints.
- The complaints policy included information of the complainant's right to escalate the complaint to the Independent Doctors Federation (IDF) and Independent Healthcare Sector Complaints Adjudication Service (ISCAS) and the Care Quality Commission (CQC) if dissatisfied with the response. However, complaint responses did not always include information of the complainant's right to escalate the complaint if dissatisfied with the response.
- The service had received seven complaints in the last year. The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- There was evidence that the service had provided an apology and used the information provided by the patient to review the service. For example, the provider had reviewed the procedure and reminded the staff to always check the previous vaccination record (including any relevant non UK childhood immunisation schedules) and advised to explain the rationale if recommending the vaccine course.

Are services well-led?

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

Our findings

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

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.
- The service was managed by the principal GP and a business manager. The principal GP, who was a UK based GMC registered doctor, had overall responsibility for any medical issues arising.
- The principal GP was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

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

- The service statement of purpose included practice's aims and objectives. This included delivering a high standard of comprehensive private primary care services to all patients. This included providing person centred holistic care.
- The service had a clear vision and strategy to deliver high quality travel healthcare and promote good outcomes for travellers. This included providing vaccination and travel clinic services to adults and children, as well as a range of occupational health services to employer organisations.
- 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.
- On the day of the inspection, the service did not have a documented business plan. However, the service had developed a written business plan and shared with us a week after the inspection.

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.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to 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, including nurses, were considered valued members of the team. They were given protected 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. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- 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.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and joint working arrangements promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- There was a range of service specific policies which were accessible.

Managing risks, issues and performance

Are services well-led?

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

There 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 identified, assessed and managed clinical and environmental risks related to the service provided.
- Service leaders had oversight of safety alerts, incidents, and complaints.
- The service had processes to manage current and future performance. The provider undertook a variety of checks to monitor the safety of the clinic and the performance of the staff. All staff received regular appraisals.
- There were systems in place to monitor the overall performance of the service.
- The service used information technology systems to monitor and improve the quality of care.
- The clinical audit 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 provider had plans in place and had trained staff for major incidents.
- There was a peer review system in place.

Appropriate and accurate information

The service acted on the 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.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The provider was registered with the Information Commissioner's Office and had its own information governance policies.

- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- All staff had signed a confidentiality agreement as part of their job contract.
- Care and treatment records were complete, legible and accurate, and securely kept. Patient assessments, treatments and medications, including ongoing reviews of their care, were recorded on a secure electronic system. We reviewed anonymised assessment reports where a diagnosis was made. We found that the assessments included clear information and recommendations. The clinicians responsible for monitoring patients' care was able to access notes from all the previous consultations.

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.

- Comments and feedback were encouraged and reviewed. The service had carried out a patients' survey. The results were highly positive about the quality of service patients received and high satisfaction levels.
- We saw a number of positive comments documented on the online review websites at the time of our inspection.
- There were many examples of compliments received by the service. For example, we saw several compliments relating to the caring nature of the principal GP and the clear evidence of excellent care delivered by the provider.
- Staff were able to describe to us the systems in place to give feedback.
- The provider informed us they had regular meetings. There was a range of minuted meetings held centrally and available for staff to review. We reviewed copies of some of these meetings.
- The service was transparent, collaborative and open with stakeholders about performance.
- The provider had a whistleblowing policy in place. (A whistle-blower is someone who can raise concerns about practice or staff within the organisation.)

Continuous improvement and innovation

Are services well-led?

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

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

- There was a focus on continuous learning and improvement.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- The principal GP was attending regular meetings with the medical advisory committee for the host hospital.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The travel clinic nurses had specific skills to communicate with the children.
- One of the travel clinic nurses had a diploma in travel medicine and one of them was in the process of applying for the diploma in travel medicine.
- There were systems to support improvement and innovation work. For example, one of the travel nurses was a Fellow of the Faculty of Travel Medicine and had developed a female genital mutilation (FGM) e-learning at the Faculty of Travel Medicine Royal College of Physicians and Surgeons Glasgow (FTM RCPSG). The senior travel nurse was offering travel health training to the nurses nationally.
- The provider held an annual travel health update session at the service, which was also offered free of cost to 35 local practice nurses.