

TMB Trading Limited Manchester

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 4 September 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 not providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this service was providing safe 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.

The service is a private travel clinic located in Manchester.

Our key findings were:

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- The service had systems to safeguard children and vulnerable adults from abuse.
- The service had arrangements to ensure that facilities and equipment were safe and in good working order. However, the staff and patient toilet area was unhygienic and in a poor state of disrepair.
- The provider carried out recruitment checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. We found however, that Disclosure and Barring Service (DBS) checks were not undertaken where required for all staff members prior to employment.
- Overall, the provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. However, calibration of equipment such as blood pressure monitoring equipment had not been completed.

Summary of findings

- The service routinely reviewed the effectiveness and appropriateness of the care provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- Staff worked well together as a team, knew their patients well and all felt supported to carry out their roles.

- The provider was aware of the requirements of the duty of candour. Examples of how they had responded to events showed the practice complied with these requirements.
- The service sought feedback from patients.
- There was a strong focus on continuous learning and improvement.

We identified regulations that were not being met and the provider must:

- Ensure all premises and equipment used by the service provider are fit for use.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

You can see full details of the regulations not being met at the end of this report.

Manchester

Detailed findings

Background to this inspection

The service is a private travel clinic located in the city centre of Manchester. The service is a location for the provider TMB Trading Limited who has owned Nomad travel stores and clinics since June 2016. TMB Trading Limited manages nine travel clinics across England and Wales.

The service provides travel health advice and consultations, travel and non-travel vaccines, blood tests for antibody screening and travel medicines such as anti-malarial medicines to children and adults. The service also holds a licence to administer yellow fever vaccines.

The service operates on a Monday, Wednesday, Friday from 9.15am to 5.30pm and Tuesday and Thursday from 11am to 7.15pm. The service employs six nurses and store staff members (administrative staff). The Call Centre is based in Manchester and operates 8am to 8pm Monday to Saturday.

The service is registered with the CQC to provide the following regulated activities: diagnostic and screening procedures; transport services and treatment of disease, disorder or injury.

The lead nurse at the service is also the registered manager. A registered manager is a person who is registered with the CQC 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. At the time of inspection, the registered manager was on leave but she attended the clinic during our visit to assist the inspection process. We carried out this inspection as a part of our comprehensive inspection programme of independent health providers.

Our inspection team was led by a CQC lead inspector, who was supported by a Practice Nurse specialist advisor. The inspection was carried out on 4 September 2018. Prior to the visit, we received some information from the registered manager (and lead nurse). During the visit we:

- Spoke with the nominated individual, who is also the clinical operations manager and works as a nurse in the clinic (a nominated individual is a person who is registered with the CQC to supervise the management of the regulated activities and for ensuring the quality of the services provided).
- Spoke with the nurses on duty and the store manager for the service.
- Reviewed a sample of patient care and treatment records.
- Reviewed comment cards in which patients shared their views and experiences of the service.

We asked for CQC comment cards to be completed by patients prior to the inspection. We received 82 comment cards which were all positive about the standard of care received.

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?

Our findings

Safety systems and processes

We found that this service was not providing safe services for all areas related to safe systems and processes, in accordance with the relevant regulations.

The provider had some systems to keep patients safe and safeguarded from abuse.

- The premises were not owned by the provider, a lease arrangement was in place. The premises were suitable for the service provided however, some areas required improvement. The service had service specific policies that staff had access to. The building displayed a health and safety poster with contact details of health and safety representatives that staff could contact if they had any concerns. Health and safety risk assessments for the premises, materials and equipment had been carried out, such as COSHH risk assessments. A Legionella risk assessment had been undertaken. There was a fire risk assessment and details of fire checks and training completed for staff. The premises had fire extinguishers available but these were not secured to the wall or mounted. There was a business continuity plan in place that was available to all staff.
- Overall, the provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. However, on the day of inspection we noted that equipment that required calibration such as blood pressure monitoring equipment and patient scales had not been calibrated. We undertook a tour of the building and found that while most of the areas accessible to the public were clean and well maintained the staff toilet which was used also by patients occasionally was unclean and in a poor state of repair. We discussed this with the team at the inspection and found the toilet was maintained as part of a lease agreement with the building owner. We found that meetings had taken place with the building owner and landlord to discuss the poor state of the area and the risks involved but at the time of inspection no actions had been taken. Following inspection we were sent information to show that an urgent meeting had taken place the day after the inspection and proposals were made to improve and repair these facilities.
- The service maintained appropriate standards of cleanliness and hygiene across all of the store and in each of the consultation rooms; however, the toilet area also included infection control risks for staff and patients. We were told that staff including nurses undertook all of the cleaning schedules in the store as a cleaning contract was not in place. There were cleaning schedules and monitoring systems in place. There were infection prevention and control policies and protocols and staff had received training in infection control. Infection prevention and control audits were regularly undertaken however, an annual infection control audit of the full infection control risks and arrangements was not completed. Clinical waste was appropriately stored and disposed of.
- The provider carried out recruitment checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. 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). Staff who acted as chaperones were trained for the role and had received a DBS check. However, on the day of inspection we found that one member of nursing staff did not have a completed DBS check and was working unsupervised. Immediate actions were taken by the provider in response to the concerns we raised and confirmation was received that soon after the inspection the staff members DBS had been received by the provider.
- All staff received induction training and regular refresher training for health and safety, infection control and safeguarding relevant to their role.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff had received annual basic life support training.
- The clinic had an oxygen cylinder with adult and children's masks and there was also a first aid kit available.

Are services safe?

- The provider had carried out a risk assessment for how the service would manage a medical emergency without a defibrillator.
- Professional indemnity arrangements were in place for all nurses.

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 patients safe. The care records we saw showed that information collated, such as if a patient had any allergies or a record of the medicines used for treatments was completed.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- We saw records of the medicines that had been administered. These records included appropriate details; for example, the brand name, batch number, expiry date and staff initials.
- Allergies/ adverse drug reactions were recorded, and there was evidence of reporting through the MHRA Yellow Card Reporting Scheme.
- The appropriate length of treatment was recorded (for example; Hepatitis B and the recording of three doses administered)

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines. Medicines on the premises were stored securely, in line with legal requirements and manufacturers' instructions, and there was a clear audit trail for ordering, receipt and disposal. We found;

- There were appropriate protocols in place for ensuring the receipt, storage and handling of vaccines, in accordance with Public Health England and Green Book guidance.
- The provider had systems in place to ensure safety when vaccines were being transported prior to delivery or when off site treatments were given.
- Vaccines were appropriately secured in fridges and stored in the premises, in line with national guidance.
- Medicines not requiring refrigeration were secured in the consultation rooms and stored in line with national guidance.

- There were appropriate audit trails of fridge temperatures. We discussed with staff the actions taken when a temperature fell outside of the correct range and were satisfied that appropriate actions would be taken.
- Appropriate emergency medicines were available and in date. For example, for anaphylaxis after vaccine administration.
- Medicines and sharps were disposed of in a sharps box and there were appropriate arrangements for their collection.
- Medicines information resources were available to clinicians and they were appropriate and up to date (for example, the BNF, Green Book, SPCs, NaTHNaC or TRAVAX).
- The travel risk assessment used by nurses and management of the patient was in line with best practice (e.g. Appendix 2 of the RCN Travel Health Nursing).

The nurses used Patient Group Directions (PGDs) to administer vaccines in line with legal requirements; PGDs had been produced in line with legal requirements and national guidance. We saw evidence that nurses had received appropriate training and were assessed as competent to administer the medicines. We found the PGDs were authorised by a GP and lead pharmacist and they were reviewed every two years.

The service provided intradermal Rabies vaccines to patients. For the rabies vaccine, the intradermal route is not licensed by the manufacturer. Therefore, informed consent was obtained for patients via the intradermal route and it was administered by those experienced in the intradermal technique. The World Health Organisation and Public Health England recommend intradermal Rabies as a form of treatment for those possibly exposed to Rabies. The service provides patients with an information leaflets before administering the vaccine, which explain clearly what the method of administration involves and information about it being an un-licensed method of administration.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

Are services safe?

- 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

Staff learned and made improvements when things went wrong.

- The provider was aware of and complied with the requirements of the Duty of Candour, we saw an example of this in a complaint response letter. The provider encouraged a culture of openness and honesty. The service had systems in place for managing notifiable safety incidents.
- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong.
- There was a system for receiving and acting on safety alerts. The service learned from safety events across the organisation as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

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

The provider had systems to keep clinicians up to date with current evidence-based practice. Nurses assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clinical pathways and protocols.

- Patients' general and travel needs were fully assessed. The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group.
- The service had systems to keep all clinical staff up to date. We saw that nurses used NaTHNaC, Travax and the Green Book (the Green Book is a publicly available document on the principles, practices and procedures of immunisation in the UK produced by the Department of Health) to inform their assessments of patients. Arrangements were in place for nurses to have on-call support from the medical team during open hours.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Monitoring care and treatment

The service monitored that guidelines were followed through audits and random sample checks of patient records. This included reviewing the storage and administration of patient interview and assessment forms, which included the recording of consent to treatment when required. Audits were completed to ensure Patient Group Directives (PGDs) were up to date and followed, along with audits of yellow fever certificates, emergency drugs and infection control checks.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, the nurses undertook specific training to administer travel vaccines and give up to date advice to patients.

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff were provided with ongoing support. This included an induction process, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

When a patient contacted the service, they were asked if the details of their consultation could be shared with their registered GP. If patients agreed we were told that a letter was sent to their registered GP in line with GMC guidance detailing the vaccinations they had received. Patients received coordinated and person-centred care.

Supporting patients to live healthier lives

Staff were proactive in helping patients to live healthier lives whilst travelling. Nurses provided patients with advice and information leaflets about how to prevent travel related illnesses,

which included diarrhoea, altitude sickness, food and water hygiene, and insect bite protection.

Consent to care and treatment

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

- Written policies were in place.
- Nurses understood the requirements of legislation and guidance when considering consent and decision making.
- Nurses supported patients to make decisions. Patient feedback reported that sufficient time was given by nurses to fully explain what travel vaccines were needed and the possible side effects of this. Where appropriate, nurses recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services effective?

(for example, treatment is effective)

- Staff we spoke with ensured that patients understood what was involved in the procedures for their treatment.

Are services caring?

Our findings

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

Kindness, respect and compassion

We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. All the feedback we saw was positive about the service experienced. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We made patient comment cards available at the service prior to our inspection visit. All of the 82 comment cards we received were positive and complimentary about the caring nature of the service provided. We spoke with two patients during the inspection and their feedback aligned with the patient views expressed in the comments cards.

Involvement in decisions about care and treatment

Patients had access to information about the clinicians working for the service. Staff helped patients be involved in decisions about their care and discussions took place with patients at the point of referral and throughout their treatments to support them to make the right decisions about care and treatment.

Privacy and Dignity

- There were three treatment rooms and we observed that these room doors were closed during consultations.
- The service complied with the Data Protection Act 1998.
- Staff had signed non-disclosure confidentiality agreements.
- On entry to the service the patients were greeted by a reception staff member and directed to the lower ground floor where the treatment rooms were available.
- Patient information and records were held securely and were not visible to other patients in the reception area.
- Public or private notes could be written on patients' care records, to ensure that only those staff members who needed to see sensitive information (such as patients' current medicines or health conditions) would have access to this.
- Positive feedback was seen for how staff treated patients in the provider's patient survey from January 2018.
- Care Quality Commission comment cards we received were very positive about the service experienced. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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. We found that;

- Verbal and written information was provided to patients. For example, vaccination records, patient information leaflets and travel advice.
- If medicines were administered outside of their licence (e.g. later than the recommended interval), then the nurses made the patient aware of this and gained valid consent.
- The nurses gave patients information about how to report suspected adverse events/ side-effects. For example, through the MHRA Yellow Card Scheme.
- Patients reported to us that fees were clearly documented and explained and nurses we spoke with assured us they always provide advice about which treatments are available on the NHS if this is requested by the patient.
- We were told that at the time of booking, if patients told the administrator that they had complex needs and required more time this would be arranged.
- The service made reasonable adjustments when patients found it hard to access the service. We found that the entrance to the service had a small step and consultation rooms were on the lower ground floor making the areas inaccessible for disabled patients. We were told that help would be provided by staff at the front door and if needed the reception area would be closed with a privacy screen added to ensure disabled patients could receive their travel advice and vaccines in

privacy. The store manager confirmed that a disability access audit had not been completed for the building however, these arrangements had been put into place to support disabled patients to travel safely and with the required vaccination cover.

- Translation services were available if required.

Timely access to the service

Patients could access care and treatment from the service within an acceptable timescale for their needs.

- The service operates on a Monday, Wednesday, Friday from 9.15am to 5.30pm and Tuesday and Thursday from 11am to 7.15pm. The service employs six nurses and store staff members (administrative staff). The Call Centre is based in Manchester and operates 8am to 8pm Monday to Saturday.
- Patients comments cards stated the
- Staff told us that if required patients would be accepted on a walk-in basis if the travel was imminent but booked appointments were preferred.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. All patient complaints were discussed with staff so that they could reflect on their practice. In all cases, patients were reassured that their treatment had been appropriate and further advice had been given.

Are services well-led?

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

Our findings

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

Leadership capacity and capability;

The nursing team at Manchester were supported by a number of senior managers, including GPs, pharmacists and nurse leaders. The service had both a senior nurse manager and a store manager to provide onsite support for staff. During our inspection we found that the management team at the service had the capacity and skills to deliver high-quality, sustainable care.

- Managers were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels across the organisation were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients. Interviews with staff confirmed they shared the organisation vision and ethos for ensuring and promoting safe travel advice and support for patients.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work at the service and some had done so for many years.
- The service focused on the needs of travelling patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of staff.
- There were positive relationships between staff and teams.

Governance arrangements

There was 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.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Service specific policies were implemented and were available to all staff. These were available in hard copy or available online for staff.
- The service was aware of their current performance and this was monitored at staff meetings on a regular basis.

Managing risks, issues and performance

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

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The management team had processes to manage current and future performance. The management team had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audits were undertaken by the service and used to improve the quality of care and outcomes for patients.

Are services well-led?

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

- The service implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- We saw evidence that staff completed daily, weekly and monthly checks to monitor the safe and effective running of the service.
- Staff told us that they understood the fire evacuation procedures and that fire alarm tests and fire drills were carried out.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients in the form of a patient survey and regular comments cards received.
- 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 adhered to data security standards to ensure the availability, integrity and confidentiality of patient identifiable data and records. We found that past medical records were stored appropriately.
- The service submitted data when required for example, the service completed an annual yellow fever audit as part of their Yellow Fever vaccine licence from NaTHNac.

Engagement with patients, the public, staff and external partners

The service proactively engaged with patients and staff to gain their feedback and views.

- An annual patient survey was carried out and results were monitored by the senior management team and staff at the service.
- Comments cards completed by patients were used to obtain the views of people using the service. Any negative comments were acted upon when required.
- The service was transparent, collaborative and open with stakeholders about performance.
- A weekly meeting was held with staff at the service allowing staff members to discuss any issues with managers and provide feedback if required.

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.
- The service provided intradermal Rabies vaccines, and staff told us that this ensured that many more patients were being vaccinated than otherwise might be.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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	Regulation
Diagnostic and screening procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>How the regulation was not being met:</p> <p>The provider did not ensure that all parts of the premises and equipment used by staff and patients were clean, serviced and properly maintained.</p> <p>This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not operate effective recruitment procedures for staff. Appropriate checks were not completed prior to new staff commencing employment at the service.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>