

# City

## Inspection report

Lower Ground Floor  
65 London Wall  
London  
EC2M 5TU  
Tel: 02088881405  
www.nomadtravel.co.uk

Date of inspection visit: 21 July 2021  
Date of publication: 03/09/2021

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

Requires Improvement



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?

Requires Improvement



# Overall summary

**This service is rated as Requires improvement overall.** (Previous inspection March 2019 – unrated).

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? – Requires improvement

We carried out an announced comprehensive inspection at City both as part of our inspection programme to rate all providers of independent health services and because the provider was found to be in breach of regulation at our previous inspection undertaken on 12 March 2019.

At our previous inspection in March 2019 we identified the following concerns:

- The provider had not undertaken a comprehensive infection prevention and control audit.
- The provider had not risk assessed on how they would manage patients with severe infections, for example sepsis.
- The provider did not have a defibrillator and emergency medicines to deal with a range of medical emergencies.
- The provider did not have a clear system in place to manage referrals.
- The medicines management policy was not clear about the scope of medicines that could be prescribed by the doctors.
- The provider did not have a clear system in place for authorisation of patient specific directions for administering unlicensed vaccines.
- The provider did not ensure that doctors were up to date with evidence-based guidance.
- The provider had not risk assessed the treatments they offered.
- The provider did not undertake any clinical audits.
- The provider did not ensure staff complete training relevant to their role.

As a result of these concerns we issued requirement notices in respect of breaches of regulation 12 (safe care and treatment) and regulation 17 (good governance).

The service provides comprehensive travel health services in addition to other services which are out of scope of CQC regulation. For instance, the service offers covid 19 testing including fitness to fly, test to release and two- and eight-day testing for arrivals to the UK. The service also has an on-site pharmacy which is also not covered by CQC regulation.

Frances Rea is the CQC registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

**Our key findings were:**

# Overall summary

- The provider had taken action to assess and mitigate risks associated with infection control. One member of staff we spoke with did not know the lead for infection control audit.
- The service had guidance available to staff for responding to infections including sepsis and some staff had completed sepsis training.
- The provider did not have all recommended emergency medicines. The service had undertaken a generalised risk assessment regarding the need for emergency medicines generally but there had not been consideration of the need for individual medicines. Records we reviewed showed that the provider was providing treatment in line with relevant guidelines though we found that their screening assessment template did not prompt clinicians to fully record their assessment.
- The provider had a system in place to monitor referrals to other services although they told us they had not undertaken any referrals in the past 12 months.
- There was still a lack of clarity in the provider's medicines management policy regarding the medicines that could be prescribed. However, a revised policy was submitted after our inspection.
- The service now had access to translation services but no hearing loop for those who had impaired hearing.
- The provider had not prescribed any medicine off license since March 2021.
- Clinical staff had undertaken appropriate clinical updates.
- The provider had completed a quality improvement activity but had not undertaken a clinical audit and had stopped collecting feedback from patients via comment cards and client surveys; though we were told that the service reviewed feedback provided on the internet and that verbal feedback provided by patients was positive

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- Have all staff complete training on information governance and sepsis.
- Make all staff aware of the lead for infection control.
- Undertake two cycle clinical audits.
- Consider using a hearing loop to support those patients with hearing difficulties.
- Review safety risks in the service's storage room.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector with support from a GP specialist advisor.

## Background to City

City Travel Clinic operates at 65 London Wall, London EC2M 5TU. The provider is registered with the Care Quality Commission to provide the regulated activities diagnostic and screening procedures, transport services, triage and medical advice provided remotely and treatment of disease, disorder or injury. The service provides medical services for adults and children. The service website can be accessed through the following link: [www.nomadtravel.co.uk](http://www.nomadtravel.co.uk)

The provider offers travel health services including pre travel screening, vaccinations, medicines and advice on travel related issues to both adults and children travelling for business or leisure. The service also provides post travel support and referred clients to a third party for psychological; particularly to those who have travelled to areas of conflict. The service is a designated yellow fever vaccination centre and provides screening services for medical clearance and post-travel consultations. Most services are available to fee-paying clients although some services offered are specific to clients who work for non-governmental organisations who hold an account with the organisation. Services are available to people on a pre-booked appointment basis Monday to Friday between 9:30am and 5pm. Prior to the pandemic the provider informed us that they saw between 200 to 500 clients a month. This had reduced significantly as a result of the pandemic; including a period of closure between March and June 2020. The service told us that they now saw approximately 30 people per week at this location for travel health.

The City location operates in the lower-ground floor of a converted premises and is accessible for service users who have mobility problems and wheelchair users.

The clinic has a reception and waiting area and three consulting rooms.

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

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## **We rated safe as Requires improvement because:**

Although the provider had addressed some of the concerns following our last inspection (including those related to the management of patient safety alerts and referrals) we still found a number of concerns including:

- Defibrillator checks had not been completed monthly in line with the service's procedure; though this issue had been identified the month of our inspection and action had been taken to address this.
- The risk assessment for emergency medicines did not adequately consider the need for each recommended medicine.
- The service's medicines management policy was not sufficiently specific.
- Templates used to record screening information meant that assessments were not adequately documented.

However, the provider took action to address most of these concerns shortly after our inspection.

## **Safety systems and processes**

### **The service had systems to keep people safe and safeguarded from abuse in most areas.**

- The provider conducted safety risk assessments and had good oversight of the assessments completed by the management of the building the service was located in. Though most risk assessments were appropriate and risks had been acted upon we found that the provider's storage room was cluttered with combustible items and had a heater next to some combustible items which could have posed a possible fire risk; although we were told that the heater was never turned on.
- The service had appropriate safety policies, which were regularly reviewed and communicated to staff including agency or locum staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- At our last inspection we found that the service did not have systems in place to assure that an adult accompanying a child had parental authority. At this inspection we were told that parents/guardians had to provide a copy of the child's red vaccination book and this could be verified by checking this against the parent's/guardian's identification.
- The service would work with other agencies to support clients and protect them from neglect and abuse. Staff would take 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.
- At our last inspection we found that the service had not undertaken a comprehensive infection prevention and control audit and had only completed monthly auditing. At this inspection we saw again that the provider had undertaken monthly audits of infection control risks. These were detailed and an annual review was undertaken to check that monthly auditing was being done at each of the provider's locations to a satisfactory standard. We also saw that the service conducted six monthly hand hygiene audits. The provider told us that in response to the covid 19 pandemic they had removed any unnecessary items, risk assessed each area of the premises and set cleaning requirements in line with how frequently certain areas are touched. They had also introduced extended appointments to allow for cleaning between clients and a daily task sheet included cleaning checks. One member of staff we spoke with did not know the identity of the service's infection control lead.

# Are services safe?

- 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 patients

### **Some systems to assess, monitor and manage risks to patient safety were insufficient in some areas.**

- There were arrangements for planning and monitoring the number and mix of staff needed. The provider told us that they had found recruitment and retention difficult in the last 12 months; particularly as a result of issues associated with the pandemic. The provider had created a shared electronic database to enable staff working remotely to have oversight of risk.
- There was an effective induction system for agency staff tailored to their role.
- At our last inspection we found that the service had not risk assessed on how they would manage clients with severe infections, including sepsis. At this inspection we again found that sepsis was not specifically outlined in the service's doctor's manual. However, we did find posters around the service with guidance on how to manage clients who presented with the symptoms of sepsis. Clinical staff whose training records we reviewed had received sepsis training but nonclinical staff whose records we reviewed had not completed this. The provider submitted an updated version of their doctor's manual which provided specific details on how to manage a client who presented with the symptoms of sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place through a group medical indemnity scheme.
- At our last inspection we found that the provider did not have a defibrillator, did not have all recommended emergency medicines and had not appropriately risk assessed the need for either of these items. At this inspection we found that the service had purchased a defibrillator. We were told that this should have been checked monthly but saw a number of months where checks had not been completed. The provider told us that they were aware of this and showed us that checks, having previously been done in a hard-written document, were now done electronically and stored centrally so that checking could be monitored at head office. The service had a supply of adrenaline on site and had undertaken a risk assessment for the recommended medicines that were not present. However, the risk assessment was generalised and had not considered the individual risks that the recommended medicines would help to treat. Following our inspection, the provider updated their emergency medicines risk assessment, considering the need for each of the recommended emergency medicines, and added seven additional medicines to their emergency medicines storage.

## Information to deliver safe care and treatment

### **Templates used by the clinical screening team did not ensure that all relevant information was recorded.**

- Individual care records were mostly written and managed in a way that kept clients safe. However, we found that the providers screening form included a checklist that did not prompt clinicians to detail key aspects of clinical assessments.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. At our last inspection we found that the service did not have an effective system to monitor referrals. At this inspection we saw there was now a system in place to monitor referrals. However, the provider told us that no referrals had been made in the last 12 months.
- 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.

# Are services safe?

## Safe and appropriate use of medicines

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

- The systems and arrangements for overseeing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use. However, the provider's medicines management policy lacked detail around what medicines staff at the service could and could not prescribe. This was a concern at our last inspection. The provider submitted an updated policy after our inspection which restricted prescribing exclusively to medicines relevant to travel health.
- At our last inspection we found that the service was not undertaking regular prescribing audits. At this inspection we saw that the provider had completed a review related to the prescribing of one medicine as well as reviews of individual clinical consultations which also assessed the appropriateness of prescribing.
- At our previous inspection we found that the service did not have a system in place for authorising patient specific directions for medicines that were prescribed off license. The provider told us that they had not prescribed off license medicines since March 2021 and we found that staff prescribed, administered or supplied medicines to clients 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.

## Track record on safety and incidents

### The service had a good safety record in most areas.

- There were comprehensive risk assessments in relation to safety issues and had good oversight of risks monitored and managed by third parties. However, we found some risks associated with fire that had not been adequately mitigated including the management of combustible materials in the service's storage room.
- 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, the provider had difficulties around recruitment which had impacted on the ability to have oversight of certain risks. As a result, the provider had mitigated this by moving the oversight of risk to an online centralised system that allowed for oversight across the organisation.

## 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, the provider told of us incidents where covid 19 tests were sent to a laboratory without the required documentation. In response the provider developed a step by step process for staff to follow to ensure that tests were sent with the relevant supporting documents.
- 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 there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology

# Are services safe?

- They kept written records of verbal interactions as well as written correspondence.
- At our last inspection we found that the provider did not have effective systems in place to ensure that action was taken in response to patient safety alerts. At this inspection we saw that an appropriate system had been put in place.



# Are services effective?

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

- Most staff had received all the relevant training including clinical updates and mandatory training
- The service had undertaken some quality improvement activity.
- The service provided appropriate travel health care and treatment and supported patient's health while abroad and after they returned to the UK.

## **Effective needs assessment, care and treatment**

### **The provider had systems to keep clinicians up to date with current evidence-based practice.**

- Some clients' initial travel health needs were assessed by a doctor, others would have a full assessment and treatment delivered by a nurse. However, the form used by doctors at the service to undertake an initial assessment of clients did not prompt clinicians to fully detail initial assessments. Travel health clinics were predominantly run by nursing staff who provided medicines, vaccinations and travel health advice. Mental health support and trauma counselling could be provided by the service through a third party for those who had travelled to areas of conflict. Aside from the limitation of the screening form we found that the eight records we reviewed indicated that the service was providing care and treatment in line with guidance.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised clients what to do if they became unwell whilst travelling and provided bespoke travel health advice to service users. The service also created bespoke travel health kits to ensure that travellers had access to necessary medicines when they were abroad.

## **Monitoring care and treatment**

### **The service had undertaken some quality improvement activity.**

- At our last inspection we found that the service was reviewing clinical consultations and clinical records to ensure that they reflected current guidance and best practice. At this inspection we saw that the service was continuing with periodic reviews of care and treatment. Additionally, the provider had completed a review related to the prescribing of post exposure prophylaxis; a medication given to clients who may have been exposed to HIV. As part of the review the service had reviewed prescriptions given to clients who were breast feeding and taking contraindicated medicines and developed recommendations of how to manage these clients in the future.

## **Effective staffing**

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff, and we reviewed examples of inductions schedules that were in progress for newly recruited staff.
- Relevant professionals were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- There was a doctor's manual which included guidance around conducting pre-screening assessments and how to respond to certain travel related illnesses.
- The provider understood the learning needs of staff and provided protected time and training to meet them. At our last inspection we found that some staff had not completed either Mental Capacity Act or role specific infection control

# Are services effective?

training. At this inspection we found that most staff had up to date records of skills, qualifications and training although we reviewed the file of one nonclinical staff member who had not completed information governance training though they had completed GDPR training which covered aspects of information governance. Information governance training was completed shortly after inspection.

- Staff were encouraged and given opportunities to develop.
- Staff who provided immunisations had received specific training.

## Coordinating patient care and information sharing

**Staff worked together, and told us they worked well with other organisations, to deliver effective care and treatment.**

- clients received coordinated and person-centred care and information was shared with the patient's GP where necessary or where consent had been provided.
- Before providing treatment, doctors at the service told us they ensured they had adequate knowledge of the patient's health; though we saw the initial screening form did not allow for examinations to be fully documented.
- All clients 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.
- At our last inspection we saw that the provider had not identified medicines that were not suitable for prescribing if the client 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. Again, at this inspection we found that the service's medicines management policy lacked specificity in this regard. The provider submitted a revised medicines management policy and now only prescribed medicines relevant to travel health that were unlikely to require a patient's GP to be informed without client consent.
- Care and treatment for clients in vulnerable circumstances was coordinated with other services. For example, post travel trauma counselling was offered through a third party for those who were travelling to high risk parts of the world.
- At our last inspection we found that there were limited arrangements in place for following up on people who have been referred to other services. At this inspection we saw that a system had been put in place to ensure that referrals were appropriately followed up although we were told that there had been no referrals in the last 12 months.
- The service monitored the process for seeking consent appropriately.

## Supporting patients to live healthier lives

**Staff were consistent and proactive in empowering patients and supporting them to manage their own health while travelling.**

- Where appropriate, staff gave people advice so they could self-care. For example, the service provided a range of medicines in a pack that clients could require whilst travelling. This was to mitigate the risk of patient's being overcharged or being given incorrect medicines while abroad. The service directed clients to only take these medicines under the direction of a local physician.

## 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.

# Are services effective?

- Staff supported clients 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:**

Although the provider had suspended their client survey and comment cards mechanisms during the pandemic; information that was available at the time of the inspection did not indicate that treatment provided was not caring, compassionate, respectful and ensured that dignity of service users was maintained. The provider also told us that feedback provided verbally was positive.

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

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

- The service told us that prior to the pandemic they obtained feedback from clients' comment cards but had suspended this due to possible risks related to infection prevention and control. The provider told us that they planned to obtain feedback using an electronic survey in the future. Staff at the practice told us that clients reported being happy with the quality of care provided. Reviews on various external websites were largely positive about the quality of clinical care given by the provider.
- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all clients.
- The service gave clients timely support and information.

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

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

- At our last inspection the provider did not have interpretation services available for clients who did not have English as a first language. We saw that the service now had a contract with a telephone translation service, and this could be requested and arranged at the initial screening consultation.
- Reviews of various websites were either positive or did not mention the service involving them with decisions around care and treatment.
- The service did not have a hearing loop but informed us that they intended to purchase one. In the interim they would communicate with clients who were hard of hearing by keeping sufficient distance and temporarily removing their face covering to enable the client to lip read or communicating with the client in writing.

### **Privacy and Dignity**

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

- At our last inspection we found that the provider did not have curtains in consulting rooms for client privacy. At this inspection we saw that the provider had purchased movable screens which could be moved into rooms when required.
- Staff knew that if clients 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:

Feedback available from third parties indicated that there was no difficulty accessing care and treatment, the provider told us that they were able to meet current demand and there were systems to respond to and learn from complaints.

## Responding to and meeting people's needs

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

- The service told us that various factors including the pandemic had impacted on the provider's ability to retain and recruit staff. However, demand for regulated services had declined as a result of covid 19 travel restrictions and the current staffing levels enabled the provider to provide a service that met demand. The provider told us of steps they had adopted to try and recruit additional staff.
- The premises were on the lower ground floor which was accessible to clients with mobility problems and wheelchair users and there were appropriate toilet facilities for those who had mobility difficulties.
- The service now offered translation services for those who had difficulty speaking English.
- The clinic did not have a hearing loop to support clients with hearing impairments.
- The clients had access to information leaflets in other languages including Arabic, French, Spanish and Somali on topics such as female genital mutilation, Japanese encephalitis, hand washing and food hygiene. The provider informed us that they had produced information leaflets for clients going to Hajj and Umrah.
- The service was a designated yellow fever vaccination centre; clients could receive all their required vaccinations from the same service.

## Timely access to the service

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

- clients had timely access to care and treatment. The service was open between 9:30am and 6pm Monday to Friday and closed on the weekend. Opening hours were displayed on the service website.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service also informed clients about vaccines that could be obtained free from the NHS.
- None of the external client feedback reviewed indicated clients had problems accessing care and treatment.

## Listening and learning from concerns and complaints

### **The service had not received any complaints in the last 12 months but had appropriate policies and procedures in places to respond and learn from complaints.**

- Information about how to make a complaint or raise concerns was available. Staff treated clients who made complaints compassionately.
- The service informed clients 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 a complaint in the last 12 months.

# Are services well-led?

## **We rated well-led as Requires improvement because:**

We found areas where additional work was required to strengthen governance and management in relation to risk and safety. The provider had told us that staffing recruitment and retention difficulties had contributed to this issue but that plans were in place to ensure better oversight and increase recruitment and retention. We also found that the service had no formalised system in place to obtain feedback from clients via a survey and comment cards regarding the quality of care provided; though the provider told us that all verbal feedback given by clients was positive.

### **Leadership capacity and capability;**

**Leaders had the capacity and skills to deliver high-quality, sustainable care; however, there were some issues that were identified at our last inspection that had not been addressed.**

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges, for example those that had arisen as a result of the covid 19 pandemic, were addressing them and had altered their business model to ensure that their business remained viable while demand for traditional travel medicine had reduced. However, we did find a number of areas, for instance in respect of the management of emergencies and medicines, which had not been adequately addressed following our last inspection.
- 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.

### **Vision and strategy**

**The service had a clear vision and credible strategy.**

- At our last inspection we found that the provider had a clear vision and set of values but no supporting business plan. At this inspection we saw that the provider had developed comprehensive business plans to support the overarching strategy of becoming the leader in travel and tropical health delivering the highest standards of care through use of innovation. Business plans analysed possible areas for development using existing strengths and developed strategies to address possible threats.
- 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 through regular business meetings.

### **Culture**

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

- Staff we spoke with reported feeling happy, supported and valued at work.
- The service focused on the needs of clients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. 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 needed. This included regular one to ones and career development conversations. All staff had monthly one to ones which functioned like a continual appraisal. Staff were supported to meet the requirements of professional revalidation where necessary. Staff 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 provider had taken action to be more competitive and attract and retain staff to address shortages stemming from changes arising from the pandemic.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality and no staff reported feeling discriminated against by staff working at the service.
- 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 in most areas. However, we found a number of areas where governance and oversight could have been strengthened including areas where concerns were raised at our last inspection. Action was taken to address most of these issues shortly following this assessment.**

- We reviewed a number of policies and supporting processes and found that in most respects they worked effectively to ensure that the service ran smoothly. However, the services medicines policy did not adequately specify what medicines could and could not be prescribed by the service. The provider submitted an updated version of their medicines management policy which restricted prescribing to those medicines associated with travel health following our inspection. The service's defibrillator was not having regular monthly checks; though provider had taken action to address this the month of our inspection.
- The service had centralised and digitised some areas of governance to ensure centralised oversight.
- Staff were clear on their roles and accountabilities in most areas. However, one member of staff did not know the identity of the service's infection control lead.

## Managing risks, issues and performance

**Some processes related to the management of risk and performance required improvement.**

- There was an effective, process to identify, understand, monitor and address current and most risks including risks to client safety. However, the arrangement to enable the service to respond in a medical emergency had not been appropriately considered and consistently monitored.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audits of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- The review of prescribing of a specific medicine resulted in learning which would positively impact on outcomes for clients. There was still limited evidence of clinical audit although the provider's capacity to undertake clinical audits had been limited by the impact to service cause by the pandemic.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

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

- Quality and operational information was used to ensure and improve performance.

# Are services well-led?

- 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 client identifiable data, records and data management systems.

## Engagement with patients, staff and external partners

**The service had stopped asking clients to complete comment cards during the pandemic which meant there was little evidence of engagement with clients. Staff said they felt involved in the running of the service.**

- The service had stopped obtaining written client feedback during the pandemic but told us that they would respond and act on client feedback where appropriate and that verbally client feedback had been positive.
- The service had a tool which aligned to regulatory compliance requirements. This was used as a basis for improving quality and managing risk.
- Staff said they felt able to provide feedback where necessary and were given the opportunity to do so during staff meetings and regular one to ones.

## Continuous improvement and innovation

**There was evidence of systems and processes for learning, continuous improvement and innovation. However, some concerns identified at our previous inspection had not been adequately addressed.**

- The service had changed their offering in response to reduced demand for traditional travel health services.
- The service offered post travel trauma counselling to clients through a third party who had visited areas of conflict.
- The service had used learning from incidents to make improvements to the service offered.

Although the provider had taken action to address some of the concerns raised in our previous inspection report, like concerns associated with the management of patient safety alerts and infection control, there were a number of issues that had not been adequately addressed including those associated with governance around medicines management and systems for responding to medical emergencies.



This section is primarily information for the provider

## 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

Diagnostic and screening procedures  
Transport services, triage and medical advice provided remotely  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The medicines management policy was not clear about the scope of medicines that could be prescribed by the doctors at the service.**

**The provider did not have an appropriate supply of emergency medicines necessary to deal with a range of medical emergencies and the service defibrillator was not being consistently checked.**

#### Regulated activity

Diagnostic and screening procedures  
Transport services, triage and medical advice provided remotely  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**Records were not complete as the pre-screening assessment form did not allow for full documenting of examinations.**

**There was no formalised system in place to collect and act on feedback from clients and using to make improvements to the service.**