

Well Travelled Clinics Limited

Well Travelled Clinics - Chester

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 28 January 2016 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was overall providing safe care .

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the clinic.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal apology and are told about any actions to improve processes to prevent the same thing happening again.
- Overall, the clinic had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

Are services effective?

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

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There were arrangements in place for working with other health professionals to ensure quality of care and treatment for the patient.
- Staff informed us that they had regular appraisals and personal development plans for all staff were completed annually.
- Clinical audits demonstrated quality improvement.
- We observed a consultation and the patient was treated with respect. Verbal consent was sought for people's care and treatment; however this was not recorded in the clinical notes. The provider informed us on the visit that although verbal consent is always obtained, they do not document it in the patient's record. The clinic informed us after the inspection that the computer system had been changed to allow a box to be ticked when consent had been obtained.

Are services caring?

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

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. We saw evidence of treatment that was fully explained, including the cost of treatment.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

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

- Well Travelled Clinics have a branch in Chester and Liverpool, which are both attached to the Liverpool School of Tropical Medicine.
- The clinic in Chester was not open every day and access to the building was restricted due to the location of the service as it was on the first floor with no access for wheel chairs or push chairs. The restricted access was clearly documented on the clinic's website.

Summary of findings

- Despite the limited opening hours and restricted access all reasonable adjustments are made to enable patients to receive their care or treatment. Patients were given the option of visiting the Liverpool clinic which offered a walk-in service and was easily accessible.
 - Some patients said they found it difficult to make an appointment due to the telephone line being busy for long periods. The registered manager informed us on the day of inspection that the number of calls to the clinic is increasing each year (the clinic had received 29,000 calls in the first half of the financial year) and there had been similar complaints about the telephone line being busy.
 - The clinic had introduced an online appointment request system on their website to try and reduce the number of calls received into the clinic.
 - Information about how to complain was available and easy to understand and evidence showed that the clinic responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
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Are services well-led?

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

- The clinic had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management.
 - The clinic had a number of policies and procedures to govern activity and held regular governance meetings. The clinic had systems in place for knowing about notifiable safety incidents and acted upon them.
 - There was a strong focus on continuous learning and improvement at all levels.
 - The clinic proactively sought feedback from staff and patients, which it acted on.
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Well Travelled Clinics – Chester

Detailed findings

Background to this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

Our inspection team was led by a CQC Lead Inspector who was a Pharmacist Specialist, another Pharmacist Specialist and a Nurse Specialist Advisor.

We inspected this service on 28 January 2016. During our visit we:

- Spoke with a range of staff (including the registered manager, clinical lead nurse and nursing staff members) and spoke with patients who used the service.
- Observed how people were being cared for and talked with family members.

- Reviewed the personal care or treatment records of patients.
- Reviewed virtual feedback where patients and members of the public shared their views and experiences of the service.

The service provided background information which was reviewed prior to the inspection. We did not receive any information of concern from other organisations.

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

Reporting, learning and improvement from incidents

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely apology and were told about actions taken to improve care where appropriate. Staff told us they would inform the clinical lead of any incidents and there was a recording form available in the clinic, of which we saw evidence of. All complaints received by the clinic were entered onto the system. The clinic held regular meetings to discuss and analyse significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve procedures or safety in the clinic. For example, the clinic had an incident in which a patient fainted and banged their head following an injection. An ambulance was called to check the patient who did not need to attend hospital. The clinic had since produced a patient leaflet to be given to patients in the event of fainting following an injection.

The provider was aware of and complied with the requirements of the Duty of Candour; Observing the Duty of Candour means that people who use services are told when they are affected by something that goes wrong, given an apology, and informed of any actions taken as a result. The management team encouraged a culture of openness and honesty. The clinic had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The clinic gave affected people reasonable support, truthful information and a verbal apology.
- They kept written records of verbal interactions as well as written correspondence.

Reliable safety systems and processes (including safeguarding)

The clinic had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse:

- This included relevant legislation and local requirements and policies that were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- There was a lead member of clinical staff for safeguarding. Staff demonstrated they understood their responsibilities and had received training relevant to their role.

Medical emergencies

The clinic had adequate arrangements in place to respond to emergencies and major incidents.

- All reception staff received annual basic life support training and clinical staff received intermediate life support training.
- The clinic had an oxygen cylinder with adult and children's masks, a defibrillator and there was also a first aid kit available.
- Emergency medicines were easily accessible to staff in a secure area of the clinic and all staff knew of their location. Medicines were checked on a regular basis. All the medicines we checked were in date and fit for use based on the treatment provided, including for anaphylaxis.

Staffing

The personal files for staff were not stored at the clinic in Chester as they were stored at the Liverpool Tropical School of Medicine Human Resources Department. We looked at two personnel files of staff that had recently been employed and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks were applicable through the Disclosure and Barring Service (DBS) (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).

We were informed on the day of the inspection that some of the reception staff were occasionally requested to act as a chaperone; however the reception staff had not had any formal chaperone training.

Monitoring health & safety and responding to risks

Are services safe?

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The clinic had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The clinic also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different nursing staff to ensure that enough staff were able to administer the travel vaccines. In times of staff sickness, staff will agree to provide cover to ensure work is completed.

Infection control

The clinic maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. One of the registered nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. There was also a sharps injury policy that was displayed as a flow chart in the treatment room.

Safe and effective use of medicines

The arrangements for managing medicines, including emergency drugs and vaccinations, in the clinic kept patients safe (including obtaining, prescribing, recording, handling, storing and security).

- The clinic carried out regular medicines audits to ensure administration was in line with best practice guidelines for safe prescribing, such as fridge temperature monitoring, safe security of medicines and monthly update checks against a recognised travel information website.
- Patient Group Directions (PGDs) had been adopted by the clinic to allow nurses to administer travel medicines in line with legislation. They were in-date and properly authorised.
- The room temperature of the room that stored the medicines was monitored on a frequent basis.
- The fridge temperature was appropriately monitored on a daily basis, and we saw evidence of the cold chain being maintained.
- We saw evidence of clear, accurate and auditable patient records in instances where medicines were administered on the premises.
- The provider packaged and labelled medicines dispensed in accordance with legal requirements.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

The clinic assessed needs and delivered care in line relevant and current evidence based guidance and standards, including Public Health England's (PHE) best practice guidelines.

- The clinic had systems in place to keep all clinical staff up to date. Staff had access to guidelines from a recognised NHS travel information website and used this information to deliver care and treatment that met peoples' needs.
- The clinic monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. This included an up-to-date medical history, a clinical assessment and recording of consent to treatment.

Staff training and experience

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The clinic had an induction programme for newly appointed members of staff that covered such topics as PGDs, infection prevention and control, fire safety, health and safety and confidentiality.
- The clinic could demonstrate how they ensured role-specific training and updating for relevant staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of clinic development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of nurses. Staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support/ intermediate life support and information governance awareness.

Working with other services

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the clinic's patient record system and their physical records.

- This included care and risk assessments, details about the destinations patients travelled to, medical records, investigations and test results. Information such as travel leaflets were also available.
- The clinic shared relevant information with other services in a timely way, for example when referring people with suspected rabies to other services, such as Public Health England.
- The clinic sought the consent of patients if they wanted their GP to be contacted with the relevant treatment that was provided to them.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the clinic nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed that members of staff were courteous and very helpful to patients and treated people with dignity and respect.

- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the virtual feedback we saw was positive about the service experienced. Patients said they felt the clinic offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us 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. Patient feedback we saw was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. Foreign language patient information leaflets produced by the vaccine companies were available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The clinic reviewed the needs of its target population and engaged with the Public Health England (PHE) Area Team to secure improvements to services where these were identified:

- For example through working with PHE to develop care pathways and best practice around rabies treatment post exposure.
- The clinic is designated as a yellow fever centre, which meant it was able to accommodate people's needs around the demand for this vaccine.
- Same day appointments were available for those with urgent travel needs by offering appointments in the Liverpool clinic; however patients would be seen in the Chester clinic in an emergency

Access to the service

The Well Travelled Clinics – Chester is open from 09:00am to 4:30pm, Tuesday and Thursday and from 09:00am to 01:00pm on Saturdays for pre-bookable appointments. In

addition, during times of peak demand leading up to school holidays, the Chester clinic is also open on Friday from 09:00-4:30pm. Patients requiring a walk in service would be directed to the Liverpool clinic.

Concerns & complaints

The clinic had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were appropriate and up to date.
- There was a designated responsible person who handled all complaints in the clinic.
- We saw that information was available to help patients understand the complaints system, including information on who and what to report adverse events to.

We looked at two complaints received in the last 12 months and found that these were dealt with in a timely way, and in accordance with the clinic's policy. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the clinic had introduced an on-line appointment request system on their website to reduce the time taken for telephone calls to be answered.

Are services well-led?

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

Our findings

Governance arrangements

The clinic had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Clinic specific policies were implemented and were available to all staff both within the administration office and on the shared computer network.
- There was a comprehensive understanding of the performance of the clinic
- There was a programme of continuous clinical and internal audit however the clinic could not demonstrate how they had been used to improve patient outcomes.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The Managing Director had the experience, capacity and capability to run the clinic and ensure high quality care.

They prioritised safe, high quality and compassionate care. They were visible in the clinic and staff told us that they were approachable and always take the time to listen to all members of staff.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the clinic held monthly clinical meetings.
- Staff told us that there was an open culture within the clinic and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the clinic, and the management encouraged all members of staff to identify opportunities to improve the service delivered by the clinic.

Provider seeks and acts on feedback from its patients, the public and staff

The clinic encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service:

- It had gathered feedback from complaints received. These were then analysed and appropriate actions implemented.