

London Travel Clinic Limited

# The London Travel Clinic at Wandsworth

## Inspection report

90-92 Garratt Lane  
London  
SW18 4DD

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## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



## Overall summary

### This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The London Travel Clinic at Wandsworth as part of our inspection programme. The London Travel Clinic at Wandsworth is part of The London Travel Clinic which provides travel immunisations, treatment and advice to fee paying patients.

We had previously inspected this service as part of our unrated programme of independent health inspections. At our last inspection undertaken on 16 July 2018 we

# Summary of findings

found that the service was in breach of regulation 12 (safe care and treatment) and regulation 17 (good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that inspection we found that the provider had not risk assessed the need for all recommended emergency medicines and not all emergency equipment on site was ready for use, the service had not taken appropriate action to ensure vaccines were safe to use and infection control risks and those associated with legionella had not been assessed. In addition; there was no ongoing programme of clinical improvement activity, there was no mechanism in place to gather, assess and act on patient feedback, there were no documented business continuity plans in place and there were no clear governance arrangements for the undertaking of safety risk assessments and checks for the premises, fire safety and infection control, legionella, the management of medicines, waste management and safeguarding.

At this inspection we found that most of these concerns had been resolved; however, the provider was not monitoring risks associated with legionella, the systems and processes around the management of fire were not sufficient and two patient group directions (PGDs) had expired.

The clinical nurse lead for the service 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.

Five patients provided feedback to CQC about the service. All patients said that staff provided helpful advice and were friendly and welcoming.

## Our key findings were:

- The provider had systems in place in relation to safeguarding.
- Some risks were not adequately mitigated. For example legionella temperature monitoring was not being completed, there was no information available regarding the service's fire marshals or assembly point.
- Appropriate emergency equipment was available on site.
- There were systems in place to report and discuss significant events.
- There were systems in place to respond to safety alerts and most medicines were issued in line with legislation and guidance. However we found that two Patient Group Directions (PGDs) had expired.
- Care and treatment provided was effective and met patient needs.
- There were systems to review consultations, feedback to staff and implement improvements where needed.
- Feedback from patients was positive about access to treatment and the care provided and there was a system for managing complaints.
- Services were designed to respond to the needs of patients.
- Leadership was visible and staff said that they felt happy to raise concerns or issues that arose.
- Governance systems were present in most areas although there were some instances where the provider did not have effective systems in place to oversee risk.

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

- Ensure that care and treatment is provided in a safe way.

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

- Include details of all staff working at the site in the business continuity plan.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

# The London Travel Clinic at Wandsworth

## Detailed findings

### Background to this inspection

The London Travel Clinic at Wandsworth provides travel health services including vaccinations, medicines and advice on travel related issues to both adults and children. The clinic is based at 90-92 Garratt Lane, London, SW18 4DD. The location has four linked sites at Hammersmith (227 Shepherd's Bush Road London, W6 7AS), Waterloo (Mercury House, 109-117 Waterloo Road, London, SE1 8UL), Richmond (Parkshot House 5 Kew Road, Richmond Surrey, TW9 2PR) and Raynes Park, (David Lloyd, Bushey Road, London, SW208DE)

The service sees between 200 and 500 patients a month at The London Travel Clinic at Wandsworth. The service is a designated yellow fever vaccination centre. Services are available to any fee-paying patient. The service had corporate account clients for businesses to access travel health services for their employees.

The service is in an accessible purpose-built building which also hosts a GP practice.

Patients are directed to the first floor of the building which is accessible via lift or stairs, to the provider's reception and waiting area. The areas used by the service include consultation rooms, administrative space and accessible patient and staff facilities.

Services are available by appointment only. The service's opening times vary fortnightly and appointments are available either between Tuesday and Thursday 1-5pm or Monday, and Wednesday 8.30am-8pm Saturdays 9am-4pm.

At a local level the service is run by a travel nurse specialist, who is the nurse manager and operations manager, a reception and administration manager and four nurses. Those staff who are required to register with a professional body were registered with a licence to practice.

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

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. During our visit we:

- Spoke with clinical and non-clinical staff including the clinical lead, the operations manager, a nurse and an administrative staff member.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the service.
- Reviewed CQC comment cards completed by service users.

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?

# Detailed findings

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

# Are services safe?

## Our findings

### We rated safe as Requires improvement because:

We identified that safety risks associated with fire and legionella were not adequately mitigated and two PGDs had expired.

### Safety systems and processes

**The service had clear systems to keep people safeguarded from abuse. However there was insufficient oversight of risk management activities undertaken by third parties and risks associated with legionella had not been assessed or addressed.**

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. 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.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients 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. The site had developed a standard operating procedure which included information on the service's safeguarding lead and the local safeguarding contacts.
- There were up to date fire and legionella risk assessments. However there was no information in the

building about who acted as the fire marshals or where the fire evacuation point was and water temperatures were not being monitored in line with the legionella risk assessment.

- The provider had not included scales in their last round of equipment calibration. However the scales had been purchased within the last 12 months. All other medical devices had been calibrated.
- There were systems for safely managing healthcare waste and effective systems to manage all other aspects of infection prevention control.

### 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.
- There was an effective induction system for staff tailored to their role.
- Staff had all received basic life support training.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place. Staff were either covered by a group policy which provided indemnity cover for all clinical staff working at any of their sites or, if they were employed on a bank basis, the provider ensured that these staff members had appropriate cover in place.
- There was a business continuity plan in place but this did not include contact details for all staff working at the service.

### 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 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 Department of Health and Social Care (DHSC) guidance in the event that they cease trading. Records were all stored on a virtual private network. Additionally the service would always provide patients with a copy of their records after each consultation.
- 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 and emergency medicines minimised risks.
- The service carried out regular reviews of clinical records to ensure administration of medicine was in line with best practice guidelines.
- Staff administered or supplied most medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. However we found that two Patient Group Directions (PGDs) had expired. The provider submitted updated PGDs after our inspection which had been signed by the authorising clinician after our inspection.

### Track record on safety and incidents

#### **The service had not ensured that risks associated with legionella were monitored and fire safety processes were not clear.**

- Both a fire and legionella risk assessment had been completed. However there was no information in the building about who acted as the fire marshals or where the fire evacuation point was and water temperatures were not being monitored in line with the legionella risk assessment.

### Lessons learned and improvements made

#### **The service had systems in place to learn and make improvements when things went wrong.**

- There was a system for recording and acting on significant events. Leaders and managers support staff to report incidents.
- There were 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 although there had been no reported significant events in the past 12 months.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff through their online patient record system.

# Are services effective?

(for example, treatment is effective)

## Our findings

### We rated effective as Good because:

The needs of patients were assessed, and treatment delivered in line with guidance, there was a system to review the quality of care and treatment provided and make improvements, staff had the requisite skills and training for the role and arrangements were in place to ensure consent to care and treatment was consistently sought.

### 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**

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. The service used medicine information resources as a basis for travel-related advice, vaccination and to inform practice. For example, Green Book, National Travel Health Network and Centre (NaTHNaC), TRAVAX and British National Formulary (BNF). We saw that staff used a multi-drug interaction checker Medscape to check for contraindications.
- The service undertook periodic reviews of staff consultations to ensure that they were delivering care and treatment in accordance with legislation and guidance.
- Clinicians performed risk assessments for each patient to ensure that it was safe to administer vaccines.
- We saw no evidence of discrimination when making care and treatment decisions.

### Monitoring care and treatment

**The service was involved in quality improvement activity.**

- The service undertook periodic reviews of 15 patient records every 3 months to ensure that staff were following clinical guidance and best practice. audits would assess whether or not staff were documenting

contact information, travel information, medical history and that consent was appropriately recorded. Feedback from these reviews was given which would result in improvement in the quality of clinical care.

- The practice completed weekly infection control checks and checks of the fire escape routes, monthly hand hygiene audits and checks of the vaccine fridges to ensure that medicines were stored correctly and in date.

### 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. There was a programme of nurse led mentorship and clinical supervision.
- Nurses were registered with the Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- Nursing staff who delivered immunisation had received specific training and could demonstrate how they stayed up to date.

### Coordinating patient care and information sharing

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

- Patients would be provided with a copy of their notes documenting the vaccines that they had received to enable patients to share this with their GP.
- If the service identified that patients needed to be referred to another service, they would tell the patient to contact their GP.
- Vaccination costs and consultation fees were displayed on the service's website. The service's clinical system allowed for a total overview of costs to be provided to patients prior to commencing treatment. If patients did not wish to have the immunisations; the provider would advise them of other providers and which vaccinations could be provided by the NHS.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.

# Are services effective?

(for example, treatment is effective)

## Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice, so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients' 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 ticked a box on the medical assessment form during consultation and showed it to patients.
- Staff supported patients to make decisions. Where appropriate, they told us that they would assess 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

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

Feedback from patients and the observations of staff interacting with patients indicated that patients were treated with kindness compassion and respect, there were systems in place to ensure that patients were involved and fully understood the treatment provided and the setup of the service ensured that privacy and dignity were maintained.

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

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

- The service sought feedback on the quality of care patients received. The feedback we reviewed was mostly positive about the service provided.
- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

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

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

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them. However, information leaflets were not available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

### **Privacy and Dignity**

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

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients 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?

(for example, to feedback?)

## Our findings

### We rated responsive as Good because:

The service delivered care and treatment which met the needs of their patients, the service was easy to access and there were systems in place to listen and respond to 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 saw both adults and children. Patients could be seen outside normal working hours with morning, evening and weekend appointments.
- Appointments were often available the same day including by walk in.
- The premises were not suited to patients with mobility difficulties as the premises had no accessible toilets. However, patients could be directed to one of the other clinics which did have the ability to accommodate patients with mobility difficulties.
- Interpreter services were available for patients who did not have English as a first language.
- The service was a designated yellow fever vaccination centre; patients could receive all their required vaccinations from the same service.
- Patient feedback consistently referred to the amount and quality of the information the service provided.

### Timely access to the service

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

- Patients had timely access to appointments and the service kept waiting times and cancellations to a minimum.
- Services were available by appointment only. The service's opening times vary fortnightly and available either between Tuesday and Thursday 1-5pm or Monday, and Wednesday 8.30am-8pm Saturdays 9am-4pm.
- There was a 24-hour online booking system for patients to book appointments.

- Patients could contact the service via telephone and appointments would then be booked by the receptionist.
- The service provided time critical treatments post exposure such as rabies vaccinations. The service also directed patients to other local NHS services providing the treatment for free. Patients could start their post exposure treatment programme with the service and were provided with all the information needed to carry on their treatment elsewhere if required.
- Patient feedback showed that patients were satisfied with how they could access care and treatment. Patients provided feedback to the service using surveys. The results of the surveys were discussed at service meetings held every two months.
- Telephone translation services were available but there was a charge for using this service. The provider also could accommodate patients who spoke other languages with online translation software. There were no leaflets or information available for patients in other languages.
- The service had developed a "smart" ordering system which meant that they could bulk order vaccines if they knew that there would be shortages in supply.
- The service had a hearing loop though staff were unclear on what to do if patients presented with a visual impairment. The service told us that they could arrange a video consultation with a British Sign Language (BSL) interpreter.

### 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.

The service took complaints and concerns seriously and had systems in place to respond to them appropriately and to improve the quality of care. Complaints were logged centrally by the provider. The complaint system was advertised in the waiting area and there was a mechanism to provide feedback online.

- The Operations Manager was responsible for dealing with complaints and the service had a complaints policy providing guidance for staff on how to handle a complaint.

# Are services responsive to people's needs?

(for example, to feedback?)

- This location had not received any complaints in the last 12 months. There was a poster in the reception area with contact information to enable patients to make comments or complaints.
- The service managed a spreadsheet centrally to record and analyse complaints, concerns and feedback including written and verbal feedback.
- We saw a record of one complaint received in relation to treatment provided at another location about the cost of treatment provided at the service. In response the provider adapted their patient record system to enable nursing staff to calculate the total cost of treatment on the system, show this to the patient and confirm that the patient consented to the cost prior to treatment being initiated.

# Are services well-led?

Good 

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

## Our findings

**We rated well-led as Good because:**

**Leadership was visible and approachable, and the provider had a vision to provide a high-quality service. Staff felt supported and there was some evidence of patient engagement. Although there was a governance framework which covered most areas of operation, there was limited oversight of third-party managed risks.**

**Leadership capacity and capability;**

**Leaders had the capacity and skills to deliver high-quality clinical care to patients; however, there was insufficient oversight of health and safety and risks.**

- Leaders had the experience, capacity and skills to deliver the organisational strategy although there was some oversight in governance and risk management. However, from a strategic perspective management were knowledgeable about issues and priorities relating to services. They were knowledgeable about issues and priorities relating to services.
- Staff told us leaders were visible, approachable and supportive.

**Vision and strategy**

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

- There was a clear set of aims and set of values and the service had realistic objectives to enable them to achieve this.
- Staff were aware of and understood the aims and objectives and their role in achieving them.
- The service monitored progress against delivery of the strategy.

**Culture**

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

- Staff felt respected, supported and valued. They were proud to work for the service.

- The service focused on the needs of patients.
- Leaders and managers told us that they would act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed. There were meetings between all staff working at the service every two months.
- There were processes for providing all staff with the development they need. This included appraisals and performance development plans. Staff received regular appraisals and were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the well-being of all staff. The service held events for staff twice annually and provided staff with a degree of flexible working where possible.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training and no staff reported facing any discrimination.
- There were positive relationships between staff and management.

**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 in most areas. However, the service did not have adequate systems to monitor risks associated with legionella and safety information related to how to respond in the event of a fire was lacking.

# Are services well-led?

Good 

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

- Staff were clear on roles and accountabilities within the organisation.
- Leaders had established policies and procedures although these were not always embedded. For instance staff we found that two PGDs had expired.

## Managing risks, issues and performance

**The service had systems in place for managing risks, issues and performance. However, there was not adequate oversight of risks managed by third parties and that site-specific recommendations were followed up.**

- There was an effective, process to identify, understand, monitor and address some risks to patient safety. However, the provider did not have systems in place to monitor risks associated with legionella and comprehensive fire safety procedures were not in place .
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations which would be used to improve the quality of care provided. Leaders had oversight of safety alerts, incidents, and complaints.
- 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 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 service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The practice undertook patient surveys and the feedback provided was mostly positive.
- Staff said that they were able to provide feedback and that management were supportive.

## Continuous improvement and innovation

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

Clinical staff at the service participated in a travel health study day organised by Vaccination UK. Clinical staff who attended the study day heard about updates in world travel health and discussed case studies and best practice. All clinical staff who started working at the service where required to have an assessment of their competency in travel health and their competency using oxygen to respond in an emergency situation. The provider had a comprehensive induction process whereby clinical staff would shadow a clinician for a period of four weeks before being shadowed administering immunisations prior to being allowed to work independently.

## 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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>Systems and processes did not operate to ensure that service users remained safe as:</p> <ul style="list-style-type: none"><li>• Information about the fire evacuation point or the fire marshals was not available.</li><li>• The service was not following actions from their legionella risk assessment.</li></ul> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p><b>The provider had not established effective systems and processes as:</b></p> <ul style="list-style-type: none"><li>• Two Patient Group Directions had expired.</li></ul> <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>