

Tarka Clinic

Inspection report

Paiges Lane
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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?

Requires Improvement 

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. This was the first inspection of this service.

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? – Good

We carried out an announced comprehensive inspection on 24 November 2021 at the Tarka Clinic under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. Tarka Clinic is a private clinic providing travel health advice, travel and non-travel vaccines, blood tests for antibody screening and travel medicines such as anti-malarial medicines to children and adults. In addition, the clinic holds a licence to administer yellow fever vaccines.

This location run by the provider North Devon Travel Clinic Limited is registered with CQC under the Health and Social Care Act 2008 in respect of some, (the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of travel health) 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. Services at the travel clinic include some, which under arrangements made by their employer with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Tarka Clinic we were only able to inspect the services which are not arranged for clients by their employers whom the client holds a policy (other than a standard health insurance policy).

During the inspection, we reviewed online written comments and the clinic's survey responses from people using the travel health service. Their comments described the service as efficient, flexible and personalised. Staff were said to be caring, efficient and knowledgeable.

Our key findings were:

- The clinic had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the provider learned from them and improved their processes.
- The provider routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines and up to date travel health information.
- People using the service received an individualised travel health brief containing a risk assessment, health information including additional health risks related to their destinations and a written immunisation plan specific to them.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- There was a leadership structure in place with clear responsibilities, roles and systems of accountability to support good governance and management. Staff felt supported by the leadership team and worked well together as a team.
- The provider was aware of the requirements of the duty of candour.

Overall summary

- Since registering with CQC, the provider had achieved accreditation with the United Kingdom Accreditation Service which is required for any clinics offering COVID 19 testing.
- We found recruitment processes were not consistently adhered to and information required had not been obtained in a timely way.
- Temporary closures of the clinic during the COVID 19 pandemic had resulted in staff being furloughed. Not all of the staff had completed the mandatory training required by the provider since re-opening, but this was in hand when we inspected.

There was an area where the provider **must** make improvements as they are in breach of a regulation:

Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed

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

- Improve oversight of mandatory and role specific training for staff to ensure this is completed as per provider policy and within the timescales required.
- Review the emergency equipment held on site in line with NaTHNAC guidelines, specifically in regard to oxygen.

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 a specialist advisor.

Background to Tarka Clinic

Tarka Clinic is located at Paiges Lane, Barnstaple, Devon EX31 1EF. The premises is shared with other health and well-being businesses. The private travel clinic is a location for the provider North Devon Travel Clinic Limited.

The provider is registered with the CQC in respect of the regulated activities: Diagnostic and screening procedures; and Treatment of disease, disorder or injury.

The clinic has a 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.

Tarka Clinic holds accreditation and registration with two other bodies: Accreditation with The United Kingdom Accreditation Service (UKAS) to provide COVID 19 testing services. Registration with the National Travel Health Network and Centre (NaTHNaC) as a Yellow Fever Vaccination Centre.

The clinic offers travel health consultations, travel and non-travel vaccines, blood tests for antibody screening and travel medicines such as anti-malarial medicines to children and adults. Other services also offered include the full range of PCR (Polymerase chain reaction) and rapid antigen tests for outbound and inbound travel to and from the UK.

Tarka Clinic opens between 9am and 5pm on Wednesday and Thursday. Weekend opening is between 9am and 1pm on Saturday and Sunday.

How we inspected this service

We inspected the clinic on 24 November 2021. A CQC inspector led the inspection and had access to a specialist advisor.

Before visiting, we reviewed a range of information we hold about the service. We also asked the service to complete a provider information request. During our visit we:

- Spoke with the clinic nurse.
- Spoke with the Registered manager
- Spoke with the Responsible Individual who is also the clinical lead.
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed feedback from people using the service.

To get to the heart of People using the service' 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 Requires improvement because:

- Systems mostly kept people safe and safeguarded from abuse.
- There were systems to assess, monitor and manage risks to patient safety.
- Information was accessible to staff so they could deliver safe care and treatment to people using the service.
- The service had reliable systems for appropriate and safe handling of medicines.
- The service had a good safety record demonstrated by quality improvement audits.

However, we found gaps in:

- Recruitment processes were not consistently adhered to and information required had not been obtained in a timely way.
- Temporary closures of the clinic during the COVID 19 pandemic had resulted in staff being furloughed. Not all of the staff had completed the mandatory training required by the provider since re-opening, but this was in hand when we inspected.
- As a yellow vaccination clinic, the provider needed to review the NaTHNAC (National Travel Health Network and Centre) guidelines, which highlighted oxygen should be available in the event of a person experiencing a severe reaction.

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. The service did not use locum staff. They out policies and procedures 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 service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support people using the service and protect them from neglect and abuse. Staff took steps to protect people from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- There was a proactive approach to anticipating and managing risks to People using the service. 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 training. 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).
- There was a 'Safer Recruitment Policy and Procedures' which highlighted that Disclosure and Barring Service (DBS) checks were undertaken for all staff prior to employment. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, information sent before the inspection showed the provider had not yet obtained DBS checks for two staff recruited in April 2021. We saw evidence demonstrating that the DBS check had been applied for

Are services safe?

and there were mitigating reasons for the delay, such as loss of original certificates to verify identity which had to be reapplied for. In three recruitment files, we found requests for written references from previous employment had not been followed up. Since the inspection, the provider sent us a monitoring checklist, they had implemented since our visit, covering documentation required for safe recruitment.

- The provider had obtained evidence of current registration with professional bodies such as the Nurses, Midwives Council and General Medical Council for clinical staff. Assurance of professional revalidation with the bodies was also obtained.
- Nearly all staff completing a Care Quality Commission survey knew how to identify and report concerns. Training records demonstrated all staff, with the exception of a newly recruited non clinical staff had received up-to-date safeguarding and safety training appropriate to their role. The provider had taken steps to ensure the new staff completed this training within a week of the inspection. Only qualified nursing staff were authorised to act as chaperones but the provider did not have assurance of their training for this role. We were told they planned to provide chaperone training to non clinical staff, making the clear distinction between offering support to a clinician and chaperone duties. Nurses were appropriately trained for safeguarding, for example: Level 3 child safeguarding training in line with current Intercollegiate requirements.
- There was an effective system to manage infection prevention and control. For example, the provider had evidence of control measures in place to reduce risks (Legionnaires Disease is a potentially fatal form of pneumonia) associated with the water system. The practice had reviewed the risk assessment and recorded the outcome and rationale for decisions made.
- Prior to re-opening during the COVID19 pandemic lockdowns, the provider had carried out a risk assessment to reduce the risk and protect people using the service and staff working there.
- 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 took into account the profile of people using the service and those who may be accompanying them.

Risks to People using the service

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.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. The provider carried out a risk assessment and reviewed this in 2021, when Resuscitation Council guidelines changed in regard to content and equipment to be held onsite. The policy covering such events highlighted staff were able to access an automated defibrillator directly opposite the clinic in the event any person having a cardiac arrest. No oxygen was held on site. We discussed the NaTHNAC (National Travel Health Network and Centre) guidelines, which highlighted oxygen should be available for services providing yellow fever vaccination. The lead clinician told us they would review the guidelines and obtain oxygen for the clinic. Since the inspection, the provider confirmed they have set up a contract with an oxygen supplier and had also purchased an automated defibrillator for clinic use.
- All seven clinical staff working at the clinic had completed Basic Life Support training. However, one member of staff had not yet completed the annual update due to the clinic being closed for long periods during COVID 19 pandemic lockdowns. The provider demonstrated this was in hand and due to take place soon after the inspection.

Information to deliver safe care and treatment

Are services safe?

Staff had the information they needed to deliver safe care and treatment to people using the service.

- Individual care records were written and managed in a way that kept People using the service 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

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, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use. For example, they knew how to identify and manage people experiencing severe reactions to commonly used vaccines and all clinical staff had received anaphylaxis (severe reaction) training.
- The provider had made changes to cold storage arrangements of vaccines following two different incidents leading to potential breaks in cold chain caused by possible power loss of refrigeration equipment. An alternative power source and socket protection was implemented to reduce the risk of power disruption and maintain the integrity of vaccines being given to people using the service.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. The clinical lead was the only person who was able to prescribe vaccines and other medicines for people using the service. They reviewed all completed travel assessments and personalised plans ahead of the travellers second appointment for vaccination. We sampled records and saw that the clinical lead had documented and authorised (with a Patient Specific Direction – PSD) vaccination of the person using the clinic for nursing staff to follow.
- Staff prescribed, administered or supplied medicines to People using the service 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of people using the service 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.

- The premises were managed by a landlord. Documents showed the provider had obtained assurance regarding fire safety, electrical safety and waste management.
- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example a Health and Safety Risk assessment carried out on 1 February 2021 highlighted company identification marking was required on equipment used. We saw this had been actioned.
- The provider held a register and monitored compliance and performance of laboratories used for travel health screening including COVID 19 testing. We saw there was a system in place to ensure people received their results and certificates within the contracted timescale and ahead of travelling.

Are services safe?

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, a needlestick injury occurred and was investigated. Records demonstrated learning was shared and there had been no further incidents.
- 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 had systems in place for knowing about notifiable safety incidents.

When unexpected or unintended safety incidents occurred, the provider had procedures in place ensuring:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- 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.

Are services effective?

We rated effective as Good because:

- People using the service were appropriately assessed, given information and given a travel health plan including scheduled appointments to be given vaccines.
- Quality assurance systems were in place, including external accreditation.
- Staff worked within their clinical competencies, appropriately trained and supervised.
- Consent was obtained and recorded.
- Preventative health advice was given as part of the service.

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.

- 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.
- Information regarding side effects from the medicines and vaccines was discussed with people and a paper copy given to them at the end of their appointment. People using the service were also issued with additional health information when travelling, including food and water safety and where to access advice and further treatment.
- People using the service' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions. The premises were accessible.
- The service website enabled people to submit an enquiry about arranging a travel health assessment 24 hours a day. Prior to their appointment, people using the service were asked to complete a secure online self assessment outlining their medical history, vaccination history and travel plans.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for people using the service.
- Quality monitoring activities included monitoring the end to end pathway from assessment, planning, vaccination, information and COVID 19 testing for every person using the service. Records showed no concerns were identified, for example people received timely information and rapid results from tests within the performance indicators agreed with laboratories in service level agreements
- The provider had registered with UKAS (United Kingdom Accreditation Service) to provide assurance of adherence to the ISO 15189 quality standards. Audit was frequently undertaken, for example in June 2021 a random audit of 10 clinical records found good compliance with standards of documentation, including recorded consent and vaccine batch numbers for ongoing safety monitoring and tracking of potential adverse reactions. The provider found a standard operating procedure covering factors that could lead to sample rejection needed to be put in place and this had been actioned.

Are services effective?

Effective staffing

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

- All clinical staff were appropriately qualified. Clinical staff were supported to receive training including ongoing plans to complete the Travel Health Diploma. The provider had an induction programme for all newly appointed staff. Staff were encouraged and given opportunities to develop.
- The governance policy made reference to annual mandatory training such as safeguarding and Basic Life Support and other role specific training updated every two years. Most staff had completed mandatory training as required by the provider, however some gaps were seen and the provider verified there was delayed prompting of staff to complete this since resuming opening of the clinic in April 2021. The provider had actioned this with the staff concerned and since the inspection provided evidence that this has now been completed.
- All staff were part of a national travel medicine on-line forum
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills and qualifications were maintained.
- Staff whose role included immunisation and reviews of People using the service with long term conditions had received specific training and could demonstrate how they stayed up to date.
- 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 lead clinician and a clinic nurse had attended the face to face classroom training. Only these two staff were authorised to assess and give yellow fever vaccinations to people.

Coordinating patient care and information sharing

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

- People using the service received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate and with the consent of the person.
- 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 People using the service being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- People using the service were provided with initial advice. Where the consultation resulted in no vaccines or medicines being issued people were not charged. Staff proactively directed people 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.
- People 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. We saw this was documented on their individual electronic record held by the provider.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where people using the service agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.

Are services effective?

- Information was shared appropriately (this included when people using the service moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The provider had access to information about the use of unlicensed or off-label medicines, but the lead clinician told us this was not routinely prescribed at the clinic. Should this be required they told us this would be discussed with people prior to treatment and recorded.
- The service monitored the process for seeking consent appropriately.

Supporting People using the service to live healthier lives

Staff were consistent and proactive in empowering people using the service, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to people and where appropriate highlighted to their normal care provider for additional support.
- Where people's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The clinic stocked a 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.

Consent to care and treatment

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 people using the service to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

- We saw people were treated with kindness, respect and compassion.
- The provider ensured people had appropriate information and advice with which to make informed decisions about their travel health needs.
- We observed people's privacy and dignity was maintained.

Kindness, respect and compassion

Staff treated people with kindness, respect and compassion.

- The service used systems to obtain feedback from people on the quality of clinical care received. For example, they were asked to complete an online survey after their appointment. However, this had been suspended during lockdowns during the COVID 19 pandemic as the clinic was closed.
- Feedback from people using the service was positive about the way staff treat people
- Staff understood People using the service' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all People using the service.
- The service gave people timely support and information.

Involvement in decisions about care and treatment

Staff helped People using the service to be involved in decisions about care and treatment.

- Interpretation services were available for people using the service who did not have English as a first language. We saw notices in the reception area, including in languages other than English, informing people this service was available. Information leaflets were available in easy read formats, to help people be involved in decisions about their care.
- People using the service told us that they felt listened to and supported by staff . We observed consultations and assessments and saw people had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- The service was mindful and asked appropriate questions to establish whether a person needed any tailored adjustments put in place, for example wheelchair access, information in another language.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected People using the service' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if People using the service 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:

- The provider had suspended services during the COVID19 pandemic during periods of national lockdown to promote safety for staff and people using the service.
- Services were resumed only when it was deemed safe to do so. People using the service were required to use personal protective equipment (a mask) and staff did so to reduce the risk the spread of COVID19 infection.
- The provider had added new services as a result of the pandemic and offered the full range of PCR and rapid antigen tests for outbound and inbound travel to and from the UK.
- Opening times and appointments were flexible enabling people who worked to attend during the evenings and at weekends.

Responding to and meeting people's needs

The service organised and delivered services to meet peoples needs and preferences.

- The provider understood the needs of people wanting travel health advice and improved services in response to those needs. For example, the provider responded rapidly restructuring the service when COVID19 testing commenced in England. As travel restrictions and requirements changed, the provider had reviewed and embedded these by updating its website, successfully providing current information and guidance for people travelling and staff.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, the premises were wheelchair accessible.
- Patient leaflets on common travel health topics were available on the service website, in clinic waiting areas and given to people at their appointment.

Timely access to the service

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

- People using the service had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- People using the service with the most urgent needs had their care and treatment prioritised. Clear advice was given when people first contacted the clinic and on the website about results being guaranteed within 48 hours. People wishing to travel were also advised that many vaccinations required a course of a number of doses for full coverage and although there could be a chance of having an accelerated schedule, if they were short of time they needed to plan this as soon as possible.
- People using the service reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, people completed a self assessment ahead of an appointment which included their immunisation history. If gaps were found, for example regarding either natural or acquired immunity to measles people were advised to ask their GP practice for immunisation under the NHS.
- Quality indicators with laboratories used for testing results. For example, samples were couriered by a member of staff at the clinic and handed in person to staff at the lab. The clinic had a service level agreement with laboratories used, which was a 24 hour turnaround. People using the service were told their results would be back within 48 hours results as a safety cut off. Audit demonstrated the clinic and laboratory had achieved 100% compliance in this area.

Are services responsive to people's needs?

- People needing travel health assessments were advised not to book their travel until this had been completed and an agreed vaccination/immunisation plan is in place with dates for appointments. This ensured the traveller was covered by any travel insurance.

Listening and learning from concerns and complaints

The service demonstrated commitment to taking complaints and concerns seriously and had procedures to respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated People using the service who made complaints compassionately.
- The service procedures informed people using the service 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 had not received any complaints or concerns since registering. However, there were processes to share learning from individual concerns, complaints and from analysis of trends with staff. Quality assurance was demonstrated by frequent audit and ongoing accreditation with UKAS (United Kingdom Accreditation Service).

Are services well-led?

We rated well-led as Good because:

- Leaders had a realistic business plan, based on a clear vision and strategy to deliver high quality travel health care.
- Staff told us there was an open culture, in which learning and development was encouraged.
- External accreditation, through UKAS (United Kingdom Accreditation Service), was sought and the provider told us they had improved quality assurance systems to maintain accreditation status.
- Governance systems reviewed performance and actively managed risks, providing assurance that patient safety was a priority.
- Feedback from people using the service was sought and acted upon.

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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate 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 people using the service.

- There was a clear vision and set of values. 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.
- The service monitored progress against delivery of the strategy. The provider demonstrated it was flexible and proactive in meeting the travel health needs of people using the service, particularly in regard to rapidly changing requirements during the COVID 19 pandemic. For example, the provider had revised the service to include PCR and Lateral Flow Tests and achieved accreditation to do this in the last 12 months of the pandemic.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of People using the service.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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.

Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Recent national changes to requirements of day two testing, had led to the development of a new administrative role to ensure all the associated documentation was completed and submitted within given timescales.
- The service used performance information, which was reported and monitored and management and staff were held to account
- The provider carried out regular audits of documentation of consultations with people using the service. This information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- 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.
- The provider had taken advice from the ICO (Information Commissioner's Office) about a potential data breach, but was advised there was no need to report the matter.

Managing risks, issues and performance

There were clear and effective clarity around 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, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for People using the service. There was clear evidence of action to change services to improve quality.

Are services well-led?

However, we found gaps in the governance and adherence to recruitment procedures and the completion of some training aligned to staff roles, for example:

- Not all staff records had the required evidence obtained on employment, for example Disclosure and Barring checks and follow up of requested references from previous employers.
- Not all clinical staff had received an annual update in Basic life support, for example one staff last did this in November 2016
- Two non-clinical staff had not completed the mandatory training required by the provider as per their role and responsibilities. For example, Health and Safety, Infection prevention and control and Data Security Awareness.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of People using the service.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with People using the service, the public, staff and external partners

The service involved people using the service, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the people using the service, staff and external partners and acted on them to shape services and culture. Before the COVID19 pandemic lockdown the provider had sent a survey monkey out post appointment. Twenty seven people using the service responded positively in regard to their experiences at the clinic.
- Independent feedback systems were monitored and responded to by the provider, for example on line reviews.
- There were systems to support improvement and innovation work. For example, the provider worked with local private schools to raise awareness about health requirements for outward and inbound travel to the UK for foreign students attending the schools.
- The provider had invested substantial funds into the refurbishment of the premises to improve fire and electrical safety, update equipment and fittings to hospital grade standards (flooring, couches and chairs) to reduce infection and prevention risks.
- Staff could describe to us the systems in place to give feedback. Four staff responding in a Care Quality Commission Survey told us there was an open culture where learning was encouraged. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff, for example minutes of a staff meeting held in August 2021 recorded a discussion and practical antigen test training given and assessment of competency. We also saw staff engagement in responding to these findings.
- We discussed the frequency of staff meetings with the clinical lead (Director) and the impact of service suspension during pandemic. Restructuring had taken place with recruitment of new staff since April 2021. The quality improvement plan carried out by the provider had identified the need to increase the frequency of staff meetings in the context of rapidly changing guidance for travel health requirements.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

Are services well-led?

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

- There was a focus on continuous learning and improvement. The clinical director is an approved GP trainer and facilitated ongoing learning and development of staff. Staff were able to access training webinars both internally and externally. GH is GP trainer.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. Staff access travel health updates via national providers.
- Leaders and managers encouraged staff to take time out to review their individual and team objectives, processes and performance. There was a system of appraisal and meetings scheduled during 2021/22.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnostic and screening procedures | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed |
| Family planning services | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed |
| Maternity and midwifery services | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed |
| Surgical procedures | How the regulation was not being met |
| Treatment of disease, disorder or injury | <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:</p> <ul style="list-style-type: none">• Disclosure and Barring checks were not always obtained for staff prior to starting their employment.• Requested references were not always been followed up. <p>This was in breach of Regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |