Global Health Medical Services Limited

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 12 December 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 not 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.

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. Some of the services available at Global Health Medical Services are exempt by law from CQC regulation. Therefore, we were only able to inspect the regulated activities as part of this inspection.

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.

Summary of findings

Eighteen patients provided feedback about the service; all were positive about the treatment and care received from the service.

Our key findings were:

- The service had systems to manage risk so that safety incidents were less likely to happen.
- The service had some systems in place to safeguard children and vulnerable adults from abuse; however, not all staff we spoke with knew how to identify and report safeguarding concerns. Staff had not received safeguarding training relevant to their role.
- Clinical staff we spoke to were aware of current evidence-based guidelines and they had the skills, knowledge and experience to carry out their roles.
- There was some evidence of quality improvement through clinical audits; however, the service had not undertaken any completed cycle clinical audits.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Consent procedures were in line with legal requirements.
- Systems were in place to protect personal information about patients.
- Patients could access care and treatment from the service within an appropriate timescale for their needs.
- The service proactively gathered feedback from patients and staff.
- There was a focus on learning and improvement at all levels of the service.

We identified regulations that were not being met and the provider must:

- Ensure effective systems and processes are in place to ensure good governance in accordance with fundamental standards of care. The provider did not have a system in place to implement and monitor medicines and safety alerts; there was no business continuity plan in place for major incidents; some of the policies in place were not service specific.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review service procedures to ensure staff received training relevant to their role.
- Review service procedures to consider completed cycle clinical audits including antimicrobial prescribing audits are undertaken.
- Review service procedures to consider how to maintain patients' privacy and dignity in consulting rooms.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Global Health Medical Services

Detailed findings

Background to this inspection

Global Health Medical Services operates at 68 Kenway Road, Earls Court, London, SW5 0RD. 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 website can be accessed through the following link: www.ghms.org.uk

The service offers pre-bookable face-to-face appointments for acute illness and minor injuries. The service is open from 9am to 5pm Monday to Saturday and closed on Sundays. The provider informed us that they see around 1-50 patients each month.

The provider offered call out services outside of the opening hours and patients are advised to contact the service by telephone; the provider also offered home visits and hotel visits.

The service informed us that most patients they see are from overseas and they also see embassy staff especially from middle-eastern countries.

The service is led by a doctor in general practice and supported by another doctor and a reception staff.

The inspection was led by a CQC lead inspector who was accompanied by a GP specialist advisor.

Pre-inspection information was gathered and reviewed before the inspection. On the day of the inspection we spoke with the lead clinician, a doctor and a reception staff. We also reviewed a wide range of documentary evidence including policies, written protocols and guidelines, recruitment, induction and training records, significant event analyses, patient survey results and complaints.

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; however, the provider fixed the following issues after we identified them during the inspection:

- Staff completed safeguarding training relevant to their role.
- Changed uncalibrated clinical equipment.
- Non-clinical staff completed basic life support training.
- Put a system in place to check oxygen and defibrillator.
- Completed a health and safety risk assessment of the premises.
- Signed up to receive medicines and safety alerts.

Safety systems and processes

The service had some systems in place to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed. The service had some systems to safeguard children and vulnerable adults from abuse. Policies were reviewed and were accessible to all staff. However, they did not have information on who to go to for further guidance. After we raised this issue with the provider they made this information available for staff and sent us evidence the day following the inspection. We found that staff had not received safeguarding and safety training appropriate to their role. After we raised this issue with the provider, all staff completed safeguarding training relevant to their role and sent us evidence the day following the inspection.
- The service had systems in place to assure that an adult accompanying a child had authority to give consent to care and treatment provided.
- 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).
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a system in place to manage infection prevention and control and for safely managing healthcare waste. However, staff had not undertaken training on infection prevention and control relevant to their role. After we raised this issue with the provider, all staff completed infection prevention and control training and they sent us evidence the day following the inspection.
- The service had undertaken a Legionella risk assessment in November 2018 and had acted on the recommendations.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. However, clinical equipment in the doctor's bag had not been calibrated. After we raised this issue with the provider they informed us that they had replaced all the clinical equipment in the doctor's bag with calibrated clinical equipment.

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. The service had all the emergency medicines in line with recognised guidance. However, we found that non-clinical staff had not undertaken basic life support training. After we raised this issue with the provider, non-clinical staff undertook online basic life support training and the provider sent us evidence the day following the inspection.
- During the inspection we found that the provider had no system in place to regularly monitor defibrillator and oxygen; we found the defibrillator pads had expired in August 2017. After we raised this issue with the provider the provider put a system in place to regularly check defibrillator and oxygen and replaced the expired defibrillator pads and sent us evidence the day following the inspection.
- 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.

Information to deliver safe care and treatment

Are services safe?

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.
- Clinicians made appropriate and timely referrals in line with protocols and 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, controlled drugs, emergency medicines and equipment minimised risks. The service used printed letter head for prescriptions.
- The service did not carry out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Processes were in place for checking medicines and staff kept accurate records of medicines.
- 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

- There were comprehensive risk assessments in relation to safety issues; however, the provider had not undertaken a health and safety risk assessment of the premises. After we raised this issue with the provider they undertook a detailed risk assessment of the external and internal areas of the clinic and sent us evidence the day following the inspection. The provider had not found any significant concerns following the risk assessment.

Lessons learned and improvements made

- 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 informed us that they had no incidents or significant events in the last 12 months. The provider informed us the last incident they had dated back to 2013.
- The service did not have a system in place to receive, implement and monitor the implementation of medicines and safety alerts. After we raised this issue with the provider they had signed up to receive medicines and safety alerts and sent us evidence the day following the inspection. They informed us that they will act on relevant alerts.

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 and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- 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.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was involved in some quality improvement activity including clinical audits.

- The service made some improvements through clinical audits. For example, the service undertook a clinical audit to ascertain if patients with gastroenteritis (diarrhoea and vomiting) were prescribed appropriately. The audit included 100 patients with symptoms of gastroenteritis; they found that 80 patients were treated for their symptoms and 20 patients were prescribed antibiotics. Out of the 80 patients who were treated for their symptoms five came back after three days with no decrease in their symptoms and they were prescribed antibiotics. Following the audit, the service introduced a detailed questionnaire for patients complaining of symptoms of gastroenteritis to ensure patients were appropriately prescribed; the service informed us that they were planning to repeat this audit to ascertain improvements.
- The provider informed us that they do not usually see patients with long-term conditions. Patient records we reviewed were appropriate and we saw examples of review of pathology results and appropriate referrals to other services.

Effective staffing

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

- All staff were appropriately qualified.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- We found that staff had not completed training relevant to their role including safeguarding, infection control, fire safety, basic life support, information governance and Mental Capacity Act training. After we raised this issue with the provider, staff completed these training and sent us evidence the day following the inspection.

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.
- 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.
- 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.
- 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

- 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.

Are services effective?

(for example, treatment is effective)

- 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. However, we found that clinical staff had not undertaken training on Mental Capacity Act. After we raised this issue with the provider clinical staff completed this training and the provider sent us evidence the day following the inspection.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. All the 18 Care Quality Commission comments cards we received were positive about the service experienced.
- 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 informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them; the staff spoke languages including English, Polish, Arabic, French and Russian. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- 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.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Curtains were not available in the consulting rooms. The premises had a changing room and a consulting room on the lower ground floor next to each other and the provider informed us that patients who had to get changed for examination were usually seen on the lower ground floor.

The service had obtained regular feedback from patients through a bi-annual patient satisfaction survey. The latest survey in October 2018 included 50 patients and indicated the following:

- 100% of the patients indicated that they were either very satisfied or more than satisfied with the explanations given by the doctor about their treatment.
- 100% of the patients indicated that they were very satisfied about their questions been answered at an appointment.
- 100% of the patients indicated that they were either very satisfied or more than satisfied about the length of time spent with the doctor.
- 100% of the patients indicated that they were either very satisfied or more than satisfied with the welcome they received on arrival at the clinic.
- 100% of the patients indicated that they were either very satisfied or more than satisfied with the clarity of health advice provided during their appointment.
- 100% of the patients indicated that they were either very satisfied or more than satisfied with the billing/ payments procedure.

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 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.

- The provider understood the needs of their patients and improved services in response to those needs. For example, the provider recently refurbished the clinic following feedback from patients.
- 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.
- Referrals and transfers to other services were undertaken in a timely way.

The service had obtained regular feedback from patients through a bi-annual patient satisfaction survey. The latest survey in October 2018 included 50 patients and indicated the following:

- 100% of the patients indicated that they were either very satisfied or more than satisfied with the ease of booking an appointment.
- 100% of the patients indicated that they were either very satisfied or more than satisfied with the punctuality of their appointment time.
- 100% of the patients indicated they were very satisfied about the clinic environment.
- 100% of the patients indicated they were either very satisfied or more than satisfied about the overall quality of their appointment.
- 100% of patients indicated that they would recommend this service to others.

Listening and learning from concerns and complaints

- Information about how to make a complaint or raise concerns was available.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The provider informed us that the service had not received any formal complaints since 2013 so we were not able to review any complaints.

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 the service was not providing well-led care in accordance with 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.

Vision and strategy

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

- The service had a realistic strategy and supporting business plans to achieve priorities.

Culture

- Staff felt respected, supported and valued.
- 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 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. However, we found that non-clinical staff had not received an appraisal in the last year. After we raised this issue with the provider they completed appraisals for non-clinical staff and sent us evidence to support this the day following the inspection. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was an emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity.

Governance arrangements

- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety; however, some of the policies we reviewed including safeguarding and prescribing were not service specific. The provider used an online policy database which could be accessed through a web browser.
- The service held regular clinical meetings and governance meetings.

Managing risks, issues and performance

The processes for managing risks, issues and performance required improvement.

- There systems in place to identify, understand, monitor risks required improvement. Staff did not have training relevant to their role; there was no system in place to ensure clinical equipment were calibrated; no system in place to check oxygen and defibrillator; there was no health and safety risk assessment of the premises. Not all staff we spoke with had an understanding of safeguarding.
- There was some evidence of quality improvement; however, the service had not undertaken any completed cycle clinical audits.
- The service had no business continuity plan in place; however, the service had a formal agreement with another service to refer patients in emergency situations including flooding, loss of electricity, loss of gas supply, IT or phone failure.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- 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 and staff to support high-quality sustainable services.

- The patients' and staff views and concerns were encouraged, heard and acted on to shape services and culture. For example, the provider recently refurbished the clinic following feedback from patients.

Continuous improvement and innovation

- There was a focus on learning and improvement.

Are services well-led?

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

- The service had plans to introduce online booking and use social media to keep patients up to date with latest updates.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider had not ensured that effective systems and processes are in place to ensure good governance in accordance with fundamental standards of care. The provider did not have a system in place to implement and monitor medicines and safety alerts There was no business continuity plan in place for major incidents. Some of the policies in place were not service specific.