Exeter Travel Clinic Ltd

Exeter Travel Clinic

Inspection report

22 Southernhay West
Exeter
Devon
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Ratings

Overall rating for this service	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Good ●
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Overall summary

This service is rated as Outstanding overall. (Previous inspection November 2017- No rating given)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Outstanding

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at The Exeter Travel Clinic as part of our inspection programme to ask the service provider the following key questions; Are services safe, effective, caring, responsive and well-led?

Exeter Travel Clinic is a fee-paying private travel health clinic located in Exeter city centre. The clinic provides travel health advice and training to individuals,

Summary of findings

universities, companies and charities. People of all ages intending to travel abroad can seek advice regarding health risks and receive both information and necessary vaccinations and medicines.

The director of the travel clinic 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.

We obtained feedback through 22 comment cards. These were all positive and contained comments relating to the efficient and excellent service and knowledgeable, friendly and professional staff. There were no negative comments or suggestions. Patient comments included feedback that they had their procedures fully explained beforehand and felt involved in decision making.

Our key findings were:

- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- Medicines and emergency equipment were safely managed.
- The service was offered on a private, fee paying basis only.
- The practice had facilities and was well equipped to treat patients and meet their needs.
- Assessments of a patient's treatment plan were thorough and followed national guidance.
- Patients received full and detailed explanations and costs of any treatment options.
- The service had systems in place to identify, investigate and learn from incidents relating to the safety of patients and staff members.
- There was an established leadership structure and staff felt supported by management.
- There were effective governance processes in place.
- There were processes in place to safeguard patients from abuse.
- There was an infection prevention and control policy; and procedures were in place to reduce the risk and spread of infection.
- There were clear systems in place to receive, manage and learn from complaints.
- The service encouraged and valued feedback from patients and staff.
- Feedback from patients, stakeholder and healthcare professionals was consistently positive.
- The provider shared knowledge with the wider community through journals, education, developing education programmes, and editing and writing books.

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

- Continue to implement the revised system to review the dates of the Patient Group Directions.

We saw the following outstanding practice:

The provider demonstrated commitment to system-wide collaboration, communication and education by sharing skills and knowledge with the wider community. There was a strong record of sharing work and knowledge locally, nationally and internationally. For example, being a course director, providing education sessions for local GPs, practice nurses, occupational health staff and private companies and organisations. For example, providing a range of travel medicine study day teaching sessions to regional NHS practice nurses and being a resource and information centre, for local NHS Practice Nurses.

There were clear educational pathways for staff which were usually funded by the organisation. Staff were encouraged, supported and given opportunities to develop. Often this training was over and above what was expected.

There was evidence of ongoing academic study and review with national and international stakeholders and educational establishments. Learning was used to make service improvements. The provider was a noted academic and had participated in editing and publishing articles in national and international journals.

There was a proactive and embedded culture of promptly responding to changes in evidence-based guidance, feedback and being alert and actioning wider learning from national serious incidents. This often included implementing practice significantly earlier than official publication.

For example, the provider reacted promptly to a coroner's report following fatal adverse reactions to yellow fever

Summary of findings

vaccines within the UK. This included communicating with pharmaceutical manufacturers highlighting the risks identified through the coroner's report and updating clinic polices before the UK NICE guidelines were updated.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Exeter Travel Clinic

Detailed findings

Background to this inspection

Exeter Travel Clinic is a private fee-paying travel health clinic located at 22 Southernhay West, Exeter city centre. The building is listed and has some restrictions for those with mobility issues. However, alternative arrangements were in place to meet the needs of patients, whether at schools, patients' home or organisation.

The clinic is open on Monday, Tuesday and Wednesday between 9am and 17.30pm, on Thursday 9am until 9pm and Fridays and Saturdays between 8.30 and 5pm. The clinic provides the regulated activities of: Treatment of disease, disorder or injury and diagnostics and screening.

Further information about the service can be found at www.travelhealthconsultancy.co.uk

The clinic was set up in 2008 as Exeter Travel Health consultancy. The clinic provides pre-travel health assessments, travel health advice, anti-malarial medications, travel vaccinations and non-travel vaccinations to individuals, universities, companies and charities. The clinic is also a registered yellow fever vaccination centre.

The provider/director of the company is a registered nurse who has post-graduate diplomas in travel medicine and tropical nursing.

The provider employs a team of six registered nurses with travel medicine experience (just over one whole time equivalent). These nurses also work elsewhere within the NHS. The team of nurses are supported by four part time reception staff and an accountant/receptionist.

How we inspected this service

Our inspection team was led by a CQC lead inspector**.** The team included a member of the CQC medicines optimisation team.

The methods that were used at this inspection included speaking with the provider, interviewing staff, observations and review of documents and comment cards.

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.

Good

Are services safe?

Our findings

We rated safe as Good because:

Safety systems and processes

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

The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The team had set up a secure social group phone app, so that staff could consult with the wider team for support and advice of care and treatment plans where appropriate. For example, sharing advice on boosters' vaccinations, which supported consistency. Direct patient care was not discussed. Staff said this use of technology improved support, especially during episodes of lone working.

Staff comments were positive about the skills and knowledge of the provider and added that they felt this was an asset. One comment included feedback that the provider was most likely to be able to answer clinical questions and this provided a sense of security and trust.

The service had systems to safeguard children and vulnerable adults from abuse.

- The service had appointed a new safeguarding lead who had skills and experience in safeguarding. The lead had completed level four safeguarding training. All clinicians had level three and reception staff level two in line with national guidance.
- The provider had commissioned an audit and safeguarding policy gap analysis in 2018 to ensure local and national recommendations had been implemented. Gaps in policies had been identified and addressed. For example, a new safeguarding policy had been implemented and a safer recruitment policy introduced. A further audit had been repeated in May 2019 and highlighted no further actions necessary.
- There was a proactive approach to anticipating and managing risks to patients. For example, the safeguarding policy included information on female genital mutilation (FGM) for any travellers going to high-risk countries. All staff had received FGM recognition and training. Also, we saw that all staff had undertaken "PREVENT" training a (Preventing Radicalisation and Extremism course which gave a clear and concise overview of the Prevent duty and the UK's Counter-Terrorism legislation).

The service had systems in place to assure that an adult accompanying a child had parental authority.

The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

There was an effective system to manage infection prevention and control.

- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.
- Appropriate cleaning schedules were in place and communication with the cleaning company was effective in monitoring infection prevention and control.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. For example, they knew how to identify and manage patients with severe reactions to commonly used vaccines.
- There were checklists, guidance and equipment checks for when staff worked remotely.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.
- The premises were managed by a landlord. Documents showed the provider had obtained assurance regarding

Good

Are services safe?

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, electrical safety and waste management.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and GPs.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Medicines were supplied either by an independent prescriber or by using Patient Group Directions. Patient Group Directions (PGDs) Patient Group Directions (PGDs) provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber). The Patient Group Directions were all signed by the nurses working to them, although they did not have the date of review specified on them. Following the inspection, the provider provided us with a revised sign off sheet and a timescale within which the Patient Group Directions would all be reviewed.
- The service carried out regular medicines audit to ensure prescribing was in line with current best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. When medicines were supplied to patients they had appropriate labels attached to them. Where there was a different approach taken from national guidance there was a clear rationale for this which promoted patient safety.
- There were effective protocols for verifying the identity of patients including children. We saw that the provider checked photographic ID when taking blood samples to confirm a patient's immune status.

Track record on safety and incidents

The service had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The service monitored and reviewed complaints, incidents and accidents both internally at the clinic and externally. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example:

- As part of a clinical safety review the provider had completed a human factors awareness study on the storage of two vaccines with similar packaging. Despite no incidents occurring, the provider and staff had recognised a potential risk of giving the wrong vaccine due to chicken pox packaging being very similar to vaccines for typhoid and hepatitis A. The clinic had already identified this risk and made sure they were stored separately. However, the provider had also written to the manufacturer to raise awareness and suggest alternative packaging to reduce risk of patients receiving the wrong vaccine elsewhere.
- The provider was alert to, and promptly acted upon wider learning from two rare national yellow fever deaths within the UK. Following the deaths, the provider had read the coroner's report and held a clinic meeting. Staff discussed the causes of the deaths, so they could be prepared for any patient questions or concerns and implemented a Yellow Fever patient information cards for patients.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Staff reported the provider had developed an open and supportive culture to do so.

Good

Are services safe?

- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. There had been no incidents since the last inspection. An internal historical significant event in relation to multiple vaccines had resulted in changes to the way the recording of vaccines administered took place. We saw that the method of recording the number of vaccines continued and had resulted in no further errors.
- The provider was aware of and knew how to comply with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team and record any action taken.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Outstanding because:

- Staff, following detailed assessment, proactively signposted patients to their GP where NHS vaccines could be received.
- Clinicians had prompt access to current evidence-based information, support and guidance to make or confirm a diagnosis and provide treatment.
- The provider and staff proactively kept up to date with changes in evidence-based guidelines, often introducing changes before guidelines were published nationally. The provider demonstrated how they were involved in setting national standards of best practice, through the publication of articles relating to best practice in prescribing medicines for overseas travel.
- Nursing staff were supported and sponsored to access education and training, sometimes in excess of training requirements.
- The provider included all staff in training, updates and national conference events.

  The Exeter Travel Clinic proactively shared knowledge and resources with local groups and the local and national healthcare community.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

The clinicians at the clinic were aware of where to find best practice guidelines including national and international travel websites and National Institute for Health and Care Excellence (NICE) guidelines. For example, the clinic staff used Department of Health 'Green book nationally recognised travel advice sites, British Global and Travel Health Association, Malaria prevention guidelines and other specialist sites including those for travelling with children. Staff had access to the local microbiologist for guidance where they were concerned about patient symptoms.

The clinic also had an extensive in-house library for staff and patients to use as a resource. Clinic staff also accessed illness specific resources. These included websites for travellers with epilepsy, hearing impairment, diabetes and asthma.

Staff had access to a national social media (Facebook) page for travel health professionals to share information and seek guidance. The provider was a moderator for this social media site.

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs, medical history and travel requirements.
- In circumstances where the clinic had only supplied part of a course of vaccine, contact with the provider who was undertaking the remainder of the course was made and follow up checks to ensure that this had happened.
- Patients were provided with initial advice. Where the consultation resulted in no vaccines or medicines being issued patients were not charged. Staff proactively directed patients to their GP where NHS vaccines could be received. This information was included on the practice website and within the clinics provision of travel medicine products policy and communicated to staff during training and induction.
- Clinicians had enough information to make or confirm a diagnosis and provide treatment. Clinicians had access to 'subscription only' information and access to a wide range of educational and reference materials.

  The Clinic utilised a staff resource folder, where interesting and relevant clinical articles were kept.
- All staff were part of a national travel medicine on-line forum, of which the manager is an administrator. This has daily digests of relevant information for practice.
- We saw no evidence of discrimination when making care and treatment decisions.

  Staff were able to extend appointment lengths in response to the needs of patients. For example, patients with additional needs were given additional time to understand, prepare and consent to treatment.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

- The consultation included information regarding side effects from the medicines and vaccines. Patients were also issued with additional health information when travelling and where to access advice and further treatment.

The provider and staff proactively kept up to date with changes in evidence-based guidelines, often introducing changes before guidelines were published nationally. The provider demonstrated how they were involved in setting national standards of best practice, through the publication of articles relating to best practice in prescribing medicines for overseas travel. For example:

- International guidelines for traveller's diarrhoea were issued in 2017. The Exeter travel clinic update their revised policy in early 2018 before the UK NICE guidelines were updated 2019.
- Hep B Care delivery flow charts were produced as changes were being made within the 'Green Book' guidelines. The provider had been proactive in initiating change for the improved protection of patients by discussing the Hepatitis B delivery to high risk patients with the Joint Committee on Vaccine and Immunisation. The joint committee responded to feedback from the provider and agreed the policy may be useful. Staff now identify patients who are high risk and were given Hepatitis B booster.

Where evidence for travel medicine practice does not exist, the clinic director was part of national committees looking at developing best practice.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Examples included audits of patient records to ensure staff were recording comprehensively and consistently.
- The clinic was a registered yellow fever centre and adhered to the requirements. This included submitting online numbers of yellow fever vaccines given, age groups and any adverse events. There had been no adverse events at the clinic, but the provider had responded promptly to learning from two adverse incidents which had occurred nationally.

Effective staffing

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

- All staff were appropriately qualified. Nursing staff were supported and sponsored to access education and training, sometimes in excess of training requirements.
- There was an effective induction system for staff tailored to their role. Staff said the induction process was tailored to the skills and experience of the new member of staff
- Relevant professionals (medical and nursing) were registered with the Nursing and Midwifery Council and were up to date with revalidation.
- Staff said the provider was supportive and offered staff ongoing support. This included an induction process, appraisals and support for revalidation.
- Staff said the provider had a good teaching style where knowledge was shared staff were given the time they needed to assimilate it.

The provider/clinical lead was a member of the Faculty of Travel medicine of the Royal College of Physicians of Glasgow. The provider understood and promoted the importance of learning and development of staff and provided protected time and training to meet them. There were clear educational pathways for staff which were often funded by the organisation. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. Often this training was over and above what was expected. For example:

Clinics wishing to provide the yellow fever vaccine must meet the Yellow Fever Conditions of Designation and adhere to the Code of Practice in order for designated status to be granted and maintained. It is recommended that at least one healthcare professional attends classroom training and successfully complete an online test and all other health professionals undertake either classroom or online training. The provider had made a decision to ensure all staff attended the face to face classroom training to ensure all staff were trained to the same standard. Where face-to-face training was not possible, individuals were provided with official on-line training exceeding the minimum training requirements of one individual per yellow fever centre needing to attend.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

- The provider facilitated the whole team to attend a British Global and Travel Health Association national conference. The provider wanted to include all team members, including reception staff. Staff told us this had been an opportunity to help the team learn and reinforce knowledge and had been valuable to build the staff as a team.
- Clinical staff were supported to receive training at Diploma Level. For example, Diploma in Travel Medicine.
- Reception/administration staff had the opportunity to undertake a minimum of two days training course on travel health to enhance their overall understanding of the needs of clients and better support the wider team.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, 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 on the NHS 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. At the last inspection we noted that sometimes this information was not supplied in a timely manner. This was addressed immediately and at this inspection we noted that timescales for information was supplied in a more timely manner.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.

  Clinic staff used a secure app to share, question or seek advice relating to clinical situations from other clinic staff. Information was anonymous and non-identifiable and ensured rapid access to clinical questions and immediate shared learning.

  Successful decision-making conclusions were added to a second "clinical bottom line" group, which then became clinic practice. This information was kept as a time/date reference to enable best-practice audit.

  Clinic staff kept an anonymous 'interesting patient' document (accessible on the computer desktop), where cases providing a learning opportunity can be recorded. Patient details were coded, and password protected in line with GDPR requirements. This allowed for continual educational development and learning amongst staff.

  The Exeter Travel Clinic staff provided a range of travel medicine study day teaching sessions and was used as a resource and information centre, for local NHS Practice Nurses.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- The clinic stocked a wide range of travel health related items falling within the Advisory Committee on Malaria Prevention guidelines, 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 wider health advice on other information that may be required when travelling. For example, sexual health advice, sun protection advice and personal safety.
- The provider invited local practice nurses to attend the clinic for educational updates to ensure current evidence-based advice was given to the wider community in support of safer patient care.
- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

Outstanding ☆

Are services effective?

(for example, treatment is effective)

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. and monitored the process for seeking consent appropriately.
- Consent was obtained from each patient before treatment was commenced and was documented on the patient record. At the last inspection, information about the use of unlicensed or off-label medicines was discussed with patients prior to treatment, but this was not specifically recorded on the patient record. At this inspection we noted that records were now maintained to demonstrate the fact that a discussion had taken place and the patient signed the record. (unlicensed medicines refer to both medicines with no UK license, and those being used outside of the terms of their license (commonly referred to as 'off-label').
- Clinicians supported patients to make informed decisions including not receiving some vaccines where they were not considered necessary.
- The clinic staff monitored the process for seeking consent appropriately. This was verbal and recorded within the patients' record.
- A consent to divulge consent form had been designed to ensure occupational health services were kept up-to-date with individual patient vaccination records whilst maintaining GDPR safety. This maintained clinical safety through the appropriate use of record keeping both at the Exeter Travel Clinic and off-site, at various engineering client headquarters, where access to clinical information may be required out-of-hours.

Good

Are services caring?

Our findings

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. Comment cards included feedback that staff were kind, knowledgeable and helpful.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

The clinic regularly supported local and international charities with equipment, medical advice and support. Examples included:

- A local cancer charity with annual sponsorship of a music concert.
- Provision of first-aid kits, medical advice and support for a local school's educational trust in Malawi.
- Education sessions, practical support and free malaria tablets for those travelling with the African charity.

Feedback from staff was positive regarding the support given by the provider. Staff said the provider valued education and protected time for this. Staff added that the provider identified staff strengths and encouraged staff to work to these. Staff added that the clinic was a good place to work and this extended to social events. Staff added they ate lunch together where support and discussion was held in an otherwise isolated role. Staff had access to free physiotherapy and counselling where needed.

Involvement in decisions about care and treatment

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

- Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to :
- Interpretation 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, communication aids including pictures and written literature.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We were given specific examples where appointment times had been extended to allow patients with additional needs to feel relaxed and prepared for their vaccines.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All patient records were kept in secured filing cabinets within an alarmed building. Staff complied with GDPR (General Data Protection Regulation) guidance and had information for patients on this. For example, a new GDPR clinical statement had been developed and displayed in the clinic. A new consent section had been added to the clinical assessment forms.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Outstanding because:

There was a proactive and embedded culture of promptly responding to changes in guidance, feedback from patients and staff and national incidents.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

We saw many examples where the provider had responded to changes in guidance, feedback from patients and staff and to national events. The provider understood the needs of their patients and provided and regularly looked at ways to improve services in response to those needs. For example:

- Staff had highlighted a high population of Chinese students attending the clinic for HPV vaccines (Human papilloma virus vaccines are vaccines that prevent infection by certain types of human papillomavirus, including cervical cancer). The clinic had responded by devising an information leaflet in their language on the benefits and risks of having this vaccine.
- The staff highlighted that they would be the type of service who may encounter girls and young women travelling to areas where FGM (Female Genital Mutilation) was practiced and were aware of the increased public and clinical awareness. In response, all staff, including administration and support staff were required to attend advanced FGM on-line training specific to travel medicine.
- Following an informal discussion with a parent about a child returning unwell from a school trip the provider had introduced a returning traveller's letter. This was sent to the trip organisers and teachers for distribution to parents and students. The letter included advice about medical symptoms to look out for and also emotional signs where travellers may have encountered upsetting socially challenging scenes. For example, famine or witnessing extreme poverty. This letter was now routinely sent to trip organisers.
- The provider had promptly read a coroner's report (related to another service) following two rare yellow fever deaths. The clinic guidelines and information leaflets were produced in advance of national guidelines officially being changed.
- The provider had communicated with pharmaceutical manufacturers highlighting risks associated with similar packaging of different vaccines.
- The staff work with schools to provide in-house travel first-aid training and parents' evening advice.
- The staff provided off site vaccine programmes. for example, for school and scout expedition groups.
- The clinic staff worked with a school trust who support educational facilities in Africa. The clinic offered practical support and free malaria tablets for those travelling. The provider was also due to deliver a health education awareness training event whilst in Africa. This event was to raise awareness to males about the menstrual cycle of females to reduce stigma and normalise the event.

The provider and staff responded to requests to share knowledge and information with large groups. For example:

- Offering bespoke travel medicine information for general and expedition travel companies.
- Providing a private travel health and safety course regarding altitude sickness, heat Illness, finding assistance overseas and hints and tips for staying safe whilst travelling.
- Providing education sessions and advice for local and international organisations including the Met Office and private security companies.

The facilities and premises were appropriate for the services delivered. Toys and colouring equipment were available for children.

- Reasonable adjustments had been made. For example, grab rails had been fitted to stairs.
- 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.
- The service was offered on a private, fee-paying basis only. The staff proactively referred patients to the NHS for travel vaccines such as those for cholera, diphtheria, hepatitis A and typhoid. The clinic offered appointments to anyone and did not discriminate against any client group.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Timely access to the service

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

- The service was open Monday to Saturday and the website contained details of current opening times and information stating that the clinic staff also offered visits off site. For example, at schools and other community groups.
- Patients were able to book appointments over the telephone, in person or via email.
- Initial consultations were scheduled with enough time to assess and undertake patient's care and treatment needs. For example, patients had a 30-minute initial consultation per patient (sliding scale for families). 10-15 minute follow up appointments or longer were given if required as per guidance in the Royal College of Nursing competency document.
- The clinic was situated on the first floor of a listed building. Staff offered home consultations and treatment for patients who were unable to use stairs.
- There was no fee for initial consultation. Fees were available on request but were also displayed within the clinic and clearly on the website. Feedback from patients showed that the clinic staff encouraged patients to access vaccines available on the NHS wherever possible.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, a parent had emailed the director expressing dissatisfaction that they had attended the clinic unnecessarily with their child after being advised the flu vaccine programme was not suitable for the younger child. An investigation highlighted that reception staff had not been made aware of recent changes in guidance. The parent was given an apology and explanation and alternative arrangements were made.

Are services well-led?

Outstanding ☆

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

Our findings

We rated well-led as Outstanding because:

- The provider demonstrated commitment to system-wide collaboration, communication and education by sharing skills and knowledge with the wider community and there was a strong record of sharing work locally, nationally and internationally.
- There was an inspiring shared purpose and strive to deliver and motivate staff to succeed and high levels of satisfaction across all staff.
- Governance arrangements were proactively reviewed, shared and reflected best practice.
- There was evidence of ongoing academic study and review with national and international stakeholders and educational establishments.

Leadership capacity and capability;

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

- The provider was knowledgeable about issues and priorities relating to the quality and future of services. Staff said they considered knowledge to be an asset and made staff feel secure and encouraged learning. They understood the challenges and were addressing them.
- Staff said the provider was visible and approachable and fostered a culture of encouragement and support and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The clinic was described as a family lead business with a passion for putting staff and patients at the forefront of service delivery. The provider had a vision to provide a service to the best of their ability, with honesty and integrity whilst providing the most up-to-date travel health advice, by staff who have exceptional knowledge, training and experience.
- The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

The service had a culture of high-quality sustainable care.

- Staff said the provider invested time in building a team and this made coming to work a pleasure. Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The staff team acted on behaviour and performance inconsistent with the vision and values and had whistleblowing policies in place should they be required, including externally.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us there was an open culture where they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. Staff said an example included audits of each other's notes and raising where record keeping was not in line with the clinic expectations.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual personal development reviews in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work. Reception staff were also identified as valued members of the team and had access to two days travel specific training and education to ensure they had the skills and knowledge to answer questions at the desk.

Are services well-led?

Outstanding ☆

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

- There was a strong emphasis on the safety and well-being of all staff. Staff had access to free physiotherapy and counselling services.
- There were positive relationships between staff and teams. Staff said that despite staff working part time hours and often as lone workers the provider had 'invested' time and efforts to build the team and added that the social events and support with study days had helped this. Staff added that the team meetings were 'fantastic' and looked forward to more of these in the future.

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. The provider was beginning to delegate responsibilities within the organisation. For example, the safeguarding role. Staff welcomed this and added this could be developed further.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. These were often produced before national guidelines had been published. There were also examples where the provider had influenced these policy changes. For example, hepatitis B vaccine information.
- The provider welcomed the CQC process and used the opportunity to make additional checks that governance processes were in place and being followed. The provider was well prepared and had proactively produced evidence to demonstrate compliance with the five key questions.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and prescribing decisions. The provider had oversight of safety alerts, incidents, and complaints both internally and nationally and readily shared any learning with the whole staff team.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider and staff had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. For example, the provider had previously worked with a local school and microbiology department at the local acute hospital. The clinic had funded an audit and studied the antibodies of local pupils to ascertain the safety of swimming in a lake in Africa. Results confirmed the lake was safe to swim in and were published in conjunction with hospital staff.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. The staff said the secure on-line social group was also used to access this information when lone working.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services. This included providing education and developmental opportunities for the local and national community. For example:

Are services well-led?

Outstanding ☆

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

The provider and staff team participated in the education of the wider health community promoting and sharing current evidence-based guidelines. For example:

- Travel medicine training was provided by clinic staff at a Devon wide practice nurse and practice manager education group (Devon Community Education Provider Network CEPN)
- Travel medicine training had been provided for the Clinical Commission Group GP Training updates.
- Staff produced newsletters for local GP practices.
- Inviting practice nurses to attend the clinic as part of their continued professional development programme.
- Facilitating educational updates for occupational health nurses and doctors.
- The provider shared knowledge with a wider audience and had edited travel related handbooks. The provider had also written many journal articles.
- The provider was a lecturer for travel related diplomas and was a course director for travel related diplomas. The provider was a moderator and administrator for a social media site for Travel Health Professionals in UK and Ireland.

The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.

- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings. Staff said the provider was quick to respond to suggestions and open to feedback. For example, staff had suggested introducing photographic identification checks for blood tests. This was implemented promptly. The provider said the next change was looking at introducing an electronic patient record system.
- The service was transparent, collaborative and open with stakeholders about performance.

Engagement also included raising concerns and communicating concerns with external partners, medicine manufacturers. For example, sharing risks regarding supplying different vaccines with similar packaging and questioning Hepatitis B vaccine programmes.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- The provider was an editor and author of national and international publications.
- The provider was a member of the faculty of Travel Medicine and the strategic review group for the Diploma in Travel Medicine.
- The provider was on the medical advisory group for national societies and organisations.
- The provider had been invited to work on 'standards for assessing travel clinics' with the Care Quality Commission and Faculty of Travel Medicine.
- Learning was shared and used to make improvements.
- There was a focus on continuous learning and improvement. Staff said the provider generated a culture of learning and education throughout the whole team.
- Staff received an annual personal development Review (PDR) and the provider had identified the need to receive this himself and had completed a 360° Peer Review. The review was undertaken by subject specialist and independently organised. This included clinical and non-clinical scenario discussion and peer support and had provided areas of development.
- The service made use of internal and external reviews of incidents and complaints. For example, reading coroners reports on yellow fever deaths and changing the clinic policy in response.
- The provider encouraged staff to take time out to review individual and team objectives, processes and performance.