

Axis BMC Travel Clinic Limited

Axis B.M.C Travel Clinic Limited

Inspection report

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Evegate Business Park
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Overall summary

We carried out an announced comprehensive inspection on 10 April 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 services in accordance with the relevant regulations.

Are services effective?

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

Are services well-led?

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

Notable practice

- We saw that the manager's mobile phone was linked to a system, whereby, if any of the refrigerators were accidentally unplugged or there was a power cut, they were instantly made aware by an alarm system.

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.

Axis BMC Travel Clinic provides pre-travel health assessments, travel health advice, anti-malarial medications, travel vaccinations and non-travel vaccinations. The clinic is also a registered yellow fever vaccination centre.

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 exemptions from regulation by CQC which relate to particular types of

Summary of findings

service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Axis BMC Travel Clinic those occupational health related services provided to customers under arrangements made by their employer or a government department are exempt by law from CQC regulation. Therefore they did not fall into the scope of our inspection.

The travel health nurse advisor based at the location 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.

As part of our inspection we asked for CQC comment cards to be completed by clients prior to our inspection. We received 16 comment cards which were all positive about the service that had been provided.

Our key findings were:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The clinic had clearly defined and embedded systems to minimise risks to customer safety.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available.
- There was a clear leadership structure and staff felt supported by management. The clinic proactively sought feedback from staff and customers, which it acted upon.

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 were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.
- Medicines and emergency equipment were safely managed.
- There were systems and processes in place to safeguard patients from abuse.
- The staffing levels were appropriate for the care and treatment provided by the clinic.
- Risk management processes were in place to manage and prevent harm.
- A fire risk assessment was carried out annually and fire equipment was appropriately monitored and fit for use.
- The service had an infection control policy and procedures were in place to reduce the risk and spread of infection.
- Emergency medicines and equipment were easily accessible.

Are services effective?

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

- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- Client consent and relevant information was sought before their information was shared with other services.
- The process for informing clients' GP when medicines or vaccines were supplied or administered took place after the full course of treatment had been given.
- A clinical assessment and medical history was undertaken prior to recommending treatments.
- Staff demonstrated they understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Verbal consent was obtained when a medicine used was unlicensed or used off-label. (Unlicensed medicines' refers to both medicines with no UK licence, and those being used outside of the terms of their licence (commonly referred to as 'off-label')
- Staff received training appropriate to their role. We saw copies of training certificates including life support training.

Are services caring?

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

- Client feedback was positive about the services provided by the clinic. We saw that staff were professional and friendly.
- We also saw that staff treated clients with dignity and respect.
- We were told by staff that clients were involved in decisions about their care and treatment.

Are services responsive to people's needs?

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

- The practice understood its population profile and had used this understanding to meet the needs of its clients.
- Clients could book appointments through the clinic itself, through the website or by telephoning Axis BMC Travel telephone line.

Summary of findings

- Clients said they found it easy to make an appointment.
 - The clinic was well equipped to treat clients and meet their needs and was accessible to those with mobility requirements.
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Are services well-led?

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

- Governance arrangements within the clinic were operated effectively.
 - There were a set of policies and procedures accessible to all staff.
 - The clinic had a clear vision and strategy to deliver high quality care. Staff understood the company vision and their responsibilities in relation to it.
 - There was a clear leadership structure and staff felt supported by management.
 - The clinic encouraged a culture of openness and honesty.
 - The clinic proactively sought feedback from staff and clients.
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Axis B.M.C Travel Clinic Limited

Detailed findings

Background to this inspection

Axis BMC Travel Clinic Limited is the registered provider of services carried out at the location Axis BMC Travel Clinic Limited.

We carried out an inspection of Axis BMC Travel Clinic Limited. Regulated activities provided at this location are carried out by nurses and include pre-travel health assessments, travel health advice, anti-malarial medications, travel vaccinations and non-travel vaccinations. The clinic is also a registered yellow fever vaccination centre.

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The travel clinic is an independent private travel clinic situated at a well established business park offering free parking. It is located two miles from junction 10 of the M20, offering easy access from all areas of Kent. The clinic is situated on the ground floor of a barn conversion; there is direct access from the car park providing easy access for the disabled and families with small children. Toilet facilities are available on the ground floor adjacent to the clinic entrance. A bus service runs twice an hour along the A20 and there is a bus stop within walking distance of the business park. These buses (Number 10) stop at the mainline stations in both Ashford and Folkestone.

The clinic is open five days a week; set opening times may vary to accommodate demand: Monday and Thursday 9am to 5pm; Tuesday is 9am to 7pm; Wednesday and Friday are 9am to 4pm.

The clinic has two receptionists and two qualified travel health nurses (female) working variable hours. Clinical support is provided by remote clinical advisors including a consultant pharmacist.

We carried out an announced comprehensive inspection on 10 April 2018.

The inspection team was led by a CQC inspector and included a nurse specialist advisor.

Prior to the inspection we gathered and reviewed information from the provider. There was no information of concern received from stakeholders. During our visit we:

- Spoke with one travel nurse advisor/registered manager/nominated individual based at the clinic. We also spoke with the two receptionists.
- Reviewed 16 CQC comment cards where clients shared their views and experiences of the service.
- Looked at documents the clinic used to carry out services, including policies and procedures.
- Reviewed clinical records of clients to track their progress through the service.

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

- Is it safe?
- Is it effective?
- Is it caring?

Detailed findings

- 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.

This provider refers to people who use the service as clients and we have used this terminology through the report.

Are services safe?

Our findings

Safety systems and processes

The clinic had systems and processes to keep customers safe and safeguarded from abuse.

- The provider conducted safety risk assessments and had a set of safety policies which were available to staff. The clinic had systems to safeguard children and vulnerable adults from abuse. Policies had been recently reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- Staff demonstrated they understood their responsibilities regarding safeguarding. They knew how to identify and report concerns and had received training on safeguarding children and vulnerable adults relevant to their role with all nursing staff trained to child safeguarding level three.
- The clinic had recruitment procedures in place and all staff personnel files were stored at the clinic. We saw evidence that recruitment checks had been carried out prior to employment including proof of qualifications and registration with the appropriate body. All staff had (DBS) checks and that references had been undertaken prior to employment. (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).
- A notice in the waiting room and on each treatment door advised customers that chaperones were available if required. Chaperones were to be arranged in advance of treatment and a phone number was provided for customers to use should this be required. All chaperones had received a DBS check.
- There was a system to manage infection prevention and control. There was appropriate guidance and equipment available for the prevention and control of infection.
- The clinic ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. Electrical and clinical equipment had been tested within the past year.

- There was a health and safety policy available and accessible to all staff. A health and safety poster with contact details of representatives was on display within the waiting room area.
- The clinic had a variety of risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence that monthly checks of clinic tap water temperatures were carried out.
- The clinic had an up-to-date fire risk assessment, carried out regular fire drills and fire safety equipment had been tested within the past year.

Risks to patients

There were systems to assess, monitor and manage risks to customer safety. The clinic had adequate arrangements to respond to emergencies and major incidents.

- There were arrangements for planning and monitoring the number staff needed.
- All staff had received an induction and had received basic life support training.
- The clinic had access to, although they were not responsible for a defibrillator held in the neighbouring cardiac clinic that worked the same hours as the travel clinic. A risk assessment had also been carried out around the lack of provision of a defibrillator within the clinic itself.
- Oxygen with adult and children's masks was available and signs on the treatment room door indicated which room this was stored.
- The emergency drug adrenaline and chlorphenamine (an antihistamine), used in the event of anaphylaxis (a serious allergic reaction that is rapid in onset and can be fatal if not responded to) was safely stored in each clinic room. We saw that syringes were colour coded and pre-loaded with the appropriate dosages for adults and children, as per resuscitation guidelines. We saw records of an episode in 2016 where a life was saved due to the efficiency of equipment and use of both of the emergency drugs.
- All nurses had appropriate professional indemnity cover in place.

Are services safe?

Information to deliver safe care and treatment

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

- Client identity was verified at each consultation and on registering with the clinic.
- Parents of children were encouraged to bring their child's vaccination records in. We were informed that in some instances, with customer consent, nurses would contact the relevant GP practice should there be uncertainty around what vaccinations a customer had previously received.
- As part of the initial health check prior to vaccinations offered, it was determined if the client had recently undergone medical treatment or had a disorder or disease that caused any immunosuppression. If this was determined to be applicable then the service's clinical staff would seek permission to contact the client's GP or consultant.
- Records of consultations were held on the computer system for each client and were accessible to staff when logged in. We saw that computer screens were locked by the user when the room was left unattended.

Safe and appropriate use of medicines

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

- The arrangements for managing medicines, including emergency medicines and vaccines, in the clinic minimised risks to customer safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Patient Group Directions (PGDs) were in place for nurses to administer travel vaccinations and medicines in line with legislation. These had been authorised by a consultant pharmacist.
- The practice carried out medicines audits and this included a clinical audit for yellow fever.
- Medicines were stored securely and all medicines requiring refrigeration were stored in an appropriate, secure medicine fridge. Temperatures were monitored

and recorded in line with national guidelines. We saw that the clinic's manager's mobile phone was linked to a system, whereby, if any of the refrigerators were accidentally unplugged or there was a power cut, they were instantly made aware by an alarm system.

Track record on safety

There was a system for reporting and recording incidents.

- The clinic had a good safety record. The premises were managed by a landlord. Documents showed the provider had obtained assurances regarding any risks and had written environmental risk assessments in relation to safety issues. These had been updated in the last month and included fire safety, waste management and the management of legionella.
- Staff had received training in basic life support and managing emergencies. There was emergency equipment and medicines available which were accessible and within date.
- There was a lone working policy. Staff were aware of how to alert colleagues to an emergency. Additional security measures were in place when staff were lone working.

Lessons learned and improvements made

The clinic learned and made improvements when things went wrong.

- 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. The provider supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The clinic identified themes and took action to improve safety in the clinic.
- There was a duty of candour policy in place. The provider encouraged a culture of openness and honesty.

There was a system for receiving and acting on safety alerts. The clinic learned from external safety events as well as client feedback and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The clinic had systems to keep clinicians up to date with current evidence-based practice. We saw that nurses assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as Public Health England and the National Travel Health Network and Centre (NaTHNaC, a body set up to protect the health of British travelers and improve the quality of travel health advice given by GP practices, travel clinics, pharmacies and other healthcare providers, and provide up-to-date and reliable information for the traveler, travel industry and national government).
- We saw no evidence of discrimination when making care and treatment decisions.
- The clinic undertook a detailed assessment of the individual's needs prior to offering vaccinations.

Monitoring care and treatment

- The clinic was a registered yellow fever centre and had submitted online numbers of yellow fever vaccines given, age groups and any adverse events. There had been no adverse events.

Effective staffing

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

- Staff whose role included provision of yellow fever immunisation had the necessary specific training to do so.
- The clinic understood the learning needs of new staff and an induction programme was in place.
- We saw clinical supervision being provided to a new member of staff and were informed that protected time for training was given including support for revalidation.

- The clinic had a system in place to ensure skills; qualifications and training were kept up-to-date and maintained. Staff were sent reminders as to when their next training was due.
- All staff providing clinical services were registered nurses, who had received specialist training in travel health. We saw records and qualifications to confirm this. All nurses were supported to undertake revalidation. Revalidation is the new process that all nurses and midwives in the UK will need to follow to maintain their registration with the Nursing and Midwifery Council (NMC), which allows them to practise.

Coordinating patient care and information sharing

- Staff worked independently to provide a service. They had systems in place to work together with other health and social care professionals where required, to deliver effective care and treatment.
- Some travel vaccines are available via the NHS. We saw that the clinic always told people when vaccines may be available to them free of charge and recorded that on their record card. Information about medicines or vaccines administered or supplied was made available for patients to give to their GP following completion of a course of treatment.

Supporting patients to live healthier lives

- The clinic stocked a wide range of travel health related items, such as mosquito nets and repellents, water purification tablets and first aid kits. Staff also advised on and supplied more specialist medical kits and supplies for expeditions to remote locations.
- Clinic staff used consultations to provide information on other information that may be required when travelling. For example, sexual health advice, sun protection advice and personal safety.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- We saw evidence that consent, both verbal and written, was recorded on the individual's records. Where a client's mental capacity to consent to care or treatment was unclear the nurse assessed the client's capacity and, recorded the outcome of the assessment.
- Staff checked the identity of patients using photographic identity in the form of a passport. Children were required to have a parental consent signature using the space on the patient record and also detailed the relationship between the adult and child.

Are services caring?

Our findings

Kindness, respect and compassion

- During our inspection we observed that members of staff were courteous and very helpful to clients and treated them with respect and in a professional manner.
- All of the 16 Care Quality Commission comment cards we received were positive about the service experienced. Clients said they felt the clinic staff were caring, helpful, efficient and put them at ease; these comments also included parents of children attending the clinic.

Involvement in decisions about care and treatment

- Written and verbal information and advice was given to clients about health treatments available to them.
- Staff told us that should a client wish for them to contact their GP then this would be carried out.

- The clinic had clear price lists in each clinic room and available in the waiting area. Staff told us that clients were informed which treatments could be accessed via the NHS at no cost.

The clinic provided facilities to help clients be involved in decisions about their care:

- Staff told us that the number of none English speaking clients was low but that translation services could be arranged should this be required.
- Information leaflets were available to customers.

Privacy and Dignity

We saw that staff respected patient privacy and treated them with dignity:

- Clinic room doors were closed during consultations and vaccinations; conversations taking place in these rooms could not be overheard.
- Nurses went into the waiting area and called customers into the clinic room, customers were kept informed should there be a delay to their appointment.
- CQC comment cards supported the view that the service treated customers with respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The clinic organised and delivered services to meet customers' needs.

- The facilities and premises were appropriate for the services delivered. Two clinic rooms were available for use, a waiting room area and public toilet facilities were accessible.
- Information about the services provided and the skills and expertise of the clinicians was available on the clinic website. Written client information leaflets about the range of procedures available were provided.
- The service provided care for adults and children as required.
- The clinic was a registered yellow fever centre and complied with the code of practice. All staff had attended training for the administration of yellow fever.

Timely access to the service

- The clinic was open five days a week; Monday and Thursday 9am to 5pm; Tuesday 9am to 7pm; Wednesday and Friday 9am to 4pm. In addition, the clinic was flexible in accordance with demand. For example, we were informed that the clinic had opened outside of normal opening hours for school children that were going on an overseas trip.

Listening and learning from concerns and complaints

- We saw the provider had a leaflet available in the waiting area informing customers how to complain. The leaflet included contact details of who to contact should a customer be unhappy with the action taken by the provider. Information about how to make a complaint was also available online via the provider's website.
- No complaints had been received by the clinic in the past.

Are services well-led?

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

Our findings

Leadership capacity and capability;

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

- The provider and nursing team had the experience, capacity and skills to deliver the clinic strategy and address risks to it.
- Staff were knowledgeable about issues and priorities relating to the quality and future of services offered. For example, staff were aware of national vaccine shortages and what action to take regarding this.
- Staff explained that the provider was supportive, visible, approachable and supported staff development.
- The provider had effective processes for planning the future of the clinic.

Vision and strategy

The provider had a clear vision to provide a high quality service that put caring and client safety at its heart. The provider had a realistic strategy and supporting business plans to achieve priorities

Culture

- Staff told us that they felt respected and supported.
- 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.
- 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 clinic 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 clinic actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and the provider.

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 management of working arrangements promoted interactive person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. The provider was the first point of contact for staff regarding any issues.

Managing risks, issues and performance

- There were appropriate arrangements for identifying, recording and managing risks through clinic meetings.
- The clinic had a business continuity plan for major incidents such as power failure, building damage, IT failure. The plan included emergency contact numbers for staff.

Appropriate and accurate information

- The clinic used information technology systems to monitor and improve the quality of care.
- Client records were securely stored on the information technology system only accessible via staff log-in.

Engagement with patients, the public, staff and external partners

The clinic involved client and staff to support high-quality sustainable services.

- Client and staff views and concerns were encouraged.

Are services well-led?

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

- The service encouraged and valued feedback from clients and staff. It proactively sought feedback from clients through their website and also locally at the clinic by filling out feedback forms.

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

Staff knew about improvement methods and had the skills to use them.

Continuous improvement and innovation