

Southampton Travel Health Clinic Limited

Southampton Travel Health Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on Thursday 12 October 2017 to ask the clinic the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this clinic was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

We found that this clinic was providing caring clinics in accordance with the relevant regulations.

Are services responsive?

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

Are services well-led?

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

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the clinic was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Southampton Travel Health Clinic Limited offers a range of services including, a full immunisation service, anti-malarial medication, selected blood tests for visa purposes, blood tests for antibody screening and a range of travel health related products.

The clinic offers private consultations (30 minutes or longer) giving clients advice and recommendations for their personal travel plans. Using email the clinic continues to keep in touch with clients during their trip. All consultations are by appointment and are strictly confidential. The clinic staff are members of: The International Society of Travel Medicine; The British Travel Health Association and Royal College of Nursing (RCN) Travel Health Forum.

The clinic is run on a daily basis by a specialist nurse in travel health. The clinic also has two receptionists who

Summary of findings

divide the weekly opening hours between them. At the time of our inspection a locum receptionist was employed due to long term illness of one of the receptionists.

The clinic is registered with the Care Quality Commission to provide the following regulated activities: Diagnostic and screening procedures and Treatment of disease, disorder or injury at 79 Bedford Place, Southampton, Hampshire. SO15 2DF. There is a nominated individual who is also registered with the commission as the registered manager.

A registered manager is a person who is registered with the Care Quality Commission to manage the clinic. 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 clinic is run.

The clinic is open weekdays from 10am to 8pm Mondays and Thursday. 10am to 6pm Tuesdays and Wednesdays and 10am to 5pm Fridays.

The clinic is located in a converted building near to the centre of the city and has space for two vehicles to park at the front of the building. The building has narrow corridors and stairwells and the consulting room is on the first floor. Where required the majority of treatments can be performed in a ground floor room if the client is unable to access the first floor room.

We received feedback from 31 clients about the clinic. All replies were very positive. Comments included a great

swift service, very informative and supportive, environment very safe and hygienic. Clients felt welcomed and safe and treated with care, compassion, respect and dignity.

Our key findings were:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The clinic had clearly defined and embedded systems to minimise risks to client safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear team structure and staff felt supported by management. The clinic proactively sought feedback from staff and clients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

The area where the provider should make improvement is:

Review the risk assessment regarding the provision of equipment in the case of an emergency where life support could be required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this clinic was providing safe care in accordance with the relevant regulations.

- When things went wrong clients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The clinic had processes and services to minimise risks to client safety.
- Risk assessments relating to the health, safety and welfare of clients and staff using the clinic had been completed in full. For example: The clinic had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

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

- Clinic audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of clients' needs.

Are services caring?

We found that this clinic was providing caring clinics in accordance with the relevant regulations.

- Survey information we reviewed showed that clients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for clients about the services available was accessible.
- We saw staff treated clients with kindness and respect, and maintained client and information confidentiality.

Are services responsive to people's needs?

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

- The clinic understood its client profile and had used this to meet the needs of its clients.
- Clients could book appointments in person at the clinic, via the website or by telephoning direct.
- Clients said they found it easy to make an appointment.
- The clinic was well equipped to treat clients and meet their needs and was accessible to those with mobility requirements.
- Information about how to complain was available at the clinic and on their website.

Are services well-led?

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

- The clinic had a clear vision and strategy to deliver high quality care and promote good outcomes for clients. Staff were clear about the vision and their responsibilities in relation to it.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The clinic had policies and procedures to govern activity and held regular governance meetings.
 - An overarching governance framework mainly supported the delivery of the strategy and good quality care. Staff had received inductions, annual performance reviews and attended staff meetings and relevant training.
 - There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
 - The provider was aware of the requirements of the duty of candour.
 - The clinic encouraged a culture of openness and honesty. The clinic had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
 - There was a focus on continuous learning and improvement at all levels. Staff training was a priority and protected time for training was built into staff rotas.
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Southampton Travel Health Clinic

Detailed findings

Background to this inspection

This announced inspection took place on Thursday 12 October 2017. The inspection was led by a CQC inspector with a GP specialist advisor.

During our visit we:

- Spoke with the specialist nurse, who was also the registered manager. We also spoke with the receptionist.
- Observed how clients were being cared for in the reception area.
- Reviewed comment cards where clients and members of the public shared their views and experiences of the clinic.

- Looked at information the clinic used to deliver care and treatment plans.

To get to the heart of clients' 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?

Our findings

Reporting, learning and improvement from 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 clinic had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The clinic gave affected people reasonable support, truthful information and a verbal and written apology.
- The clinic kept written records of verbal interactions as well as written correspondence.
- We reviewed safety records, incident reports, safety alerts and minutes of meetings where significant events were discussed. The clinic carried out a thorough analysis of the significant events.

Reliable safety systems and processes (including safeguarding).

Arrangements for safeguarding clients reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a client's welfare. There was a lead member of staff for safeguarding. The specialist nurse had received level three child safeguarding and vulnerable adult safeguarding training. The specialist nurse had also received adult mental health training.

We were told that the receptionists who were the only other members of staff working on a daily basis at the clinic were going to attend safeguarding training. When we spoke with the receptionist on the day, they were able to explain that they knew what actions to take if they had concerns about the safeguarding of a child or vulnerable adult.

Medical emergencies.

The clinic had adequate arrangements to respond to emergencies and major incidents.

All staff had received annual basic life support training.

The clinic had oxygen available on the premises with adult and children's masks. A first aid kit and accident book was available.

Emergency medicines were easily accessible to staff in a secure area of the clinic and all staff knew of their location. All the medicines we checked were in date and stored securely.

The clinic had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Staffing.

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

The clinic had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating the specialist nurse. Staff had received an appraisal within the last 12 months. The specialist nurse was at the time of our visit preparing revalidation evidence.

The specialist nurse was registered with the Nursing and Midwifery Council and we saw up to date indemnity insurance in place.

Monitoring health & safety and responding to risks.

There were procedures for assessing, monitoring and managing risks to client and staff safety.

There was a health and safety policy available and regular assessments were completed. It is a legal requirement for every employer and self-employed person to make an assessment of the health and safety risks arising out of their work.

The clinic had a fire risk assessment checklist which was reviewed in January 2017 and carried out regular fire drills. There was a designated fire marshal within the clinic. There was a fire evacuation plan which identified how staff could support clients with mobility needs to leave the building in the event of fire.

Are services safe?

Infection control.

We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.

The registered manager was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The clinic had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Premises and equipment.

The clinic building was leased from a landlord the landlord was responsible for major maintenance issues. The landlord ensured that the building's five yearly electrical checks were up to date as well as arranging that the gas boiler checks were completed with a certified engineer.

All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. For example the vaccine refrigerators had been tested and serviced in October 2017.

The practice had oxygen on the premises with adult and children's masks.

Safe and effective use of medicines.

The arrangements for managing medicines, including emergency medicines, in the clinic minimised risks to client safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

Patient Group Directions had been adopted by the clinic to allow the specialist nurse to administer medicines in line with legislation.

Emergency medicines were easily accessible to staff in a secure area of the clinic and all staff knew of their location. All the medicines we checked were in date and stored securely.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment.

Clients care and treatment was planned and delivered in line with evidence based guidelines, best practice guidelines and current legislation.

There was evidence of a comprehensive assessment to establish clients' individual needs and preferences. This included: An up-to-date medical history, explanation of the purpose of the appointment. A clinical assessment (including ongoing management).

Discrimination on the grounds of age, disability, gender reassignment, pregnancy and maternity status, race, religion or belief were avoided when making care and treatment decisions.

Client outcomes were monitored using personalised treatment programmes and in-depth information and after care advice.

Staff training and experience.

Staff had the right qualifications, skills, knowledge and experience to do their job when they started their employment, took on new responsibilities and on a continual basis.

Staff were supported to deliver effective care through opportunities to undertake training, learning and development and through meaningful and timely supervision and appraisal. All medical staff had current registrations and all team members had regular training provided in basic life support, anaphylaxis, infection control, safeguarding vulnerable adults and mental capacity. Anaphylaxis is a severe allergic reaction which needs immediate medical treatment.

Registered professionals were up-to-date with their Continuing Professional Development (CPD) and supported to meet the requirements of their professional registration. For example the specialist nurse had recently

had refresher training on safe storage and handling of vaccines. We also saw evidence of the specialist nurse attending travel health study days and on line training in yellow fever.

Working with other clinics.

There were clear protocols for referring clients to other specialists or colleagues based on current guidelines.

When clients were referred to another professional or service, all information that was needed to deliver their ongoing care was appropriately shared in a timely way.

Consent to care and treatment.

The provider had made information and support available to help people understand the care and treatment options. We saw examples of client consent being obtained and how the specialist nurse explained what procedures were taking place.

Staff understood and applied the legislation and guidance, including the Mental Capacity Act 2005. Staff could demonstrate when people may require support in obtaining consent and work within the ethos of the Mental Capacity Act 2005.

All the client comments we received said they were supported to make decisions. We were told that questions were always answered professionally and they were not pressured by staff to make decisions. We were told that clients were always asked to take the information away and take time to decide if they wanted to continue with treatment.

Full, clear, detailed information was provided about the costs of initial and further consultations, all treatment, including any options or choices and responding to any queries or concerns during or after treatment. The information also included costs of medicines supplied, tests (including reporting timescales), further treatment and follow up.

Are services caring?

Our findings

Respect, dignity, compassion & empathy.

Clients reported that they were treated with dignity and respect at all times.

The environment was conducive to supporting people's privacy. There was a well-appointed consulting room and we saw that staff supported clients' privacy.

Staff took time to interact with clients and we saw numerous compliment letters from clients confirming that the clinic had treated them and those close to them in a respectful, appropriate and considerate manner.

Involvement in decisions about care and treatment.

Clients reported that they felt the specialist nurse and staff listened to them and involved them in making decisions

about their care and treatment. Treatment was fully explained, including the cost of treatment, and clients reported that appointments were available quickly and very good advice was given.

We were given details of an audit of client survey cards collected between April 2017 and September 2017. The total number of cards completed 64.

Out of the eight categories for comment the following results were achieved:

- 90% comments were excellent.
- When clients were asked if they would they recommend to friends and family? 33 answered 'yes'.
- However 31 cards were mis-printed and this question was unfortunately omitted.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting clients' needs.

The facilities and premises were appropriate for the services that were planned and delivered.

Appointment times were scheduled to ensure clients' needs and preferences (where appropriate) were met. The provider made reasonable adjustments to the environment or treatment options to enable clients to receive care and treatment.

The provider took into account the needs of different clients on the grounds of age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, pregnancy and maternity.

There was evidence that the provider gathered the views of clients when planning and delivering services. We saw client survey results which showed clients were extremely happy with the services provided.

Tackling inequity and promoting equality.

All reasonable efforts and adjustments were made to enable clients to receive their care or treatment.

Clients reported they had access to, and received, information in the manner that best suited them and that they could understand.

There was evidence of reasonable effort and action to remove barriers when people found it hard to access or use services. For example, for clients who were unsteady on their feet, the majority of treatments could be performed in a ground floor room. The staff were trained to ascertain a client's access requirements at the time of the telephone enquiry in order to better serve their needs.

Access to the clinic.

The clinic was open weekdays from 10am to 8pm Mondays and Thursday, 10am to 6pm Tuesdays and Wednesdays and 10am to 5pm Fridays.

Waiting times, cancellations and delays were kept to a minimal and clients had timely access to urgent treatment.

Concerns & complaints.

There was a complaints system in place, which was publicised, accessible and understood by staff and clients who used the clinic.

There was openness and transparency in how complaints were dealt with. Information was provided about the steps clients could take if they were not satisfied with the findings or outcome once the complaint has been responded to.

We reviewed details of three complaints that had been dealt with in a timely and proper way.

Are services well-led?

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

Our findings

Governance arrangements.

Staff were supported and managed at all times and were clear about their lines of accountability.

There was a senior clinical lead responsible for the governance of the safe and effective use of medicines. Care and treatment records were complete, legible and accurate, and were kept secure.

There was a registered manager in post who understood their responsibilities.

Staff were supported to meet their professional standards and follow their professional codes of conduct, with regular appraisals and training.

There was an effective approach for identifying where quality and / or safety was being compromised and steps were taken in response to issues. These include audits of clinical care, prescribing, notes, infection prevention and risks, incidents and near misses.

Leadership, openness and transparency.

The provider had systems in place to support communication about the quality and safety of services and what actions had been taken as a result of concerns, complaints and compliments.

The clinic aimed to provide a comprehensive travel health service including administering or dispensing a full range of travel vaccines, anti-malarial medication and travel health associated retail items.

Candour, openness, honesty and transparency and challenges to poor practice were evident.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Clinic specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There were appropriate arrangements for identifying, recording and managing risks through clinic meetings and regional director meetings.

Learning and improvement.

Audit processes had a positive impact in relation to quality governance, with clear evidence of action to resolve concerns. We saw details of infection control audits, client satisfaction audits and an audit of clients mental health needs.

Provider seeks and acts on feedback from its clients, the public and staff.

The clinic encouraged and valued feedback from customers and staff. It proactively sought feedback from clients. For example parking for clients continues to be a challenge as there were only two parking spots at the front of the premises. There was building work going on in the building next door and the clinic insisted that protective barriers were put up between the two forecourts to ensure safety of clients particularly those with young children and pushchairs.