

# Trailfinders Travel Clinic

## Inspection report

194 Kensington High Street  
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London  
W8 7RG  
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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 to people's needs?

Good 

Are services well-led?

Outstanding 

# Overall summary

**This service is rated as Good overall.** (Previous inspection 8 January 2019 – The service was not rated but was compliant 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? – Outstanding

We carried out this inspection as part of our comprehensive inspection programme of independent health providers. The service is a private travel clinic located on Kensington High Street, London.

## Our key findings were:

- The clinical staff leadership team were outstanding; staff had worked diligently and consistently since at least 2012 to drive positive, leading edge, and at scale improvements in the travel health sector.
- The service assessed patient need and delivered care in line with current legislation, and reviewed the effectiveness and appropriateness of the care provided.
- Clinical and non-clinical staff had been trained to provide them with the skills and knowledge to deliver effective travel health services.
- The service had systems to assess, monitor and manage risks to patient safety and there were reliable systems for appropriate and safe handling of medicines.
- The service organised and delivered services to meet patients' needs and made changes as a result of incidents and patient feedback.
- The service treated patients with kindness, respect and dignity, and patient feedback was positive about the service.
- There was a clear leadership structure in place and staff felt supported by management.
- The service had effective oversight of the clinical care provided to patients.
- The service had a governance framework in place which supported the delivery of quality care. The service operated effective processes for identifying and managing issues and risks and improving performance.
- Without exception, staff described a working culture where they were supported to deliver excellence for patients using its services. Staff across all roles provided us with examples of their feedback to management that was utilised to continuously improve service delivery.

We saw the following examples of outstanding practice:

- Clinical staff worked passionately on their own resource and initiative and were also supported by the provider to facilitate improvements in travel health locally, nationally and at a global level. Examples include, authoring and reviewing best practice guidelines for the Royal College of Nursing (RCN), reporting to the UK government on

# Overall summary

protecting the health of travellers, undertaking research on the Ebola Virus in collaboration with global partners; and educating across a wide range of audiences and settings in the private and public sector such as the NHS, Universities, at National and International Conferences, and for an organisation set up to protect global workforces from health and security threats.

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

- Review and evaluate recent improvements to assure that an adult accompanying a child has parental authority.
- Undertake a risk assessment to determine an appropriate duration between clinical staff enhanced DBS checks.

**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 who was supported by a practice nurse specialist advisor.

## Background to Trailfinders Travel Clinic

Trailfinders Travel Clinic provides private travel health services including travel immunisations in the Royal Borough of Kensington and Chelsea in London. Services are provided to both adults and children. The address of the registered provider is Trailfinders Limited, 42-50 Earl Court Road, London, W8 6FT. Trailfinders Limited is registered with the Care Quality Commission to provide the regulated activity: Treatment of disease, disorder or injury at one location, 194 Kensington High Street W8 7RG.

Trailfinders Travel Clinic aims to provide a comprehensive travel vaccination and health advice service. Regulated services offered at Trailfinders Travel Clinic include travel health consultations and treatment. Treatments may include the dispensing of medicines and immunisations in relation to travel health. Trailfinders Travel Clinic has been operating for 36 years.

The service premises are leased, located within a Trailfinders Limited travel agency and accessed via stairs at lower ground floor level. The premises used by patients visiting the clinic consist of a patient waiting area, one consultation room and one patient toilet. The clinic also has use of a meeting room on the ground floor for patients with restricted mobility and access to a toilet with disabled facilities. Prior to our inspection the service had opened and closed in accordance with lockdown and travel restrictions during the Covid-19 pandemic and reopened fully in October 2021. The service is open for travel health consultations and treatment appointments Monday to Saturday from 9am to 5pm and appointments are approximately 30 minutes in duration. Appointments are pre-bookable, which the service is keeping under review considering patient's need for walk-in appointments and changing requirements and guidance relating to Covid-19.

The clinical lead doctor was in the process of applying to be 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.

The operations director for the provider is the CQC nominated individual. 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.

The clinical staff team are one-part time clinical lead doctor, five part-time doctors, one full-time lead nurse prescriber, and five part-time nurses. The clinical team are supported by seven reception staff members and the operations director. The service is operated by one doctor or one nurse prescriber each day, with support from two reception staff.

The service average treatment of patients per annum had been significantly impacted by the Covid-19 pandemic and its wider effects on the travel industry. At the time of our inspection, the service estimated it had treated approximately 1,050 patients from the beginning of the year 2022.

### How we inspected this service

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.

- Requesting evidence from the provider.
- A site visit.

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

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

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

# Are services safe?

**We rated safe as Good.**

## **Safety systems and processes**

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

- The service rented the premises from a landlord and we saw risk assessments had been completed to ensure the premises were safe; for example, a fire safety risk was undertaken by an external fire safety consultant on 11 August 2021. Actions were taken to eliminate and mitigate risks in line with urgency such as fixed electrical wiring that was confirmed as safe in September 2022, and fire evacuation plans that were implemented. Fire drills were undertaken and fire extinguishers were checked.
- Safety policies were appropriate, regularly reviewed and communicated to staff.
- Staff received health and safety and safeguarding information as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse. There was a safeguarding policy in place which outlined the process for identifying and reporting concerns including to local authority teams. The safeguarding policy contained important information about recognising and preventing female genital mutilation (FGM) and forced marriage.
- In 2016, senior clinicians identified an opportunity to create brand new Royal College of Nursing (RCN) female genital mutilation (FGM) guidance for travel health. The guidance informs best practice and enables travel health sector staff in better safeguarding patients exposed to or at risk of female genital mutilation (FGM). Lead clinicians remained committed to reviewing this guidance over a series of six years to ensure it remained effective and up to date. The guidance was endorsed by authorities and organisations such as NaTHNaC (National Travel Health Network and Centre, a service commissioned by Public Health England), The Department of Health, The Royal College of Physicians and Surgeons of Glasgow, and Health Protection Scotland and remained current at the time of our inspection.
- Staff knew how to recognise and report potential safeguarding issues and could identify the service's safeguarding lead. All staff received up-to-date safeguarding and safety training appropriate to their role.
- There were no posters advising patients of the availability of chaperones. Staff told us since the Covid-19 pandemic it removed all but essential posters tailored to meet its patient needs that were travel health for international travellers, and considering the associated infection control risks. Staff offered patients a chaperone but it was extremely rare for patients to want one, because the service was a travel clinic and no intimate examinations or procedures were undertaken. Staff were trained to act as chaperones if needed, and non-clinical staff designated for the chaperoning role were not permitted to do so until a DBS check was undertaken.
- The service had a patient identification protocol to assure that an adult accompanying a child had parental authority when providing care and treatment for children and young people. On the day of our inspection, the service improved this protocol to ensure details of evidence of parental authority and consent were documented in the patient vaccine administration record.
- The service carried out staff 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). We checked clinical and non-clinical staff files and saw that DBS checks were undertaken to an appropriate level in accordance with staff roles. However, two clinical staff files had no record of an enhanced DBS check for five years and there was no assessment of risk to determine an appropriate duration between staff DBS checks.
- Nurses and doctors undertook professional revalidation in order to maintain their registration with the Nursing and Midwifery Council (NMC) and General Medical Council (GMC).
- We saw evidence that checks of the NMC and GMC registers had been carried out to ensure that clinical staff at the service remained registered with no restrictions on their practice.

# Are services safe?

- There was an effective system to manage infection prevention and control, the lead nurse was the lead for infection prevention and control. The service was clean and tidy and there were systems for safely managing healthcare waste. An infection control policy was implemented and the service carried out infection control audits weekly, monthly and annually including relating to Covid-19. The most recent annual infection control audit was completed in May 2021 and actions were taken to minimise risks. For example, there was daily cleaning of high touch areas such as door handles and keyboards, fortnightly cleaning for the clinical waste storage room and monthly cleaning for medicines refrigerators. Actions to minimise risks relating to premises and furniture included installing seamless flooring and providing wipeable seating in the waiting area. Checking schedules and completed logs for cleaning and infection control were audited by the lead nurse.
- A legionella risk assessment was undertaken most recently on January 2022 and was scheduled to be repeated 5 yearly (legionella is a bacterium which can contaminate water systems in buildings). Appropriate risk management actions had been taken such as monthly temperatures testing at water outlets.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Calibration of medical equipment was completed in June 2021 and portable appliance testing of electrical items in January 2022.

## Risks to patients

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

- There were arrangements for planning and monitoring the rota and number and mix of staff needed. When there were changes to opening hours or operations the service assessed and monitored the impact on safety.
- There was an effective induction system for staff tailored to their role. No locum clinicians or agency staff were employed at the service. Appropriate induction and training arrangements were in place for clinical and non-clinical staff.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention and a resuscitation policy was in place. Staff knew how to identify and manage patients in a medical emergency such as anaphylaxis and had completed up to date basic life support training.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. For example, emergency medicines for the treatment of anaphylaxis, and a defibrillator and emergency use oxygen were available and fit for use.
- There were professional indemnity arrangements in place for clinical staff.

## 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.
- 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.
- Clinicians made timely referrals, where appropriate, 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.

# Are services safe?

- The systems and arrangements for managing medicines, including vaccines and emergency medicines and equipment minimised risks.
- The service did not keep prescription stationery because all prescriptions were electronic.
- At the time of our inspection nurses were prescribers and PGD's were not necessary. We saw evidence that where previously necessary when some nurses were not prescribers, the service had implemented Patient Group Directions (PGDs) to for nurses to administer vaccines in line with legal requirements and national guidance.
- There were no Healthcare Assistants employed at the service.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely.
- There was a cold chain policy for ensuring refrigerated medicines were kept at the required temperatures, which described the action to take in the event of a break in the cold chain. We saw evidence that the service completed daily monitoring of the refrigerator temperatures.
- The service had a stock control system to ensure adequate supply of vaccines and medicines.
- The service dispensed some medicines to patients, including anti-malarial treatment. When dispensing medicines, the service provided patients with detailed information leaflets.
- The service provided off-label medicines to patients where necessary and supported by good practice evidence and guidance; for example, Acetazolamide for prevention of altitude illness.
- The service did not prescribe unlicensed medicines. (An unlicensed medicine is a medicine that does not have a UK marketing authorisation and is not expected to do so in the next 2 years).

## 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.
- The service had an effective mechanism in place to receive and disseminate safety alerts to relevant staff for follow up. We saw examples that demonstrated the service followed up on safety alerts appropriately. For example, following a medicines alert from the Medicines & Healthcare products Regulatory Agency (MHRA), staff checked the alert and found the specific dosage of the medicine that was prescribed to some of patients was not high enough to be applicable. Another example showed the service had followed up to ensure it did not have a defective batch of test strips in use or available for use.
- The service routinely received safety information, which it acted on such as NaTHNac (National Travel Health Network and Centre, a service commissioned by Public Health England) and other sources alerting them to disease outbreaks which could impact upon patients and the service.
- Safety information including safety alerts and significant events was shared with staff in emails, discussed in meetings, and recorded in communication files.

## Lessons learned and improvements made

The service had an effective system to enable learning when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, after a patient's pre-existing



# Are services safe?

symptoms appeared to be exacerbated following receiving a malaria medicine. There was no evidence of patient harm, but the service followed up with the patient and also fed back to safety agencies to improve safety. The service learned from an incident that reception staff raised relating to Covid-19 infection control risk and the splashing of alcohol hand rub at the reception desk; the provider installed perspex barrier screening at the reception area desk.

- The service 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.

# Are services effective?

**We rated effective as Good.**

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

The service assessed need and delivered care in line with current evidence-based guidance.

- Clinicians routinely 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.
- Clinicians carried out comprehensive travel health assessments of patients, which was a detailed risk assessment producing a tailored immunisation plan, considering medical history, the destination and method of travel and any associated risks.
- Where specialist advice was necessary staff sought appropriate guidance such as the British HIV Association (BHIVA) for HIV positive patients, and NaTHNaC's health professional's advice line for some patients with neurological conditions.
- The service had a recall system for instances patients would require more than one dose of a vaccine to help ensure immunity such as for the Hepatitis A vaccine.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients where to seek further help and support if required.

## **Monitoring care and treatment**

The service reviewed the effectiveness and appropriateness of the care provided.

- The service had a track record and future programme of quality improvement activity. However, quality improvement activity had been interrupted due to the service reducing or opening and closing during the Covid-19 pandemic and related impacts on the wider travel sector where there were no patients, or very few patients care and treatment it could audit from. However, we saw evidence of self-audits undertaken when minimal clinical staff were needed on the rota and audits were undertaken by the clinical lead doctor, prior to travel and lockdown restrictions. The clinical lead doctor had recently resumed individual clinical consultation and treatment audits. Data collection and areas in scope for auditing included consultations and treatment for adults and children as applicable, such as for those receiving vaccines and antimalarial treatment.
- The clinical lead doctor told us they intended (assuming wider travel industry and hence patient numbers continued to allow) to use data as part of six monthly repeated audits in accordance with the existing theory on consultation models in travel health. A further yellow fever vaccine audit was scheduled to commence August 2022 including elements of NaTHNaC's checklist and an administrative tasks audit.
- As part of its yellow fever vaccine licence from NaTHNaC, the service was required to complete an annual yellow fever return. This included gathering data about the number of vaccines and booster doses administered, the reasons for giving a booster dose, details of serious adverse events reported, the number of vaccines wasted and the reasons for any wastage.

## **Effective staffing**

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

- All staff were appropriately qualified. The clinical staff team were able to administer the vaccines offered by the service including the specific methods of administration. Two of the nurses teach vaccine administration, and travel medicine and health. The team included leaders and educators that were informing and improving travel health care and treatment on site and in the wider field of travel medicine. For example, clinical staff were all prescribers; several were

# Are services effective?

either a Fellow or a Member of The Faculty of Travel Medicine at the Royal College of Physicians and Surgeons of Glasgow (RCPSG). The lead doctor and nursing staff employed by the service were leading and delivering training at the Faculty, such as in immunology for students undertaking the Postgraduate Diploma in Travel Medicine. The lead nurse was involved with students' examinations at the Faculty and the lead doctor had an advanced certificate in clinical education.

- The lead nurse delivered training on rabies and the rabies vaccine at an organisation set up to protect global workforces from health and security threats.
- The lead doctor undertook original research on the Ebola Virus Disease in partnership with senior clinical peers across the world that was published by the American College of Physicians in a specialty medical journal with global readership.
- The lead nurse delivered travel health training for several Clinical Groups (CCGs) in London on behalf of a London based University.
- There was a continuous process for learning to ensure best practice. Staff had annual appraisals. Plans for ongoing development that they undertook of their own passion and initiative, and with support from the provider including attending and speaking at national and international conferences on travel health.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- Nonclinical staff were also well trained and conversant with their roles. Areas of training that all staff undertook in accordance with their role included safeguarding, infection prevention and control, equalities diversity and human rights, chaperoning, confidentiality and GDPR, health and safety, and fire safety training and drills. We saw up to date records of skills, and qualifications and training for staff.
- The provider understood the learning needs of staff and provided protected time or other resources and support and training to meet them.
- The service had an induction programme for all new staff which included completion of a comprehensive induction and training checklist.
- Up to date records of skills, qualifications and training were maintained and staff told us they were encouraged and given opportunities to develop.
- We saw minutes from meetings in which staffing and training was discussed.
- There was a process in place for supporting and managing staff when their performance was poor or variable.

## Coordinating patient care and information sharing

Staff worked together and with other professionals to deliver effective care and treatment.

- Patients received coordinated and person-centred care and, where appropriate, staff referred to and communicated effectively with other services. All patients were asked for consent to share details of their consultation and any medicines prescribed; for example, with their registered GP or clinical specialist in relation to specific medical conditions.
- Patients clinical records dated back to 2013 and the service handed and emailed patients a record of their treatment such as vaccines administered to share with their GP. The service had access to archived written records dating back to 1994 (general records), and 1991 for yellow fever.
- The provider had risk assessed the treatments they offered. 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.
- Staff told us patients are advised when they could obtain their vaccine or medicines for free from their NHS GP.

## Supporting patients to live healthier lives

Staff were proactive in helping patients to stay healthy whilst travelling.

# Are services effective?

- The service had created a space in its premises to house a separate government approved Covid-19 testing provider. This service allowed its patients to access Covid-19 testing on site, including express Covid-19 PCR testing for travel purposes.
- Staff provided patients with advice and information about how to prevent travel related illnesses and stay safe whilst travelling, which included information about diarrhoea, altitude sickness, sexual health, 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.

- Clinicians had completed relevant training and understood the requirements of legislation and guidance when considering consent and decision making, including the Mental Capacity Act 2005.
- Clinicians supported patients to make decisions about their care and treatment.
- We checked patient records and saw patient consent was recorded appropriately.
- If treatment was being provided to a child, consent was sought from someone with parental responsibility.

# Are services caring?

**We rated caring as Good.**

## **Kindness, respect and compassion**

The service treated patients with kindness, respect and compassion.

- We saw that staff understood patients' personal, cultural and social needs.
- The service gave patients timely support and information.
- The service had a track record of gathering feedback from patients but had not been able to do so between February 2020 and early 2022, because they were not open for much of that period of time and all unnecessary items were removed from the reception desk to reduce Covid-19 transmission risks. We asked to see previous records of survey results that dated back to 2017. The service gathered patient feedback that it received to check individually and for analysis of trends to improve services. For example, random sample feedback from 24 patients during the period between 1 January 2019 and 29th October 2019 demonstrated that patients felt they were treated with kindness, professionalism, compassion, and care. The survey feedback was for clinical and non-clinical staff and overall service delivery. The feedback was consistently positive and all patients that participated said they were satisfied with the service they received.
- Staff recognised where extra consideration may need to be given, such as for children afraid of receiving a vaccine. The service provided animal character masks for children to temporarily wear for bravery or to hide behind, and finger puppets and bravery stickers. Use of these resources had been suspended due to the Covid-19 infection control procedures.

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

Staff helped patients be involved in decisions about their care.

- Staff provided patients with relevant travel health information and explained the various vaccinations and medicines available.
- The staff team spoke a variety of languages including French, German, Italian and Swahili and the service offered interpretation services via Language Line. (Language Line is a telephone or face-to-face interpretation service used by some healthcare and NHS providers).
- Medicines and travel health printed information was provided to patients and was available in other languages.

## **Privacy and Dignity**

Staff recognised and respected the importance of patients' privacy and dignity.

- The service complied with the General Data Protection Regulation (GDPR) and all staff had completed up to date GDPR training.
- Staff had signed non-disclosure confidentiality agreements.
- Patient information and records were held securely and were not visible to other patients in the reception area.
- Staff told us that if patients wanted to discuss sensitive issues or appeared distressed, they would take them to the consultation room to discuss their needs.
- The service used a secure cloud-based computer record system.
- Doors were closed during appointments and that conversations taking place in the treatment room could not be overheard.

## Are services caring?

- The service recognised a privacy consideration that was if a patient's sleeve could not be rolled up sufficiently to expose their arm and receive a vaccination, they would have to remove their top to expose their arm, and some patients appeared embarrassed. In response, the service provided privacy gowns so to allow patients to keep their top half covered and only expose the area of skin needed to receive a vaccination.

# Are services responsive to people's needs?

**We rated responsive as Good.**

## **Responding to and meeting people's needs**

The service organised and delivered services to meet patients' needs.

- The provider understood the needs of their patients and improved services in response to those needs. For example, it had collaborated with an external provider to allow patients to access to rapid PCR Covid-19 testing for travel purposes, whilst on site.
- The provider had moved to an appointment only system in response to the Covid-19 pandemic, but was reviewing these arrangements at the time of our inspection in consideration of patients that wanted a walk-in service.
- The facilities and premises were appropriate for the services delivered.
- Reception staff checked if patients required extra time or assistance. A standard appointment duration was 30 minutes.
- Information about prices and treatment options were available on the service's website.

## **Timely access to the service**

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

- The service was open for travel health consultations and treatment appointments Monday to Saturday from 9am to 5pm and appointments were approximately 30 minutes in duration.
- The appointment system was easy to use. Patients could book appointments online or by telephone via the provider's customer concierge booking team.
- Staff told us telephone consultations were available if specifically requested by patients.

## **Listening and learning from concerns and complaints**

The service had a complaints policy in place.

- The service had a complaints policy and procedure in place that included an escalation process to Trailfinders Ltd, for the event a complainant remained unsatisfied with the Travel Clinic response.
- The lead nurse was the lead for complaints. The service had not received any complaints at the time of the inspection but complaints information was available in reception.
- Staff explained the provider was open to and encouraged all feedback about the service, including any comments or complaints.

# Are services well-led?

**We rated well-led as outstanding.**

## **Leadership capacity and capability**

There was compassionate, inclusive and effective leadership at all levels.

- Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care, including through the most challenging conditions to the business and travel sector. The operations director that was the CQC nominated individual worked at the service and was present during the inspection. The operations director was aware of the talent and expertise on the travel clinic staff team that they recognised, appreciated and wanted to support. The lead doctor was present for the inspection and was able to demonstrate a track record of clinical quality improvement and a clear plan to recover this element of service improvement with traveller numbers beginning to increase. The lead nurse worked full time and oversaw operational delivery of high-quality care and standards. Staff were able to readily access all information needed and without delay during the inspection process. We also saw the operations director was able to call on resources and capacity from across the organisation to immediately assist with queries such as health and safety, IT, and HR to support clinical and operational staff.
- We saw the provider had fully addressed and improved in all areas we said it should improve at its previous 2019 inspection that were legionella prevention for water safety, to implement formal recording systems for the induction of clinical staff, and to review business continuity plans that were all implemented and appropriate at this inspection.
- Staff and patient feedback consistently expressed that the service was compassionate and inclusive. All staff files we reviewed for clinical and non-clinical staff showed staff received equalities, diversity and inclusion training. Staff showed attention to detail in considering and meeting the varied needs of patients and took action to nuance care and arrangements to meet those needs. For example, providing masks and puppets for children afraid of vaccines or vaccination; and privacy gowns for patients that may be embarrassed to avoid them needing to remove the top half of their clothing to expose an arm for vaccines administration.
- There was a deeply embedded system of leadership development that attracted and retained leaders. Leaders and managers had the experience, capacity, capability and integrity to ensure strategy delivery and sustain and grow high quality performance, and effective management of risks.
- All staff we spoke with on the day of our inspection and gathered written feedback from as part of the inspection process expressed that leaders at every level were visible and approachable.
- Clinical staff had a deep understanding of issues, challenges and priorities the service and wider travel health sector; they were at the leading edge of high-quality clinical care and facilitated significant improvements for patients travel health at a local, national, and global level.

For example:

- Senior clinicians identified an opportunity to create brand new Royal College of Nursing (RCN) female genital mutilation (FGM) guidance for travel health. The guidance informs and enables travel health sector staff in safeguarding patients exposed to or at risk of female genital mutilation (FGM). Lead clinicians were committed to reviewing this guidance over a series of six years to ensure it remained effective and up to date. The guidance was endorsed by authorities and organisations such as NaTHNaC (National Travel Health Network and Centre, a service commissioned by Public Health England), The Department of Health, The Royal College of Physicians and Surgeons of Glasgow, and Health Protection Scotland and remained current at the time of our inspection.



# Are services well-led?

- The Lead Nurse had previously been a member of the Executive Board of the Faculty of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow (RCPSG). (The Faculty of Travel Medicine at the RCPSG defines itself as “the only faculty of its kind in Europe... proud to be a world leader in setting standards of care for the prevention and treatment of sickness and trauma in travellers”). The Lead Nurse co-authored an RCPSG report to the UK Government on protecting the health of travellers from the UK and Ireland.

## Vision and strategy

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

- Staff told us that the service prides itself on providing specialist travel health advice and treatment.
- The service had a realistic strategy and supporting business plans to achieve its priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- Management staff told us the provider was considering developing the travel clinic element of the business prior to the impacts of Covid-19 on the travel industry as a whole, and they recognised possibilities for allocating resources to developing and expanding the travel clinic. The clinical lead doctor told us there may be potential for peer review and research in conjunction with the provider and external partners. Overall, at the time of our inspection the provider was emerging from the Covid-19 pandemic and had appropriately prioritised its focus on operations and reopening the business, with risk management checks and balances in place.

## Culture

- **The service had a culture of high-quality sustainable care.**
- We spoke with approximately ten staff members during our inspection process and all felt respected and valued and were proud to work for the service.
- The service focused on the needs of patients.
- We saw no evidence of behaviour and performance inconsistent with the vision and values of the service, but appropriate management processes were in place for that event.
- Openness, honesty and transparency were demonstrated when responding to incidents; for example, in response to staff concerns additional Perspex screening was installed to improve safety within the premises. 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 and 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. Staff received regular annual appraisals and were supported to meet the requirements of professional revalidation where necessary. All clinical and non-clinical staff were considered valued members of the team. Staff worked in their own time and were also given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff, flexible working arrangements were in place and refreshments and meals for staff were provided.
- The service actively promoted equality and diversity. Staff had received equality and diversity training and staff felt they were treated equally.
- The service had a longstanding culture of clinical excellence in travel medicine since at least 2012 and clinical staff, although understated, were clearly passionate about travel health. Clinicians worked in their own time and with support from the provider; clinicians were at the leading edge of knowledge and learning and were instrumental in facilitating improvements on site and at scale across the travel health sector.

For example:

# Are services well-led?

- The lead nurse undertook a clinical education article on Rabies prevention in people who travel overseas that was published in the Nursing standard (the official newspaper of the Royal College of Nursing).
- The lead nurse delivered sessions on rabies disease and rabies vaccine in the public and private sectors, including the NHS, pharmaceutical sector, and an organisation set up to protect global workforces from health and security threats.
- The lead nurse was an educator on site for the provider and further afield. The lead nurse delivered training on behalf of a London based University to educate practice nursing and wider healthcare staff on a range of travel health updates. The lead nurse delivered this training across several Clinical Groups (CCGs) in London.
- Clinicians routinely attended and spoke at conferences. For example, senior nurses were speakers regarding Female Genital Mutilation (FGM), at the Northern European Conference in Travel Medicine, in Stockholm in 2018.
- The lead doctor undertook original research in partnership with senior clinical peers across the world, to inform and improve the diagnosis of Ebola Virus Disease that was published in the Annals of Internal Medicine Journal. The Annals of Internal Medicine defines itself as “an academic medical journal published by the American College of Physicians. It is one of the most widely cited and influential specialty medical journals in the world.”
- The lead doctor was on the editorial board of the "Travel Medicine and Infectious Disease" since 2018.
- The lead doctor and nursing staff employed by the service were leading and delivering training at the RCPSG Faculty of Travel Medicine, such as in immunology for students undertaking the Postgraduate Diploma in Travel Medicine. The lead nurse was involved with students' examinations at the Faculty and the lead doctor had an advanced certificate in clinical education.

## **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 promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities and there was an organisational structure in the travel clinic with clearly defined lead staff with delegated areas of responsibility; such as safeguarding, complaints and infection control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- All staff were given an Employee Handbook and there was a whistleblowing policy as well as the service's grievance, disciplinary and capability procedures.
- Arrangements for staff recruitment, induction and ongoing professional development were implemented and overseen by the lead nurse with assistance from support staff in HR.

## **Managing risks, issues and performance**

### **There were clear and effective 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 patient 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 patient's feedback.
- The provider had plans in place and had trained staff for major incidents.
- We saw evidence that staff completed various daily, weekly and monthly checks to monitor the safe and effective running of the service.
- Any issues at the service were identified and addressed promptly and openly.
- Appropriate risk assessments and checks were carried out to ensure the premises were safe.

# Are services well-led?

## Appropriate and accurate information

### The service acted appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- 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. For example, the service completed an annual yellow fever audit as part of their Yellow Fever vaccine licence from NaTHNaC.
- 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. For example, clinical staff were in regular networking contact and collaboration with partners across the travel sector and incorporated learning contemporaneously into staff information sharing and training on site.
- Staff could describe to us the systems in place to give feedback through staff meetings, one to one meeting, appraisals and more informally day to day. The provider listened to staff and incorporated staff suggestions for improvements. For example, a staff members suggestion to improve wording on emails sent to patients to ensure the right person completes the health questionnaire.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

### There were 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
- 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 such as established, embedded and sustained attention to clinical excellence in travel health and improvement of standards, with multiple examples spanning a period of approximately ten years.