

All Health Matters Limited Castle House

Inspection report

Castle House,
Orchard Close Mews,
Orchard Street,
Canterbury,
CT2 8AP
Tel: 01227451233
Website: www.allhealthmatters.co.uk

Date of inspection visit: 23 October 2018
Date of publication: 26/11/2018

Overall summary

We carried out an announced comprehensive inspection on 23 October 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

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

Are services well-led?

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

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 service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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 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 Castle House those occupational health related services provided to customers under arrangements made by their employer or a government department are exempt by law from CQC regulation. Therefore they did not fall into the scope of our inspection.

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.

As part of our inspection we asked for CQC comment cards to be completed by clients prior to our inspection. We received six comment cards which were all positive about the service that had been provided.

Summary of findings

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 customer safety.
- 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.
- There was a clear leadership structure and staff felt supported by management. The clinic proactively sought feedback from staff and customers, which it acted upon.

Notable practice

- The service had a Slavery and Human Trafficking Statement acknowledging its responsibilities. This was part of their induction process and as such, covered when new staff went through the service's Policies and Procedures on their first day.
- All Health Matters had signed the Mindful Employer Charter in 2011. It was founded as a voluntary initiative in 2004 as a way of raising awareness of mental health problems among the working population. All employers can be Mindful, and signatories to the Charter pledge to be so in an open and compassionate way. The organisation offered support and signposting to employers and employees facing the challenges of mental illness.
- The provider used the concept of ELEMENTS which was born in response to requests from occupational health clients for an innovative, engaging initiative to promote health and wellbeing to employees. Based on the four ELEMENTS of the Earth.

Professor Steve Field CBE FRCP FFPH FRCGP Chief
Inspector of General Practice

Castle House

Detailed findings

Background to this inspection

All Health Matters Limited is the registered provider of services carried out at the location Castle House.

We carried out an inspection of Castle House. Regulated activities provided at this location are carried out by nurses and include pre-travel health assessments, travel health advice, anti-malarial medications, travel vaccinations and non-travel vaccinations. The clinic is also a registered yellow fever vaccination centre.

Castle House,
Orchard Close Mews,
Orchard Street,
Canterbury,
CT2 8AP

The travel clinic is an independent private clinic situated in the town centre of Canterbury. The clinic is situated on the ground floor of a purpose built premises; there is direct access from the car park providing easy access for the disabled. Toilet facilities are available on the ground floor.

The clinic is open five days a week Monday to Friday are 9am to 5pm.

The clinic has receptionists and two qualified travel health nurses (female) working variable hours. Clinical support is provided by clinical advisors. The clinic does not offer consultations or treatments to children under the age of 18 years of age.

We carried out an announced comprehensive inspection on 23 October 2018.

The inspection team was led by a CQC inspector and included a GP specialist advisor.

Prior to the inspection we gathered and reviewed information from the provider.

During our visit we:

- Spoke with the registered manager, company occupational health practice manager

and doctors based at the clinic. We also spoke with the receptionists.

- Reviewed six CQC comment cards where clients shared their views and experiences of the service.
- Looked at documents the clinic used to carry out services, including policies and procedures.
- Reviewed clinical records of clients to track their progress through the service.

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

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. 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. Policies were regularly reviewed and were accessible to all staff, locums. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support clients and protect them from neglect and abuse. Staff took steps to protect clients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable)
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The service had a Slavery and Human Trafficking Statement acknowledging its responsibilities under the Modern Slavery Act 2015. It was committed to preventing slavery and human trafficking within its own businesses and in its supply chains. This was part of their induction process and as such, covered when new staff went through the service's Policies and Procedures on their first day.
- There was a system to manage infection prevention and control. There was appropriate guidance and equipment available for the prevention and control of infection.

- The clinic ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. Electrical and clinical equipment had been tested within the past year.

Risks to patients

There were systems to assess, monitor and manage risks to client 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. They knew how to identify and manage clients with severe infections, for example sepsis.
- When reporting on medical emergencies, the guidance for emergency equipment is in the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).
- Oxygen with adult masks was available and signs on the treatment room door indicated which room this was stored. The clinic had access to two community defibrillators.
- The emergency drug adrenaline and chlorphenamine (an antihistamine), used in the event of anaphylaxis (a serious allergic reaction that is rapid in onset and can be fatal if not responded to) was safely stored in each clinic room, as per resuscitation guidelines.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept clients 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.

Are services safe?

- The service had a system in place to retain medical records in line with DHSC guidance.
- 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 emergency medicines and equipment minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protects patient safety.
- As part of the initial health check prior to vaccinations offered, it was determined if the client had recently undergone medical treatment or had a disorder or disease that caused any immunosuppression. If this was determined to be applicable then the service's clinical staff would seek permission to contact the client's GP or consultant.
- Records of consultations were held on the computer system for each client and were accessible to staff when logged in. We saw that computer screens were locked by the user when the room was left unattended.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the clinic minimised risks to customer safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Patient Group Directives (PGDs) were in place for nurses to administer travel vaccinations and medicines in line with legislation. These had been authorised by a doctor or nurse prescriber.

- The practice carried out medicines audits this included a clinical audit for yellow fever.
- Medicines were stored securely and all medicines requiring refrigeration were stored in an appropriate, secure medicine fridge. Temperatures were monitored and recorded in line with national guidelines.

Track record on safety

The service had a good safety record.

- 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.

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 if things went wrong. The service would learn and share lessons, identify themes and take action to improve safety in the service. We were told that there had been no significant events reported.
- The service acted on and learned from external safety events as well as client 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.
- There was a duty of candour policy in place. The provider encouraged a culture of openness and honesty.
- There was a system for receiving and acting on safety alerts. The clinic learned from external safety events as well as client feedback and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as Public Health England and the National Travel Health Network and Centre (NaTHNaC, a body set up to protect the health of British travelers and improve the quality of travel health advice given by GP practices, travel clinics, pharmacies and other healthcare providers, and provide up-to-date and reliable information for the traveler, travel industry and national government).
- We saw no evidence of discrimination when making care and treatment decisions.
- The clinic undertook a detailed assessment of the individual's needs prior to offering vaccinations.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The clinic was a registered yellow fever centre and had submitted online numbers of yellow fever vaccines given, age groups and any adverse events. There had been no adverse events.
- Regular audit and clinical and administrative processes were conducted by All Health Matters management personnel. For example, daily audit of occupational health reports.

Effective staffing

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

- Staff whose role included provision of yellow fever immunisation had the necessary specific training to do so.
- The clinic understood the learning needs of new staff and an induction programme was in place.

- We saw clinical supervision being provided to a new member of staff and were informed that protected time for training was given including support for revalidation.
- The clinic had a system in place to ensure skills; qualifications and training were kept up-to-date and maintained. Staff were sent reminders as to when their next training was due.
- All staff providing clinical services were registered nurses, who had received specialist training in travel health. We saw records and qualifications to confirm this. All nurses were supported to undertake revalidation. Revalidation is the new process that all nurses and midwives in the UK will need to follow to maintain their registration with the Nursing and Midwifery Council (NMC), which allows them to practise.

Coordinating client care and information sharing

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

- Staff worked independently to provide a service. They had systems in place to work together with other health and social care professionals where required, to deliver effective care and treatment.
- Some travel vaccines are available via the NHS. We saw that the clinic always told people when vaccines may be available to them free of charge and recorded that on their record card. Information about medicines or vaccines administered or supplied was made available for clients to give to their GP following completion of a course of treatment.

Supporting clients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- The provider was pro-actively promoting healthier lives for both their clients and staff. We saw that bowls of fresh fruit were in the reception area and administration office for people to take.
- The provider used the concept of ELEMENTS which was born in response to requests from occupational health clients for an innovative, engaging initiative to promote health and wellbeing to employees. Based on the four ELEMENTS of the Earth, the programme fitted neatly into four modules delivered over four days, four weeks or the

Are services effective?

(for example, treatment is effective)

four quarters of the year. Each element subject rolled into the next, connecting strands which highlighted just how the constituent parts of the human body are similarly connected. For example, the water quarter looked at body fluids; what colour is your pee?; what's in your blood? Learn to swim. The provider told us that clients tended to do their own feedback surveys, and the provider would generally provide them with a report of numbers attended etc. Being a variety of health campaigns, the proof of the pudding tended to be anecdotal, reinforced by being invited to repeat them, year after year.

- Risk factors were identified, highlighted to clients and where appropriate, highlighted to their normal care provider for additional support.
- Clinical staff used consultations to provide information on other advice that may be required when travelling. For example, sexual health advice, sun protection advice and personal safety.

- Where clients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

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 patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated clients with kindness, respect and compassion.

- During our inspection we observed that members of staff were courteous and very helpful to clients and treated them with respect and in a professional manner.
- All of the six Care Quality Commission comment cards we received were positive about the service experienced. Clients said they felt the clinic staff were caring, helpful, efficient and put them at ease.

Involvement in decisions about care and treatment

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

- Written and verbal information and advice was given to clients about health treatments available to them.
- Staff told us that should a client wish for them to contact their GP then this would be carried out.

- The clinic had clear price lists in each clinic room and available in the waiting area. Staff told us that clients were informed which treatments could be accessed via the NHS at no cost.

The clinic provided facilities to help clients be involved in decisions about their care:

- Staff told us that the number of none English speaking clients was low but that translation services could be arranged should they be required.
- Information leaflets were available to customers.

Privacy and Dignity

The service respected clients' privacy and dignity.

- Clinic room doors were closed during consultations and vaccinations; conversations taking place in these rooms could not be overheard.
- CQC comment cards supported the view that the service treated customers with respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The clinic organised and delivered services to meet customers' needs.

- The facilities and premises were appropriate for the services delivered. Two clinic rooms were available for use, a waiting room area and public toilet facilities were accessible.
- Information about the services provided and the skills and expertise of the clinicians was available on the clinic website. Written client information leaflets about the range of procedures available were provided.
- The service provided care for adults as required.
- The clinic was a registered yellow fever centre and complied with the code of practice. All staff had attended training for the administration of yellow fever.

Timely access to the service

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

- The clinic was open five days a week; Monday and Friday 9am to 5pm.
- Clients had timely access to initial assessment, test results, diagnosis and treatment.

Listening and learning from concerns and complaints

- We saw the provider had a leaflet available in the waiting area informing customers how to complain. The leaflet included contact details of who to contact should a customer be unhappy with the action taken by the provider. Information about how to make a complaint was also available online via the provider's website.
- No complaints had been received by the clinic in the past.

Are services well-led?

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

Our findings

Leadership capacity and capability;

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

- The provider and nursing team had the experience, capacity and skills to deliver the clinic strategy and address risks to it.
- Staff were knowledgeable about issues and priorities relating to the quality and future of services offered. For example, staff were aware of national vaccine shortages and what action to take regarding this.
- Staff explained that the provider was supportive, visible, approachable and supported staff development.
- The provider had effective processes for planning the future of the clinic.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- 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 had a clear vision to provide a high quality service that put caring and client safety at its heart. The provider had a realistic strategy and supporting business plans to achieve priorities.

Culture

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

- Staff told us that they felt respected and supported.

- 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 we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- 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 clinic team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. For example, All Health Matters had signed the Mindful Employer Charter in 2011. It was founded as a voluntary initiative in 2004 as a way of raising awareness of mental health problems among the working population. All employers can be, and signatories to the Charter pledge to be so in an open and compassionate way. The organisation offered support and signposting to employers and employees facing the challenges of mental illness.
- The clinic actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and the provider.

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.

Are services well-led?

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

- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, 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 patients. There was clear evidence of action to change services to improve quality.
- 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.

- The clinic used information technology systems to monitor and improve the quality of care.
- Client records were securely stored on the information technology system only accessible via staff log-in.
- There were appropriate arrangements for identifying, recording and managing risks through clinic meetings.
- The clinic had a business continuity plan for major incidents such as power failure, building damage, IT failure. The plan included emergency contact numbers for staff.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.

- The 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.

Engagement with patients, the public, staff and external partners

The clinic involved client and staff to support high-quality sustainable services.

- Client and staff views and concerns were encouraged.
- The service encouraged and valued feedback from clients and staff. It proactively sought feedback from clients through their website and also locally at the clinic by filling out feedback forms.
- We saw that there had been several away days in the last year and topics included customer relationship and positive experiences, travel vaccine in occupational health and knowledge share on the technology used by the provider.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

There were systems to support improvement and innovation work. For example, recently, training for occupational health technicians had been unobtainable from universities. The provider told us that they were working closely in collaboration with other clinicians to create an accredited framework of technician training for the future.