

Southampton Travel Health Clinic

Inspection report

79 Bedford Place
Southampton
Hampshire
SO15 2DF
Tel: 02380631922
Website: www.travelhealthclinic.co.uk

Date of inspection visit: 12 June 2019
Date of publication: 12/07/2019

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection October 2017 –We found that this clinic was providing safe, effective care, was caring and responsive and well led in accordance with the relevant regulations.)

The key questions are rated as:

Are services safe? – Good

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 Southampton Travel Health Clinic Limited as part of our inspection programme on 12 June 2019.

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

The service is registered with the Care Quality Commission to provide the following regulated activities. Diagnostic and screening procedures and Treatment of disease, disorder or injury at 79 Bedford Place, Southampton, Hampshire. SO15 2DF. There is a nominated individual from the parent company (Vaccination UK Ltd).

The lead specialist nurse 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.

Eight clients provided feedback about the service. All comments were positive about the services provided, ease of appointments and caring way in which staff dealt with clients.

Our key findings were :

- There was an effective system to manage infection prevention and control.
- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff.
- Individual care records were written and managed in a way that kept clients safe.
- Clients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Staff recognised the importance of people's dignity and respect.
- Clients had timely access to initial assessment and treatment.
- Staff felt respected, supported and valued. They were proud to work for the service.
- Information about how to make a complaint or raise concerns was available.
- Leaders worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.

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

The provider should review cleaning schedules for the contracted cleaning company and equipment used by them.

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.
The team included a nurse specialist advisor.

Background to Southampton Travel Health Clinic

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

Since our last inspection in October 2017 the clinic has changed hands and a new provider took over the running of the clinic in August 2018. There is now a new Registered Manager and Nominated Individual registered with the Care Quality Commission.

The clinic offers private consultations (20 minutes or longer) giving clients advice and recommendations for their personal travel plans. Using email, the clinic continues to keep in touch with clients during their trip. All consultations are by appointment and are strictly confidential. The clinic staff are members of: The International Society of Travel Medicine and The British Travel Health Association.

The service is registered as a member of National Travel Health Network and Centre (NaTHNaC). NaTHNaC was set up by the Department of Health in 2002 with the broad aim of Protecting the Health of British Travellers. They seek to improve the quality of travel health advice given by GP practices, travel clinics, pharmacies and other healthcare providers, and provide up-to-date and reliable information for the traveller, travel industry and national government.

The clinic is run on a daily basis by a specialist nurse in travel health. There are four specialist nurses in travel health employed, including the lead nurse employed at the clinic. The clinic also has three receptionists who divide the weekly opening hours between them.

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

The clinic has the following opening times: Monday 9am to 5pm, Tuesdays 9 am to 3 pm, Wednesdays 9am to 8pm, Thursdays 12midday to 8 pm, Fridays 8am to 4pm, Saturdays 9am to 2pm. Sundays and Bank holidays closed.

The clinic website can be found at:
www.travelhealthclinic.co.uk

How we inspected this service

- We spoke with staff including, the registered manager.
- Reviewed comment cards where clients and members of the public shared their views and experiences of the clinic.
- Looked at information the clinic used to deliver care and treatment plans.

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

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

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

Are services safe?

We rated the service as Good for providing safe services.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- Staff took steps to protect clients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. For example, the service had had a Legionella risk assessment conducted on 15 December 2018. The service had created an action log to ensure little used outlets were flushed twice weekly and we saw logs that showed this was being done.
- 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.
- The service employed an external cleaning company and we saw that the premises was being properly cleaned to a high standard. The service should make sure that the cleaning company were completing

regular cleaning schedules. As the company brought their own cleaning equipment into the building this should be checked by the provider to ensure there was no cross contamination.

Risks to clients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system being developed for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage clients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept clients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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, emergency medicines and equipment minimised risks.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.

Are services safe?

- Staff administered 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.
- Patient Group Directions (PGDs) were signed at the parent companies head office by a Doctor, nurse prescriber and pharmacist prescriber. Copies were kept at the clinic and nurses were able to sign and follow the directions. The clinic checked these PGDs to ensure they were signed correctly and any changes were noted. PGDs provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber). Supplying and/or administering medicines under PGDs should be reserved for situations in which this offers an advantage for patient care, without compromising patient safety.
- 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 service had recorded six incidents in 2018 and one incident recorded in 2019. All were investigated properly documented, discussed and any learning from the incidents implemented.
- 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:

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as client and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

We rated the service as Good for providing effective services.

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.

Clients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.

- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed clients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for clients. There was clear evidence of action to resolve concerns and improve quality. For example, the service conducted audits of client records to check that all information was completed correctly. The service compared 15 client records and found that in some areas required information was missing. In some records next of kin details had not been complete, client's titles were not included and in some, the episode of care had not been completed properly. The service had moved to a paperless recording system and raised action to ensure that all records were completed correctly. All actions were completed by 31 January 2019.
- The service had also created an audit cycle where each month an audit took place, for example January 2019 was record keeping, April 2019 was infection control.

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.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/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. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of clients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating client care and information sharing

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

- Clients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the service has two monthly regional nurse manager, team leader meetings.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the client's health, any relevant test results and their medicines history. We saw examples of clients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- 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.
- Client information was shared appropriately and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting clients to live healthier lives

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

Are services effective?

- Risk factors were identified, highlighted to clients and where appropriate highlighted to their normal care provider for additional support. GP letters were sent out when clients were discharged from the service.
- Where client's needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported clients to make decisions. Where appropriate, they assessed and recorded a client's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately. The service had recently looked at client records and had picked six records at random. All records had recorded informed consent for each patient.

Are services caring?

We rated the service as Good for providing caring services.

Kindness, respect and compassion

Staff treated clients with kindness, respect and compassion.

- Feedback from clients was positive about the way staff treat people
- 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 clients to be involved in decisions about care and treatment.

- Interpretation services were available for clients who did not have English as a first language. We saw notices in

the reception areas, including in languages other than English, informing clients this service was available. Clients were also told about multi-lingual staff who might be able to support them.

- Clients told us through comment cards, that they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them. We received eight completed comment cards and all were positive.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials could be available.

Privacy and Dignity

The service respected clients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- 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 the service as Good for providing responsive services.

Responding to and meeting people's needs

The service organised and delivered services to meet clients' needs. It took account of client needs and preferences.

- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, clients unable to use the stairs to the first floor could be seen in ground floor area.

Timely access to the service

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

- Clients had timely access to initial assessment, test results, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Clients with the most urgent needs had their care and treatment prioritised.
- Clients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded.

- Information about how to make a complaint or raise concerns was available. Staff treated clients who made complaints compassionately.
- The service had not received any formal complaints in the last year.
- Any concerns clients had were dealt with at the time and a proper resolution was achieved.
- 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.

Are services well-led?

We rated the service as Good for providing well-led services.

Leadership capacity and capability

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

- Leaders 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 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, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

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 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 and we were assured the same would happen for 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 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. All 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 safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- 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.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to client safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.

Are services well-led?

- Clinical audit had a positive impact on quality of care and outcomes for clients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of clients.
- 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. For example, the service provided us with a CQC Key lines of enquiry evidence bundle. This gave answers and evidence to all questions that were asked as key lines of enquiry during an inspection.
- The service also conducted a quality assurance service audit prior to our inspection to check that they were providing a compliant service with regards to quality outcome.
- 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 arrangements in line with data security standards for the availability, integrity and confidentiality of client identifiable data, records and data management systems.

Engagement with clients, the public, staff and external partners

The service involved clients, the public, staff and external partners to support high-quality sustainable services.

- Staff could describe to us the systems in place to give feedback. For example, the service had made improvements using Royal college of Nursing competency standards on induction and annual appraisals. There was mentorship and regular lead nurse meetings. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service had introduced a two-day training program for travel medicine implementation.
- The service appeared transparent, collaborative and open with stakeholders about performance.

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 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.
- There were systems to support improvement and innovation work. For example, the service had regular meetings with software companies to discuss improvements in their IT systems. There were also meetings to discuss and get updates from travel product suppliers.