Care Quality Commission

Clari Health Leeds Travel Clinic

Inspection report

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Leeds
West Yorkshire
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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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

Overall summary

We rated this service as requires improvement overall.

At the previous inspection on 31 January 2019 we did not rate the service. We found the service was meeting regulations. Although there were no breaches at that time, we identified areas where the provider should make improvements regarding governance. We checked these areas as part of this comprehensive inspection and found not all had been resolved. We also found other issues and have asked the provider to make improvements.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Clari Health Leeds Travel Clinic on the 17 October 2019, as part of our inspection programme to rate independent health providers. We carried out this inspection under Section 60 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014, as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations.

Clari Health Leeds Travel Clinic provides a travel health advice and travel vaccination service, including those for the prevention of yellow fever. Seasonal influenza vaccination is provided to those who are unable to receive it from their NHS GP.

The clinical manager 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 of the Health and Social Care Act 2008 and associated Regulations. At the time of our inspection there was an application in process to add an additional registered manager to share the position with the current registered manager.

On the day of inspection, we received 28 completed Care Quality Commission (CQC) comment cards which were all positive. For example, clients said they found it easy to access services with flexible appointments; staff were professional, friendly, helpful and provided wide-ranging travel health advice. Clients said they would recommend the service to others.

Our key findings were :

- There were arrangements in place to keep clients safeguarded from abuse. Clinicians had completed safeguarding training appropriate to their role and demonstrated awareness of what to do if they had concerns regarding the wellbeing of a child or vulnerable adult.
- There were some policies in place to support service delivery, however, we were not assured that staff were aware of the most up-to-date policy to use. Additionally, in the event of an emergency, some policies would not have necessarily directed staff to the most appropriate course of action, such as those relating to fire safety.
- On the day of inspection there was no clear documentation regarding the management of the vaccine fridge temperature when it was out of range.
- The provider had not undertaken any fire or health and safety assessments of the location, as identified in their risk policy. There were no facilities to support disabled or clients with poor mobility down the stairs in the event of a fire. Staff had not participated in a fire evacuation drill at the premises.
- There was no documented evidence which demonstrated that staff were asked about their occupational health immunity status, such as varicella (chickenpox) and MMR. There were no clear processes should a member of staff refuse to have immunisation.
- Although there were recruitment processes in place, these were not always followed.
- There were systems and processes in place to support infection prevention and control. These included cleaning schedules and audits.
- The service participated in quality improvement activity. Clients' needs were assessed, and treatment delivered in line with current legislation, standards and guidance, such as National Travel Health Network and Centre (NaTHNaC) travel guidance.
- Clients' records were stored in line with the General Data Protection Regulation (GDPR). Staff demonstrated awareness of data protection; and we saw that training had been scheduled as part of the staff induction programme.

Overall summary

- Clinicians demonstrated awareness of how to obtain consent to care and treatment in line with legislation and guidance.
- On the day of inspection, staff did not demonstrate a clear understanding of incident reporting. We were informed of an incident which had not been recorded as such.
- Completed Care Quality Commission (CQC) comment cards as well as feedback received through online surveys were positive about the level of care as well as quality of service received.
- There was limited evidence to demonstrate organisational oversight. It was not clear who had overall responsibility to manage areas such as incidents, complaints and risk assessments. Policies related to departments, such as human resources, but there was no evidence to support such a department existed.
- Patient Group Directions (PGDs) had not been managed appropriately. Staff did not demonstrate a good understanding of the legalities regarding these documents.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- Improve the recording of vaccine fridge temperatures and evidence where any action has been undertaken in the event of an abnormal reading.
- Reassure themselves that all recruitment processes are followed prior to employment of staff.

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 practice nurse specialist adviser and a second CQC inspector.

Background to Clari Health Leeds Travel Clinic

Clari Health Ltd is the provider of Clari Health Leeds Travel Clinic which is located on the second floor of the This Is My: building, 93 Water Lane, Leeds, West Yorkshire LS11 5QN. The location is a short walk from Leeds train station. There is free onsite car parking. Upon entering the premises, there is a large waiting area on the ground floor. Clients accessing the travel clinic have the option of using the stairs or a lift.

Clari Health Ltd consists of five other CQC registered locations located in Birmingham, Liverpool, London, Tyne and Wear and South Manchester. As part of this inspection we did not visit any of the other locations.

The service provides a personalised risk assessment, travel health advice and travel vaccinations, including those for the prevention of yellow fever. Seasonal influenza vaccination is also provided to those who are unable to receive it from their NHS GP. Services are provided by two female registered nurses who are trained in travel health (one of whom is the registered manager). The nurses are supported by a qualified doctor (medical director) and a management consultant, who are contracted by the provider.

Clients are required to make an appointment either online via the website or by contacting the clinic by telephone. The service does not accept walk-in appointments. Excluding bank holidays, the opening hours of the clinic are:

Tuesday 10am to 3pm

Wednesday 10am to 3pm

Thursday 8am to 8pm

Friday 8am to 3pm

Saturday 8am to 2pm

The service is registered with the CQC under the Health and Social Care Act 2008 to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

How we inspected this service

Before visiting, we reviewed a range of information which was provided pre-inspection, that which we hold about the service and the provider's website and service users' comments available via the internet.

During the inspection we:

- Spoke with staff and the registered manager of the service.
- Reviewed key documents which support the governance.
- Looked at information the service used to deliver care and treatment.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Requires improvement

Are services safe?

We rated safe as Requires improvement because:

- There were some policies in place to support service delivery, however, we were not assured that staff were aware of the most up-to-date policy to use. Additionally, in the event of an emergency some policies would not have necessarily directed staff to the most appropriate course of action, such as those relating to fire safety.
- The provider had not undertaken any fire or health and safety assessments of the location, as identified in their risk policy. There were no facilities to support disabled or clients with poor mobility down the stairs in the event of a fire. Staff had not participated in a fire evacuation drill held at the premises.
- There was no clear documented evidence which demonstrated that staff were asked about their occupational health immunity status, such as varicella (chickenpox) and MMR. There were no clear processes should a member of staff refuse to have immunisation.
- On the day of inspection, staff did not demonstrate a clear understanding of incident reporting. We were informed of an incident which had not been recorded as such.
- Patient Group Directions (PGDs) had not been managed appropriately. Staff did not demonstrate a good understanding of the legalities regarding these documents.
- Following our inspection, the provider acted to address some of the issues identified during our inspection.

Safety systems and processes

The service did not always have clear systems to keep people safe and safeguarded from abuse.

- The provider had policies in place for safeguarding children and vulnerable adults. They outlined who to go to for further guidance and contact details of the local safeguarding authority were available for staff. Staff had received the appropriate level of safeguarding training. They could demonstrate a good understanding of what to do in relation to any safeguarding concerns. The service had systems in place to provide assurance that an adult accompanying a child had parental authority.
- There were policies in place to support service delivery and safe care. On the day of inspection we were shown both paper and electronic copies of the polices. However, these did not correspond as the paper copies were not the most up-to-date versions. We were not assured that staff were aware of the appropriate policy to use. Some of the policies were generic for the provider's services and were not reflective of the individual location. Additionally, in the event of an emergency, some policies would not necessarily have directed staff to the most appropriate course of action. For example, the fire policy incorrectly stated staff had access to a fire alarm in their clinic, and it did not state how the fire brigade would be alerted. There was a heavy reliance on the fire safety systems provided by the premise's manager, who managed services on the ground floor of the building.
- There was a chaperone policy in place, stating that a chaperone would be available should a client request one. However, on the day of inspection, we were informed that there was no-one available to act as chaperone, as there was only one clinician working at the service at one time. Although there were staff available at the reception to the building, these were not employed by Clari Health.
- There was a recruitment policy in place. Some checks were undertaken at the time of recruitment and before employment. This included proof of identity, checks of professional registration, qualifications and references. However, at the time of our inspection we did not see evidence of references for the most recently recruited member of staff. 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). We saw medical indemnity insurance was in place for clinical staff.
- There was a system to manage infection prevention and control (IPC). The registered manager was the IPC lead and had received IPC training. They were responsible for undertaking the IPC audit on an annual basis; which they had completed. We noted that the paper copy of the IPC policy did not contain any details of training for staff, however the electronic copy stated that IPC training would be provided to staff on induction. There was evidence of daily cleaning schedules to support maintenance of IPC. All equipment was single use and disposed of appropriately.
- There were no hand-washing facilities in the clinical room. However, staff had access to alcohol hand gel and hand-washing facilities within the premises. Procedures for hand-washing and the use of the alcohol hand gel were documented within the IPC policy.

Requires improvement

Are services safe?

- The premises were leased and the provider liaised with the landlord to ensure that facilities were cleaned effectively. Equipment was maintained in accordance with manufacturers' instructions. We saw evidence of calibration of equipment, portable appliance testing, waste management and a legionella risk assessment.

Risks to patients

The service did not have all the appropriate systems in place to assess, monitor and manage risks to patient safety.

- There was a policy in place to support the management of anaphylaxis. (Anaphylaxis is a severe and potentially life-threatening reaction to a trigger shock, such as vaccination.) The service had access to adrenaline to deal with anaphylaxis. The provider had completed a risk assessment to evidence their decision in not keeping emergency equipment, such as oxygen and a defibrillator, on site. Staff had received basic life support training, understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- The service was delivered Tuesday to Saturday by one clinician on each day. We were informed that if there were any issues resulting in the absence of the clinician, this would lead to the provider organising cover or the cancellation of the clinic as appropriate.
- There was a health and safety policy in place, however, there was no identified health and safety lead for the service. It did not contain details of who to contact if there were any health and safety concerns; no details regarding environmental issues; no identified risks; no reference to the responsibility of staff under the Health and Safety at Work Act 1974. We did not see evidence of a health and safety risk assessment relating to the service, despite this being mentioned in the policy.
- The provider had not undertaken their own fire risk assessment. We were provided with a fire risk assessment, post-inspection, which had been undertaken by the manager of the leased premises. However, this did not include evidence of individual areas having been assessed for risks such as, overuse of electrical sockets, how many staff work in the building, how many rooms they operated from or how people would be evacuated from upstairs rooms in the event of a fire. At the time of inspection there was no equipment to support people with mobility difficulties in getting down the stairs.
- Fire alarm tests and fire equipment checks were undertaken by the manager of the leased premises and we saw records to verify this. Clinical staff had received fire safety training. However, staff informed us they had not participated in a fire evacuation drill at the premises.

Information to deliver safe care and treatment

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

- A sample of care records we saw showed that information staff needed to deliver safe care and treatment was available.
- Clients accessing the service were asked to provide basic travel information when booking their appointment. As part of the clinical consultation a more comprehensive travel questionnaire was completed with the client and any risks identified.
- There were systems in place for sharing information with other agencies, as appropriate, to enable them to deliver safe care and treatment.
- Client records were stored in line with General data Protection Regulation (GDPR).
- The provider had systems in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance, in the event that they ceased trading.

Safe and appropriate use of medicines

Staff did not always follow systems for appropriate and safe handling of medicines.

- There were processes in place for checking medicines and vaccines. Staff kept records to evidence this.
- Emergency medicines used for anaphylaxis were stored securely.
- Vaccines were stored in a dedicated fridge. Temperature checks of the fridge were undertaken when the clinician was on duty and we saw records to evidence this. At the time of our inspection, it was noted that any action undertaken, or rational for, temperature anomalies were not recorded. This was discussed with a clinician on the day of inspection. Post-inspection we were provided

Requires improvement

Are services safe?

with revised temperature recording sheets, which included a comments section to record appropriate action or information. The fridge also had a separate temperature recorder which enabled the clinician to download data for the periods when the service was closed.

- Clinicians kept up-to-date on the use and type of vaccinations and medicines relating to travel health, through training and specialist resources such as the Green Book (Public Health guidance on infectious diseases) and the National Travel Health Network and Centre (NaTHNaC) travel guidance. Travel health advice was given to clients, in line with current guidance.
- Medicines and vaccines were supplied and administered to clients following Patient Group Directions (PGDs). (PGDs provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a prescriber). However, at the time of inspection staff could not demonstrate a good understanding of the legalities regarding PGDs. It was noted that there were some issues regarding the dating and signing of them. We found that a clinician had been working outside of the PGDs, prior to signing them. This was raised with the registered manager on the day of inspection.

Track record on safety and incidents

During the period the service had been operating they reported a good safety record.

- There were arrangements in place to deal with safety alerts. Alerts from the Medicines and Healthcare products Regulatory Authority (MHRA) were received and dealt with. Alerts were also received and acted upon from NaTHNaC, which were specifically related to travel health.
- Regular meetings were held between the registered manager and the provider, where areas of risk could be discussed. However, the service had not undertaken all appropriate risk assessments to support client and staff safety. We were not provided with evidence that there was organisational oversight of risk at the locations.
- At the time of our inspection no safety incidents within the service had been reported or recorded.

Lessons learned, and improvements made

There was no clear evidence that the service learned and made improvements when things went wrong.

- The provider was aware of and complied with the requirements of the Duty of Candour.
- There was a system for reporting, recording and acting on significant and incidents. At the time of our inspection there had been no incidents reported or recorded.
- Staff informed us they were aware of their responsibility to report incidents, near misses and raise any concerns. However, on the day of inspection, staff did not demonstrate a clear understanding of incident reporting and adhering to the service's incident reporting policy. We were informed of an incident where the administration of a travel vaccine had been refused to a client, due to contraindications. This had not been recorded as an incident.
- There was no clear evidence to demonstrate there was an organisational oversight of significant events and incidents to support learning within the service.

Good

Are services effective?

We rated effective as Good because:

- Clients' needs were assessed, and treatment was delivered in line with relevant and current travel health guidance.
- Staff had the skills, knowledge and travel health experience to carry out their role effectively.
- Clients were provided with a wide range of travel health advice to enable them to self-care and remain safe while abroad.
- The service participated in audit to support quality improvement.

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 the clinician undertook client assessments and delivered care and treatment in line with current legislation, standards and guidance, such as NaTHNaC travel guidance.
- Clients' needs were fully assessed. A travel risk assessment form was completed for each person prior to their appointment. This included details of any medical history, any allergies, previous treatments relating to travel, and whether the client was currently taking any medicines. Clients were asked to sign the form to declare the information they provided was correct. The travel risk assessment was then reviewed by the clinician and a tailored treatment plan devised for each client, detailing the most appropriate course of treatment and travel health advice.
- The clinician advised clients what to do if they experienced any side effects from vaccinations and medicines. Clients were also provided with additional leaflets containing relevant travel health information.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was involved in some quality improvement activity.

- The service was a registered yellow fever centre. As part of their registration compliance, yellow fever audits were required to be undertaken on an annual basis. We saw evidence that an audit had been undertaken in January 2019, using a NaTHNaC self-assessment tool. The audit identified that yellow fever vaccinations had been given in line with the guidance for an authorised centre.
- The registered manager undertook weekly audits of clinical files and fed back any areas for improvement or concern to the relevant clinician. Audit findings showed records were being maintained in line with guidance and service requirements. We reviewed a random sample of clinical files and saw they contained appropriate information and recording of client consent to treatment.

Effective staffing

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

- All clinicians (nurses) were appropriately qualified, were registered with the Nursing and Midwifery Council (NMC) and were up-to-date with revalidation. (Revalidation is the process that all nurses in the UK need to follow to maintain their registration with the NMC, which allows them to practice.)
- There was an induction programme for all newly appointed staff, which included training, shadowing someone in the role and undertaking competency assessments. We saw evidence to demonstrate that staff had completed the induction programme and training appropriate to their role.
- A member of staff we spoke with was also acting in the capacity of overseeing training and development of staff across the provider's services. We were informed that staff were supported with their learning and development needs. This included receiving specific training relating to travel health advice and vaccinations. Clinicians could demonstrate how they stayed up-to-date with the latest guidance.
- We were informed that staff had access to clinical and non-clinical support on a daily basis. Appraisals were conducted annually. Any issues outside of the appraisal process could be discussed as they were raised.

Coordinating patient care and information sharing

The service had systems in place for coordinating patient care and sharing information as and when required.

Good

Are services effective?

- Clients received coordinated and person-centre care. Clinicians referred to and communicated with other services when appropriate.
- Before providing treatment, the clinicians ensured they had adequate knowledge of the client's health and their medicines history. We were informed that clients were encouraged to be truthful about medical information which could impact on the safety and efficacy of travel health treatment. A consent form was signed by all clients, whereby they agreed all information they provided was correct at that time.
- Clients were asked for details of their NHS GP and consent to share details of their consultation. A form was completed with the details of treatment provided, such as vaccinations and medicines, which they could give to their GP.
- The provider had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or where there were contraindications to receiving immunisations. For example, when clients were in receipt of other health related medicines which had the potential of causing harm if used together with travel medicines.
- There were arrangements in place for following-up on clients to check their well-being following travel vaccinations. All clients were advised to contact the service, should they have any concerns post-treatment.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health during travel.

- Clients were assessed and provided with individual tailor-made advice, to support self-care and remain healthy during their travels.
- There was a range of written health advice given to clients, as well as signposting to online resources relating to travel health.
- Risk factors were identified and highlighted to clients, including recommendations of food and beverages which were either safe or unsafe to consume on their travels. Clients were informed of diseases and risks, appropriate to their area of travel, such as diarrhoea, zika and dengue fever. If there were no vaccines or medicines for specific diseases/risks, clients were advised of preventative measures they could take.
- Where clients' needs could not be met by the service, they were redirected to the appropriate service for their needs.

Consent to care and treatment

Consent to care and treatment was obtained in line with legislation and guidance.

- Clinicians we spoke with demonstrated they understood the requirements of legislation and guidance when obtaining consent from clients. They supported clients in the decision-making process and understood mental capacity.
- Staff had received training regarding the consent processes. They were aware of the consent requirements when treating young people under the age of 16 years. We saw evidence that for clients under the age of 16, treatment was only provided upon evidence of date of birth and parental/guardian consent, which was recorded in the client's record.
- A random sample of records viewed demonstrated consent had been obtained prior to treatment and recorded appropriately.
- Consent was monitored through the auditing of clinical records undertaken by the registered manager.

Good

Are services caring?

We rated caring as Good because:

- Completed Care Quality Commission (CQC) comment cards, and other client feedback, indicated that the service treated clients with kindness, respect and compassion.
- Records showed that clients were provided with a wide variety of travel health advice to enable them to remain safe while abroad.

Kindness, respect and compassion

Staff treated treat clients with professionalism, kindness, respect and dignity.

- We received 28 completed Care Quality Commission (CQC) client comment cards, which were all positive about the staff and the service they had received. Clients said that staff were patient, thorough, professional, caring and reassuring.
- Staff demonstrated an understanding of clients' needs and displayed a non-judgemental attitude to service users.
- Feedback was sought from clients regarding the quality of clinical care they had received, as well as satisfaction levels. A text messaging service was used, along with online platforms, to obtain client views. At the time of inspection, we saw that since the service had been operating, there had been a total of 68 online reviews, giving them an average of four point nine stars out of five. All comments were positive.

Involvement in decisions about care and treatment

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

- Clients received individualised information and a comprehensive travel health brief relating to their intended region of travel. In some instances, different treatment options and information were provided to support the client in decision making. Clients were also given the option not to receive all the recommended vaccinations. However, the clinicians informed us that they had a comprehensive discussion with the client regarding potential risks. This information and the decision of the client was recorded in the client's record.
- There was a clear pricing structure and information available for clients.
- There was access to interpretation services and written information as needed, for clients who had difficulty speaking and understanding English. Information leaflets were available in easy-read formats.
- Clients told us through comment cards, that they felt listened to, supported and had enough time during consultations to make an informed decision about the choice of travel treatment available to them.

Privacy and Dignity

The service respected clients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consultations were conducted in a clinic room, behind closed doors, where conversations were difficult to overhear.
- Staff complied with information governance. Data was managed and stored in a way which maintained its security, in line with the General Data Protection Regulation (GDPR).

Good

Are services responsive to people's needs?

We rated responsive as Good because:

- The service provided facilities, equipment and materials to support clients' travel needs. There was a wide range of advice and information regarding travel health to support clients keeping safe on their travels.
- There was timely access to treatment and advice. Client feedback confirmed this.

Responding to and meeting people's needs

The service organised and delivered services to meet clients' needs.

- The facilities and premises were appropriate for the services being delivered.
- Access to the clinic room on the second floor was via the stairs or lift (which was wheelchair accessible).
- Any equipment and materials needed for consultation, assessment and treatment were available at the time of clients attending for their appointment.
- There was information on the service website regarding travel health, vaccinations and a pricing structure. Leaflets regarding travel health advice and pricing were also available for clients at the time of their consultation.
- The clinic was a registered yellow fever centre and complied with the requirements under the Conditions of Designation and Code of Practice for Yellow Fever Vaccination Centres.

Timely access to the service

Clients were able to access care and treatment from the service within an appropriate timescale for their needs.

- The service website contained details of clinic opening times. However, at the time of our inspection we observed that these were incorrect.
- Clients were able to make appointments either through the online booking system on the service website or by calling the service direct. Walk-in appointments were not available.
- Waiting times, delays and cancellations were minimal and managed appropriately. Clinicians tried to prioritise clients with the most urgent need based on their travel arrangements.
- Clients who needed a course of vaccinations were given future appointments to suit them.

Completed CQC comment cards and other client feedback, demonstrated that they felt they received a timely service.

Listening and learning from concerns and complaints

The service informed us they took complaints and concerns seriously.

- There was a policy in place for dealing with complaints.
- Clients could complaint directly to the service, via email or by using a comment form available on the service website.
- All clients were emailed after their appointment to request feedback. All feedback received up to the day of inspection had been positive.
- At the time of our inspection, we were informed that the service had not received any complaints. Therefore, we were unable to assess how they responded to complaints. We were informed that any complaints would be used to improve service delivery. However, there was no clear evidence to demonstrate there was an organisational oversight of complaints to support learning at the clinic.

Requires improvement

Are services well-led?

We rated well-led as Requires improvement because:

- There was limited evidence to demonstrate organisational oversight. It was not clear who had overall responsibility to manage areas such as incidents, complaints and risk assessments.
- We were not assured that all issues raised at the previous inspection had been embedded.
- Staff could not demonstrate a good understanding of the legalities regarding patient group directions.
- The service had not undertaken all appropriate risk assessments to support patient safety.

Leadership capacity and capability

Leaders could not clearly demonstrate they had all the skills required to deliver high-quality, sustainable care.

- Issues had been raised at the previous inspection in January 2019 and we were assured at that time that these had been actioned. For example, the absence of some policies such as chaperoning, consent and lone working; limited risk assessments; the training requirements of staff and PGDs in line with legal requirements. However, on this inspection we found that some policies were not being followed and some departments that were mentioned in policies were not operating, for example a human resources department.
- It was not clear what organisational oversight there was, particularly in relation to risk assessments, incidents and complaints, to support shared learning across the organisation's services.
- On the day of inspection, staff could not demonstrate a good understanding of the legalities regarding patient group directions (PGDs).
- On the day of our inspection, we were informed of the additional registration with CQC of a second registered manager for the service. This individual was employed as a travel health specialist nurse, but clearly demonstrated they had taken on additional aspects of leadership, which were not reflected in that individual's job description.
- We were informed that staff had access to the provider, clinical director and the marketing and business director and that they were all approachable.

Vision and strategy

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

- There was a clear vision and set of values and all staff were engaged in the delivery of these.
- The provider aimed for the service to provide quality travel health advice and treatment. There was a strong emphasis on customer care, satisfaction and outcomes.
- There was a strategy in place to develop the travel health service across other sites; which they had undertaken since our previous inspection.

Culture

The service had a culture of quality sustainable care.

- We were informed that there was an open, honest and no blame culture in the organisation. The provider was aware of the requirements relating to duty of candour.
- Staff we spoke with told us they could go to the leaders and managers with any areas of concern. They said they felt supported, respected and valued.
- Staff focused on the needs of their clients in relation to travel health, to ensure they received the most appropriate advice, care and treatment.
- There were processes for providing staff with the training and development they needed to conduct their roles. All staff received annual appraisals and were supported to meet the requirements of professional revalidation where necessary.

Governance arrangements

There were some systems in place to support governance. However, there were areas where good governance and oversight could not be demonstrated.

- The provider had a range of policies and procedures to support governance and safety. However, on the day of inspection we saw there were inconsistencies in paper and electronic copies of policies. They did not always reflect what happened at the location, such as chaperoning, and mentioned specific departments, such as human resources. When staff were asked about these, they told us these departments did not currently operate.
- Policies relating to fire safety would not have necessarily directed staff to the most appropriate course of action. There was no clear documentation of how to mobilise clients down the stairs in the event of a fire and appropriate evacuation equipment was not available. There was a heavy reliance on the fire safety systems provided by the manager of the premises.

Requires improvement

Are services well-led?

- Not all policies were followed. For example, regarding obtaining references prior to employment; reporting and recording incidents as they occurred.
- There was no clear documentation regarding staff occupational health immunity status.
- There was no documentation to support either rationale or action relating to vaccine fridge temperature anomalies.
- The registered manager and clinical staff did not demonstrate a good understanding of PGDs and the legalities concerning these; particularly in relation to appropriate signing and dating.
- The service had not undertaken all appropriate risk assessments to support client and staff safety.
- We were informed that meetings and conversations were held with staff where governance and safety were discussed. However, local and organisational oversight of risk was not clearly demonstrated.

Managing risks, issues and performance

There were some processes for managing risks, issues and performance. However, there were areas where the management of risk was unsatisfactory.

- Some risk assessments had been undertaken, such as those relating to the decision not to keep emergency equipment on site. However, at the time of inspection we did not see evidence of a fire risk assessment or health and safety assessment undertaken by the service. We were provided, post-inspection, with a basic fire risk assessment which had been undertaken by the manager of the premises.
- There was a business continuity plan which identified what would happen should anything arise which could potentially disrupt the service. Staff had been trained for emergencies, however they had not completed a fire evacuation drill of the service.
- Patient safety alerts, including those from NaTHNaC were managed and acted upon appropriately.
- Audits were undertaken to demonstrate quality improvements.

Appropriate and accurate information

The service had some processes in place to act on appropriate and accurate information.

- There were processes in place, in line with data security standards, for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- Clients were asked to provide appropriate and accurate information and signed a disclaimer to this effect. Their NHS GP details were also requested. However, the service did not liaise with the respective GP to check whether the information provided by the client was correct.
- Data or notifications were submitted to external organisations as required. For example, yellow fever vaccination audits.
- Quality and operational information, combined with client feedback, was used to improve feedback.

Engagement with patients, the public, staff and external partners

The service involved clients and staff to support quality and sustainable services.

- The provider involved staff in the development of the service.
- Staff could describe to us the systems in place to give feedback. For example, verbal feedback during annual appraisals as well as through a communication software which the provider used to connect all staff.
- Staff engaged with external agencies relating to travel health.
- Feedback from clients was encouraged. After each consultation an email was sent to the client, asking them to provide feedback, which included a review and rating of the service.

Continuous improvement and innovation

- The service responded to some of the areas for improvement post-inspection.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening 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 failed to ensure that systems and processes were established and operated effectively, in order to assess, monitor and mitigate risks to patients. • The provider did not demonstrate effective oversight of the governance relating to the service. • The provider could not assure themselves that staff had an understanding of the legalities regarding Patient Group Directions (PGDs). • The provider did not ensure that a range of risk assessments had been undertaken to support patient safety. For example, fire and health and safety. • The provider did not have an effective process in place to check, record and act upon staff occupational health immunity status to support safety to patients; in line with the requirements of Immunisation against infectious disease (The Green Book). • The provider did not ensure that an up-to-date or reflective suite of policies were provided or being adhered to, such as those relating to incident reporting. **This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**