

Akerman Limited

Your Travel Clinic

Inspection report

2nd Floor, Akerman Health Centre
60 Patmos Road
London
SW9 6AF
Tel: 02030496511
Website: www.yourtravelclinic.com

Date of inspection visit: 3 May 2018
Date of publication: 22/06/2018

Overall summary

We carried out an announced comprehensive inspection on 3 May 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.

Your Travel Clinic provides independent travel health advice and medicines in south west London. Prior to our inspection patients completed CQC comment cards telling us about their experiences of using the service. Eleven people provided wholly positive feedback about the service.

Our key findings were:

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.
- Patient feedback for the services offered was consistently positive.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

Summary of findings

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system for reporting and recording significant events and sharing lessons to make sure action would be taken to improve safety.
- There were systems in place to identify, report, investigate, learn and inform patients when things went wrong with care and treatment.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements to respond to emergencies and major incidents.
- Staff checked and verified patient identity prior to treatment.

Are services effective?

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

- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.
- Clinical audits were used to demonstrate the quality of care provided.

Are services caring?

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

- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw systems, processes and practices allowing for patients to be treated with kindness and respect, which maintained patient and information confidentiality.
- Feedback we received from patients was wholly positive and this aligned with the views of patients collected by the service.

Are services responsive to people's needs?

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

- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain and provide feedback was available and there was evidence that systems were in place to respond appropriately and in a timely way.
- Treatment costs were clearly laid out and explained in detail before treatment commenced.

Summary of findings

Are services well-led?

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

- The service had a clear vision to deliver quality care for patients.
 - There was a clear leadership structure and staff felt supported.
 - The service had policies and procedures to govern activity and held regular governance meetings.
 - An overarching governance framework supported the delivery of high quality care. This included arrangements to monitor and improve quality and identify risk.
 - Staff had received inductions, performance reviews and up to date training.
 - The provider was aware of and had systems in place to meet the requirements of the duty of candour.
 - There was a culture of openness and honesty. The service had systems for being aware of notifiable safety incidents, sharing the information with staff and ensuring appropriate action was taken.
 - The service had systems and processes in place to collect and analyse feedback from staff and patients.
-

Your Travel Clinic

Detailed findings

Background to this inspection

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.

Our inspection was led by a CQC inspector with a Nurse specialist advisor.

Your Travel Clinic provides travel health services including vaccinations, medicines and advice on travel related issues to both adults and children travelling for business or leisure. The service is a designated yellow fever vaccination centre. Services are available to any fee-paying patient.

The service is in a fully accessible purpose-built property with multiple healthcare provider occupancy including NHS GP services, dentists and hospital outpatient services. Patients are directed to the second floor of the building which is accessible via lift or stairs, to the providers reception and waiting area, shared with an NHS GP practice. The areas used by the service include consultation rooms, administrative space and accessible patient and staff facilities.

Services are available by appointment only between 8.30am and 7.30pm on a Monday and Tuesday, 8.30am to 6.30pm Wednesday to Friday. The service is also open on the second and fourth Saturday of the month for pre-booked appointments between 10am and 1pm.

The location is operated by the location's CQC registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

The service clinical team consists of two GPs and a pharmacist. The administrative team is led by a business manager with a team of five administrative and reception staff. Those staff who are required to register with a professional body were registered with a licence to practice.

The service is registered with the CQC to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury and transport services, triage and medical advice provided remotely.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. During our visit we:

- Spoke with a range of clinical and non-clinical staff including GPs, the business manager and administrative staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the service.
- Reviewed CQC comment cards completed by service users.

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

- Is it safe?

Detailed findings

- 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 systems to keep patients safe and safeguarded from abuse.

- The service conducted safety risk assessments and had policies which were regularly reviewed and communicated to staff.
- 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 and how to report safeguarding concerns to relevant external agencies.
- All staff received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. Clinical staff were trained to safeguarding children level 3 and non-clinical staff to level 1.
- Staff checks, including checks of professional registration where relevant, were carried out at the recruitment stage and on an ongoing basis.
- Disclosure and Barring Service (DBS) checks were undertaken for all staff in line with service policy. (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).
- There was an effective system to manage infection prevention and control.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- There were systems for safely managing healthcare waste.

Risks to patients

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

- Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support annually.
- Emergency equipment and medicines available were in line with recognised guidelines. Emergency equipment such as defibrillators and oxygen were available on each floor of the building and were regularly checked and maintained by the building management company, and we saw evidence of this. The service maintained their own supply of emergency medicines which were checked to make sure these were available and within their expiry date, and kept records of these checks.
- Staff knew how to recognise those in need of urgent medical attention and clinicians knew how to identify and manage these patients. Service policy included patients waiting after their vaccination appointment to ensure any adverse reactions could be identified and managed safely.

Information to deliver safe care and treatment

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

- Individual patient 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.
- The service had systems for sharing information with staff and other agencies, including patients' NHS GPs and public health services to enable them to deliver safe care and treatment.
- Referral and information sharing letters included all the necessary information.
- The service checked and verified patient identity routinely and as part of travel health service guidelines and legal requirements. The service also carried out checks to ensure those accompanying children had the legal authority to consent to treatment. Measures included ensuring children had their 'red book' for immunisation recording.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

Are services safe?

- The systems for managing medicines, including vaccines and emergency medicines and equipment minimised risks.
- Staff prescribed, administered and gave advice to patients on medicines in line with legal requirements and current national guidance.
- The service audited the prescribing and administering of medicines to ensure they were being used safely and followed up on appropriately, in line with national institute for health and care excellence (NICE) guidelines.

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 to understand risks and where identified, they made necessary safety improvements.

Lessons learned and improvements made

The service had systems and processes in place to learn and make improvements if things went wrong with care and treatment.

- There was a system 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 comprehensive systems in place for reviewing and investigating if things went wrong. The service had not recorded any significant events and incidents in the last 12 months; however, we heard about previous incidents which allowed for minimising risks to patient safety, including where the service had separated children's and adult's vaccinations into separate fridges to avoid the risk of issuing the wrong vaccination.
- There was a system for receiving, reviewing and acting on safety alerts including patient, medicines and device safety 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 service had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed through a pre-appointment questionnaire.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if they became unwell or were involved in an incident such as an animal bite whilst travelling and where to seek further help and support. This information was provided in the form of a bespoke travel health booklet.

Monitoring care and treatment

The service had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care and treatment provided.

- The service conducted a range of audits to ensure diagnosis and treatment were in line with national guidelines and service protocol.
- For example, the service had conducted an audit to ensure patients receiving a positive test result for tuberculosis were appropriately referred and that the referral resulted in action being taken, minimising the risk to the health and wellbeing of the individual patient and the public. The service identified 48 patients who participated in a test for tuberculosis, with two positive results. Both results were appropriately followed up with the patient, referred to the relevant authorities and where appropriate direct referrals were made in line with guidelines. In both cases a further follow up phone call from the GP ensured patient attendance for further tests and treatments.

Effective staffing

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

- The service 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.
- The service provided staff with All staff had received an appraisal within the last 12 months.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient. There were clear protocols for onward referral of patients to specialists and other services based on current guidelines, including patients' NHS GPs and where cancer was suspected. The service monitored urgent referrals to make sure they were dealt with promptly.

Where patients' consent was provided, all necessary information needed to deliver their on-going care was appropriately shared, in a timely way and patients received copies of referral letters. The service also demonstrated that information was shared in situations where consent was not given but where the risk to the patient of not providing information to other relevant services was too high.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to sustain and improve their health while travelling.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The service provided a bespoke travel health booklet with a range of advice to travellers on a full range of subjects including food and drink, avoiding contact with animals and sexual health.
- The service identified patients who may need extra support and directed them to relevant services.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions by providing information about treatment options and the risks and benefits of these as well as costs of treatments and services.
- Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately through patient record checks.

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.

- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- All the eleven patient Care Quality Commission comment cards we received were wholly positive about the service experienced. This is in line with other feedback received by the service.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- Interpreter services were available for patients who did not have English as a first language.

- Staff communicated with patients in a way that they could understand, for example, staff knew how to access communication aids and easy read materials where necessary.
- The service's website and other sources provided patients with information about the range of services available including costs.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The layout of the reception and waiting area allowed for privacy when reception staff were dealing with patients. Staff could also use available rooms to discuss private matters where necessary.
- The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.
- Patients' electronic care records were securely stored and accessed electronically.

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.

- Patients could be seen outside of normal working hours with early morning, evening and weekend appointments.
- Appointments were often available the same day, including telephone advice.
- The facilities and premises were appropriate for the services delivered.
- Interpreter services were available for those patients who did not have English as a first language.
- The service was a designated yellow fever vaccination centre; patients could receive all their required vaccinations from the same service.
- Patient feedback consistently referred to the amount and quality of the information the service provided.

Timely access to the service

Patients could access care and treatment from the service within an acceptable timescale for their needs.

- The service was open between 8.30am and 7.30pm on a Monday and Tuesday, 8.30am to 6.30pm Wednesday to Friday. The service also opened on the second and fourth Saturday of the month between 10am and 1pm. Opening hours were displayed on the service website.
- Patients could contact the service via telephone or email out of hours while travelling for non-urgent advice.

- Patients had timely access to appointments and the service kept waiting times and cancellations to a minimum.
- The service provided time critical treatments post exposure such as rabies vaccinations. The service also directed patients to other local NHS services providing the treatment for free. Patients could also start their post exposure treatment programme with the service and were provided with all the information needed to carry on their treatment elsewhere if required.
- Patient feedback showed that patients were satisfied with how they could access care and treatment.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems in place to respond to them appropriately and to improve the quality of care.

- The business manager was responsible for dealing with complaints and the service had a complaints policy providing guidance for staff on how to handle a complaint. The service used a computer system to record and analyse complaints, concerns and feedback including written and verbal feedback.
- There was information available in the premises and on the service website for patients to provide feedback and make complaints.
- Information was available about organisations patients could contact if they were not satisfied with the way the service dealt with their concerns.

The service had not received any complaints in the last 12 months; however, there were systems and processes in place to investigate complaints and feedback, identify trends, discuss outcomes with staff and implement learning to improve the service.

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 had the experience, capacity and skills to deliver the organisational strategy and address risks to service delivery.
- They were knowledgeable about issues and priorities relating to services. They understood the challenges and were addressing them.
- Staff told us leaders were visible and approachable.

Vision and strategy

The service had a vision and strategy to deliver high-quality, patient focussed care.

- There was a clear vision and set of values with a strategy and supporting business plans to achieve priorities.
- The provider reviewed and developed its vision, values and strategy with staff.
- 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 providing high-quality care.

- Staff stated they felt respected, supported and valued. They were happy and proud to work in the service.
- The service focused on the needs of patients.
- There were systems and processes in place for the service to act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were key themes of systems and culture around managing 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 could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- All staff had received an appraisal or performance review in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- There were positive relationships between staff groups.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Service leaders had adopted and established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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 risks including risks to patient safety.
- Service leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audits were used to demonstrate the quality of care provided.
- The service had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Are services well-led?

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

- Quality and sustainability were discussed in relevant meetings.
- The service submitted information or notifications to external organisations as required, including patient referrals.
- Arrangements for the availability, integrity and confidentiality of patient identifiable data, records and data management systems were in line with data security standards.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support high-quality sustainable services.

- Patients' and staff views and concerns were encouraged, heard and acted on to shape services. The service had been accredited as a designated yellow fever vaccination centre.
- The service collected and reviewed patient feedback about the services provided which was consistently positive.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels.
- Staff knew about improvement methods and had the skills to use them.