

Heathrow Medical Services




Inspection report

Weekly House
575-583 Bath Road
West Drayton
UB7 0EH
Tel: 02085282633
www.heathrowmedical.com

Date of inspection visit: 30 April 2021
Date of publication: 26/05/2021

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 well-led? | Good |  |

Overall summary

This service is rated as Good overall. (Previous inspection May 2019 – Requires improvement)

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 focused inspection at Heathrow Medical Services to follow up on previous breaches of regulations. During this inspection we inspected Safe, Effective and Well led.

CQC inspected the service in May 2019. We rated the service as requires improvement overall due to concerns with fridge temperature checks, recruitment checks and gaps in staff safeguarding training which were not always monitored appropriately.

We checked these areas as part of this focused inspection and found the concerns had been resolved.

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. At Heathrow Medical Services, services are provided to patients under arrangements made by their employer. These types of arrangements are exempt by law from CQC regulation. Therefore, we were only able to inspect the services which are not arranged for patients by their employers.

Heathrow Medical Services is a private service providing 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 licence to administer yellow fever vaccines.

The clinical director 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.

Our key findings were:

- There was an effective system in place for reporting and recording significant events.
- Risks to patients were always assessed and well managed, including those relating to medicines, safeguarding and recruitment checks.
- The clinic had policies and procedures to govern activity.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Overall summary

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

- Continue to follow guidance on managing patients with severe infections including sepsis.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a member of the CQC medicines team who was available remotely to offer support to the inspector.

Background to Heathrow Medical Services

Heathrow Medical Services is an independent service and offers travel health consultations, travel and non-travel vaccines and travel medicines such as anti-malarial medicines to children and adults. The service is also a registered yellow fever vaccination center. The clinic has continued to be open during the the Covid-19 pandemic period. However, there has been a reduced demand for travel vaccines in the last year due to the pandemic.

Services are provided from: Heathrow Medical Services, Weekly House, 575-583 Bath Road, West Drayton, UB7 0EH. We visited this location as part of the inspection on 30 April 2021.

Online services can be accessed from the service website: www.heathrowmedical.com.

The service is open between 9am and 4pm on Monday to Friday. Telephone lines are open between 8.30am and 5pm Monday to Friday.

At the time of our inspection the service staff comprised of a GP who is the service's registered manager and nominated individual, a specialised travel vaccines nurse , an operations manager and other administrative office staff. On the day of the inspection we met with the operations manager, specialist travel nurse and the GP.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures 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.

How we inspected this service

We reviewed information sent to us by the provider remotely prior to attending the site to reduce the time spent on site in line with our Covid- 19 inspecting guidance. We spoke with the clinical director, an operations manager and travel specialist nurse. 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. We reviewed staff written feedback collected on the day of the inspection.

To get to the heart of patients' experiences of care and treatment, we always ask the following three questions:

- Is it safe?
- Is it effective?
- Is it well led?

Are services safe?

We rated safe as Good because:

Safety systems and processes

At our last inspection in May 2019 we rated safe as required improvement due to lack of suitable arrangements, relating to fridge temperature checks, recruitment checks and gaps in staff safeguarding training.

During this inspection in May 2021, we found that the service had made the required improvements.

The service had clear systems to keep people safe and safeguarded from abuse.

- The service conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The GPs and the nurse were trained to level 3 child safeguarding. All clinicians had received adult safeguarding training and had full awareness of Female Genital Mutilation/Cutting (FGM). The specialist nurse explained that they always asked appropriate questions to both children and parents to safeguard appropriately.
- The service also 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). However, we noted that a non-clinical staff member had commenced work in the last few weeks before our inspection with a previous employer's DBS. The service was able to provide a risk assessment that mitigated this, and this was in line with CQC's interim guidance for providers relating to DBS and other recruitment checks during the covid-19 pandemic.
- The service had a chaperone policy in place, and this was offered where needed. The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control including legionella.
- 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.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them. In light of the Covid-19 pandemic, various checks were being undertaken to ensure the environment remained safe for both staff and people using the services. All appropriate policies had been updated to reflect the pandemic.

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 who required emergency care. The service had a policy for

Are services safe?

staff to refer to relating to unwell patients. However, we noted that information specific to sepsis was not included. We spoke with both the GP and specialist nurse who explained that the service did not treat unwell patients. Nevertheless, they both were able to demonstrate they were aware of the actions that would be required should they come across such patients. The clinicians recognised the need to incorporate information on how to identify and manage patients with severe infections including sepsis which was completed whilst we were still on site.

- 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 were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- All patients attending the service for treatment had to undertake an initial consultation and pre- travel health risk assessment which included taking details of past medical history. This initial consultation lasted around 30 minutes and no treatment was offered before this was completed.
- 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance where appropriate.

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 which minimised risks.
- The service had all the medicines required to safely administer vaccines including medication for dealing with an anaphylactic reaction (Anaphylaxis is a severe and potentially life-threatening reaction). We saw that Patient Group Directions (PGDs) were comprehensive and contained all the necessary signatures to validate them. (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).
- 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- The service only supplied any medicines and administered vaccinations after patients had been made aware of the possible risks or side effects and they had agreed to this.
- There were effective protocols for verifying the identity of patients including children. All patients were required to provide proof of Identity.

Track record on safety and incidents

Are services safe?

- 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.

- There was a system and policy for recording and acting on significant events and incidents. 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. Since our last inspection. The service had made improvements to their system of recording and learning from significant events. However, no incidents had occurred relating to the vaccination service since our last inspection.
- 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 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 locum staff. This included the use of the Yellow Card System. There was also a system for receiving and acting on safety alerts. The most recent alerts received related to yellow fever vaccine precautions in people with weakened immunity and in those patients aged 60 years or older. The service had acted on the alert though no action had been required.

Are services effective?

At our previous inspection in May 2019, we rated the service as good for providing effective services. The service is still rated as good for providing effective services.

We rated effective as Good because:

Effective needs assessment, care and treatment

- We saw that clinicians assessed and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. The service had systems to keep all clinical staff up to date. The specialist nurse had current registration with the Nursing and Midwifery Council (NMC). Staff had access to guidelines from a variety of sources, including the National Travel Health Network and Centre (NaTHNaC), Green Book Online and travel vaccine websites. The specialist nurse was also a member of the Faculty of Travel Medicine and accessed most recent training and seminars.

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 service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to improve quality. Examples of completed audits were on the monitoring of fridge vaccines temperatures, infection control and the appropriate use of vaccination procedure forms. The first cycle vaccination procedure audits had identified some gaps in missing information relating to patient demographics and vaccination batches dates. These findings were shared across the team to ensure the correct procedures were being followed. A subsequent audit found that a 100 percent achievement was being reached across all vaccination procedures therefore, ensuring that all staff were following the correct record keeping procedure.

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)/ Nursing and Midwifery Council and were up to date with revalidation though the GPs revalidation had been posed by the GMC during the pandemic.
- 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.

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.

Are services effective?

- Before providing treatment, clinical staff at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medical 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.
- 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.
- 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 people who had 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. The service had a policy that ensured all patients using the service received a full consultation prior to receiving any vaccines or medicine advice.
- The travel consultation provided patients with advice to prevent and manage travel health related diseases. It was also policy not to provide treatment if the service felt that it was not in the patient's best interest. There were instances where patients were recommended to seek a consultation from their GP/ medical practitioner for suitable treatment prior to receiving treatment from the service.

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 decide.
- The service monitored the process for seeking consent appropriately.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability;

At our last inspection in May 2020 we rated the service Requires Improvement. There was a lack of good governance to ensure effective monitoring and assessment of the quality of the service. During this inspection we found that improvements had been made and were being sustained. We have now rated well led as good.

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. The provider of the service was a General Practitioner. They demonstrated that they had the capacity and capability to run the service and ensure high quality care.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service had a vision to provide a consistently high-quality travel health advice and vaccination service for those seeking travel and non- travel related medication. 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.

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 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, including the 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.

Are services well-led?

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. We saw that systems of monitoring vaccine fridges, recruitment checks and training had been improved.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- 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.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations when offering travel vaccines and advice to patients receiving care from other services.
- 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 service submitted data or notifications to external organisations as required.
- 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.

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.
- Leaders had oversight of safety alerts, incidents, and complaints.
- 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.

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.

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.

Are services well-led?

- 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. The service gathered feedback from patients through rolling surveys, though during the pandemic this was reduced.
- Staff could describe to us the systems in place to give feedback. For example, the service sought feedback from staff through appraisal and regular staff meetings.
- We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was 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 and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work. We saw that the specialist travel nurse had delivered internal training for staff to increase their knowledge on a variety of areas. For example, the improvements on vaccine fridge monitoring had been as a result of in-house training.