

# Well Travelled Clinics - Liverpool

## Inspection report

Liverpool School of Tropical Medicine  
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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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall.** (Previous inspection 17 November 2017) – Choose a rating

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Well Travelled Clinics – Liverpool as part of our inspection programme.

This service provides pre-travel advice, vaccination, a malaria prophylaxis service and an occupational health service.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Well Travelled Clinics – Liverpool services are provided to patients under arrangements made by their employer. These types of arrangements are exempt by law from CQC regulation. Therefore, at Well Travelled Clinics - Liverpool we were only able to inspect the services which are not arranged for patients by their employers.

The Managing Director 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.

## Our key findings were:

- Systems were in place to protect people from avoidable harm and abuse. When mistakes occurred, lessons were learned.
- Patients received clear information about their proposed treatment which enabled them to make an informed decision. This included costs (where applicable), risks and benefits of treatment.
- Patients were offered appointments at a time convenient to them and treatment was offered in a timely manner.
- Patients' needs were fully assessed, and care and treatment were tailored to individual needs.
- Clinicians assessed patients according to appropriate guidance, legislation and standards and delivered care and treatment in line with current evidence-based guidance.
- Information about services and how to complain was available and easy to understand.
- There was an effective governance framework in place in order to assess, monitor and improve the quality of the services provided.
- There was a clear leadership structure and staff felt supported by management and worked well together as a team.

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

# Overall summary

- Put in place a formal process to review prescribing practices.
- Include non-clinical staff in training on infection prevention and control.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

The inspection was led by a CQC inspector who had access to advice from the CQC medicines team.

## Background to Well Travelled Clinics - Liverpool

Well Travelled Clinics - Liverpool is a company of the Liverpool School of Tropical Medicine. It operates from office premises located in the Liverpool School of Tropical Medicine situated in Pembroke Place, Liverpool, L3 5QA.

Well Travelled Clinics - Liverpool provides a non-NHS, fee paying pre-travel risk assessment, advice, vaccination and a malaria prophylaxis service to the travelling public of the northwest of the UK and a number of UK based corporate clients. It provides non-NHS, fee paying pre and post travel occupational travel risk assessment for corporate clients. The service also provides NHS funded care for post-exposure rabies vaccination and emergency malaria screening. The service provides occupational health services which includes services for private fee-paying patients. We did not review this as part of this inspection. Well Travelled Clinics Liverpool also provides educational services, for example training courses on travel health.

The provider has a further registered service based in Chester, Well Travelled Clinics – Chester. Yellow fever vaccination is provided at two external sites, NHS Infectious Diseases units at the Royal Liverpool Hospital and Alder Hey Liverpool Children's Hospital for adults and children with confirmed or suspected egg allergy.

The service is in Liverpool city centre, close to all major transport links. The service sees 500 to 750 patients per month. The service has two doctors, five nurses, a clinical manager and registered manager. The service is supported by administrative staff. The service also contracts a part-time consultant pharmacist for specific advice and support in relation to medicines management and patient group directives.

The service is registered with CQC under the Health and Social Care Act 2008 to provide the following Regulated Activities: Diagnostic and screening procedures and Treatment of disease, disorder or injury. Services are available to both adults and children.

The service is open Monday – Friday from 9am – 4.30pm, alternate Tuesday evenings until 7pm and alternate Saturday mornings between 9am and 1pm (alternating between the Liverpool and Chester clinic).

### How we inspected this service

Before visiting we reviewed a range of information we hold about the service and asked the provider to send us information. This included the complaints they had received in the last 12 months, details of significant events and the details of their staff members. As part of the inspection we reviewed feedback gathered from staff, spoke to the registered manager and clinical manager and reviewed a range of documents. We reviewed patient feedback gathered by 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.

# Are services safe?

## **We rated safe as Good because:**

The service provided care in a way that kept patients safe and protected them from avoidable harm.

### **Safety systems and processes**

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

- The provider had safety policies, which were regularly reviewed. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse.
- 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 whose circumstances may make them vulnerable).
- All staff received safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. There was a system to ensure staff understood the training provided.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a system to manage infection prevention and control. There was a lead for infection prevention and control who linked in with the local hospital team for advice, support and to keep up to date. A legionella risk assessment had been carried out and an action plan was in place. Clinical staff had undertaken training on infection prevention and control. Non-clinical staff had access to guidance and advice had been provided however they had not received formal training. The provider told us that this was planned for May 2022.
- At the last inspection we reported that the provider should have a cleaning schedule in place for any medical equipment. At this inspection this had been addressed.
- 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 environmental risk assessments to keep patients and staff safe.

### **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 had received training in managing medical emergencies.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were arrangements in place to cover indemnity.
- There were medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. Although we did not identify any shortfalls in the provision of emergency medicines a risk assessment was not in place to demonstrate that what was in place was sufficient. This was completed following the inspection.

### **Information to deliver safe care and treatment**

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

# Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

## Safe and appropriate use of medicines

### The service had 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.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- 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.
- There was a system to report allergies and adverse drug reactions to the Medicines and Healthcare Products Regulatory Agency (MHRA).

## Track record on safety and incidents

### The service had a good safety record.

- There were risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## 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. Leaders and managers supported them when they did so.
- 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. For example, significant incidents investigated had led to changes in how medication was stored, how equipment was ordered and information given to patients following treatment.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- 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 including sessional and agency staff.
- At our last inspection we reported that the provider should review the monitoring system for incoming medicine safety alerts. At this inspection this had been addressed.

# Are services effective?

## We rated effective as Good because:

People received effective care and treatment that met their needs.

### 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)**

- Medicines information resources were available to clinicians and they were appropriate and up to date. This included the British National Formulary (BNF), The Green Book and the National Travel Health Network and Centre (NaTHNaC).
- The service had systems in place to keep clinicians up to date with any changes to legislation, guidance and standards. For example, clinical meetings were held, information about changes from medicine information resources were circulated, alerts were distributed. The Liverpool School of Tropical Medicine (LSTM) held lunch time lectures.
- Patients' immediate and ongoing needs were fully assessed. A comprehensive travel assessment was undertaken prior to recommending or administering medicines.
- We saw no evidence of discrimination when making care and treatment decisions.
- There were arrangements to refer patients who required support if they were experiencing poor mental health.

### Monitoring care and treatment

**The service was involved in quality improvement activity.**

- Quality improvement activity took place. The service monitored that guidelines were followed through random sample checks of patient records. This included checking that they contained an up-to-date medical history, a clinical assessment and recording of consent to treatment.
- Audits were undertaken of each nurse to ensure they were following the Patient Group Directives (PGD's) when providing treatment. This involved observation of each nurses' practice.
- The provider told us that they informally monitored the prescribing of clinicians. A record of these checks was not recorded.
- The service made improvements through the use of completed audits. An audit of the treatment provided to patients for rabies and yellow fever had been undertaken. This resulted in the use of the NaTHNaC yellow fever checklist as standard for all patients to improve patient care.

### Effective staffing

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

- All staff were appropriately qualified. Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The provider had an induction programme for all newly appointed staff. The induction programme takes place over a 3-month period. The induction had been developed to meet Public Health England and the Royal College of Nursing core competencies and included training on pre-travel health risk assessment and management.
- Health professionals who administered yellow fever vaccination had been trained to the required standard.

# Are services effective?

- All specialist travel nurses were strongly encouraged to complete either the Foundation or Diploma in Travel Medicine at the Royal College of Physicians and Surgeons Glasgow or the Professional Diploma in Travel Health run by the Liverpool School of Tropical Medicine.
- Staff completed core mandatory training and the provider had a system for monitoring this was completed.
- The provider understood the learning needs of staff and provided protected time and training to meet them.
- The provider had completed appraisals of staff.
- Audits to ensure staff were following medication management procedures and patient group directions (PGDs) took place. Non-medical prescribers had access to clinical support and guidance and prescribing was informally monitored. However, a formal process to document reviews of prescribing practices was not in place.

## Coordinating patient care and information sharing

### Staff worked together, and worked with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with other services when appropriate. For example, the service communicated with other organisations such as the Hospital for Tropical Diseases and Public Health England to support patients with complex needs.
- Before providing treatment, a full travel assessment was completed to ensure adequate knowledge of the patient's health, any relevant test results and their medicines history.
- When appropriate consent was obtained from patients to share information with their GP.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. Safeguarding referrals had been made to the local authority to protect those whose circumstances may make them vulnerable.

## Supporting patients to live healthier lives

### Staff supported patients to manage their own health.

- Where appropriate, staff gave people advice so they could self-care.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The service had information available on-site and, on their website, and travel leaflets were also available.

## Consent to care and treatment

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

- Staff supported patients to make decisions. Guidance was available for staff to refer to if a patient lacked capacity.
- The service monitored that consent was recorded.
- There was a process in place for checking consent before a service was provided to children and young adults. The procedure to follow to satisfy the immuniser that consent was valid when someone who did not have parental responsibility brought in a child for immunisation was not clear although staff were able to explain the action taken. The procedure was updated following the inspection.
- Fees were clearly displayed for the cost of consultation, each vaccine and dispensed medicines.



# Are services caring?

## **We rated caring as Good because:**

People received care and treatment in a caring manner from staff who treated them with kindness and respect.

### **Kindness, respect and compassion**

#### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of care patients received. Feedback from patients was positive about the way staff treated them.
- Staff told us they understood patients' personal, cultural, social and religious needs, they were understanding and had a non-judgmental attitude to patients.
- The service gave patients timely support and information.
- We observed that patients were treated with respect. Staff were courteous and helpful.

### **Involvement in decisions about care and treatment**

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

- Interpretation services were available for patients who did not have English as a first language. Patient information leaflets could be made available in different languages.
- Sign language interpreters were also available to support patients.
- Longer appointment times could be arranged.
- For patients with learning disabilities or complex social needs staff told us that family or carers would be appropriately involved.
- There was clear information on the provider's website about what services were provided and the costs. There were also a list of frequently asked questions, patient information leaflets and links to other sources of information such as the World Health Organisation (WHO) and the International Society of Travel Medicine (ISTM).

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Consultation and treatment room doors were closed during consultations.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

Services were tailored to meet the needs of individual patients and were accessible.

## **Responding to and meeting people's needs**

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

- The provider understood the needs of their patients and improved services in response to those needs. The service was designated as a yellow fever centre which meant it was able to accommodate patients who needed this treatment.
- The facilities and premises were appropriate for the services delivered.

## **Timely access to the service**

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

- Appointments could be made by telephone, on-line or in person.
- A walk-in emergency malaria service and post exposure rabies service were available.
- Walk-in appointments for non-urgent appointments could be accommodated if there was an available appointment.
- The clinic offered appointments to travellers with complex medical conditions or needs that could not be met within the primary care setting.
- Appointments with the nursing team were 20 or 40 minutes depending on the complexity of the patient's needs.
- Patients had timely access to initial assessment and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.

## **Listening and learning from concerns and complaints**

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

- Information about how to make a complaint or raise concerns was available. Patients were also encouraged to make suggestions or give compliments.
- The service had a complaint policy and procedures in place. This included timescale for a response and what to do if complaining on behalf of someone else.
- The service had procedures in place to review and learn lessons from concerns and complaints. The provider told us about the action that had been taken to improve the service as a result of a complaint.

# Are services well-led?

## We rated well-led as Good because:

There was a clear vision, strategy and staff culture to provide high quality care for patients, staff felt well supported, were encouraged to develop and the service used feedback from staff and patients to make improvements.

### Leadership capacity and capability;

#### Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the service had experienced a significant disruption due to the COVID-19 pandemic. Following this the service had experienced staffing shortfalls. This had resulted in a reduced service being offered. The provider had now recruited all staff needed and had a plan to increase service provision as clinical staff completed their induction training.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised 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 which had been developed by the staff team.
- The service had a realistic strategy and supporting business plans to achieve priorities.
- The service monitored progress against delivery of the strategy.

### Culture

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

- Staff felt respected, supported and valued.
- The service focused on the needs of patients.
- 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 they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for encouraging staff development. Staff had received an annual appraisal. Staff were supported to meet the requirements of professional revalidation where necessary. Staff were given protected time for professional development.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.
- The service was a part of Liverpool School of Tropical Medicine (LSTM) and therefore had access to a network of other professionals for support and advice such as human resources and health and safety.

### Governance arrangements

# Are services well-led?

## **There were roles and systems of accountability to support good governance and management.**

- There was a clear organisational structure and staff were clear about their roles.
- A range of service specific policies and procedures were available to all staff. These were reviewed every two years or updated when necessary.
- There was a system to ensure good communication. There were minuted meetings. There were informal daily updates. There were also communication boards and information was shared through the email system.
- Staff were clear about their roles and accountabilities
- Leaders had established policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.
- Audits to ensure staff were following medication management procedures took place. Non-medical prescribers had access to clinical support and guidance and prescribing was informally monitored. However, a formal process to document reviews of prescribing practices was not in place.

## **Managing risks, issues and performance**

### **Overall, 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.
- Leaders had oversight of safety alerts, incidents, and complaints.
- There was evidence of action to change services to improve quality following quality improvement activity.
- The provider had plans in place and had trained staff for major incidents.

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- Quality and sustainability were discussed in relevant meetings where staff had sufficient access to information.
- The provider gathered information to monitor performance and the delivery of quality care. There were plans to address any identified weaknesses.
- The service had systems to submit data or notifications to external organisations as required.
- The service was registered with the Information Commissioner's Office and had its own information governance policies to ensure patient information security.

## **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.**

- Staff told us they were involved in discussions about the operation of the service and were encouraged to identify improvements that would benefit the patients and staff.
- The service had a comment box for complaints or suggestions in the waiting room and a form on the website. There was a system to receive and manage patient complaints.

# Are services well-led?

- The service carried out an annual patient survey. The last survey was carried out July-August 2021 and showed very positive feedback regarding customer care and recommending the service to others. The provider had made changes to the service as a result of listening to patient survey feedback. For example, additional information about parking had been added to the website as a result.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There was a culture of supporting staff development. For example, one member of staff had recently completed a university course and was given study days to attend lectures and complete assignments. A further member of staff had completed a management training course. All specialist travel nurses were strongly encouraged to complete either the Foundation or Diploma in Travel Medicine at the Royal College of Physicians and Surgeons Glasgow or the Professional Diploma in Travel Health run by the Liverpool School of Tropical Medicine.
- There were systems to support improvement and innovation work. In the last 12 months, the service has received a quality assessment by University of Manchester Medical School as they provide placements for medical students.
- The service successfully completed accreditation with the National Accreditation Body for the United Kingdom (UKAS) for Covid-19 swab sampling.