

## Sussex Travel Clinic Limited

# Sussex Travel Clinic Limited

### Inspection report

23 Farncombe Road  
Worthing  
East Sussex  
BN11 2AY

Tel: 01903 254774

Website: [www.sussextravelclinic.com](http://www.sussextravelclinic.com)

Date of inspection visit: 8 and 9 March 2018

Date of publication: 29/05/2018

### Overall summary

We carried out an announced comprehensive inspection on 8 and 9 March 2018 to ask the clinic the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that in some areas of care this clinic was not providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that in some areas of care this service was not providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

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

##### **Are services responsive?**

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

##### **Are services well-led?**

We found that in some areas of care this clinic was not providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Sussex Travel Clinic provides independent travel health advice, travel and non-travel vaccinations, and blood tests for antibody screening. People of all ages intending to travel abroad can seek advice regarding health risks and receive both information and necessary vaccinations and medicines. The clinic is also a registered yellow fever vaccination centre.

The service is provided by four nurses and a GP works remotely to provide medical support to the clinic. The registered manager holds the International Society of Travel Medicine Certificate (ISTM) in Travel Health and is a member of the Faculty of Travel Medicine at the Royal College of Physicians and Surgeons Glasgow.

The provider is registered with the Care Quality Commission to provide the following regulated activity: Treatment of disease, disorder or injury. One of the nurses is the nominated individual who is also registered with Care Quality Commission as the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

We received feedback from twelve clients about the clinic who were very positive. Comments included a great service, very informative and supportive, safe and clean environment. Clients felt staff were friendly, knowledgeable and professional.

## **Our key findings were:**

- The service was offered on a private, fee paying basis only.
- The clinic had good facilities and was well equipped to treat clients and meet their needs.
- Assessments of a client's treatment plan were thorough and followed national guidance.
- Clients received full and detailed explanations of any treatment options.
- The clinic had systems in place to identify, investigate and learn from incidents relating to the safety of clients and staff members.
- There were some processes in place to safeguard clients from abuse.
- There was no infection prevention and control policy; and there was no record of training in infection control.
- Some risk assessments had been carried out but there were not clear action plans to ensure that mitigating actions were completed.

- Staff did not always maintain the necessary skills and competence to support the needs of clients and not all staff had received training in Mental Capacity Act 2005 and the appropriate level of safeguarding for their role.
- The provider did not always ensure good governance, for example policies were not always followed or adapted to local needs and management of risk was not always sufficient.
- Medicines were not always administered in accordance with guidelines.
- The clinic encouraged and valued feedback from clients and staff.
- Feedback from clients was positive.
- The provider shared knowledge with other clinics owned by the parent company and by attending education events and training and networking with other clinical professionals specialising in travel.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure persons employed in the provision of the regulated activity receive the appropriate training necessary to enable them to carry out the duties.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

# 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 in some areas this service was not providing safe care in accordance with the relevant regulations.**

The impact of our concerns is minor for clients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Enforcement actions at the end of this report).

- There were systems in place for identifying, investigating and learning from incidents relating to the safety of clients and staff members.
- There were systems and processes in place to safeguard clients from abuse although we noted that not all staff had received safeguarding training appropriate to their job role.
- The staffing levels were appropriate for the care and treatment provided by the clinic.
- Some risk management processes were in place to manage and prevent harm, however there were not clear action plans in place to ensure that mitigating actions were taken when risks were identified and some risk assessments had not been completed.
- A fire risk assessment was carried out annually, and fire equipment was appropriately monitored and fit for use. Action taken to mitigate the risk of fire did not include undertaking regular fire drills within the clinic.
- The clinic did not have an infection control policy. The clinic had carried out infection control audits but the provider had not completed their action plan to mitigate identified risks.
- Emergency medicines and equipment were easily accessible.
- The provider could not provide assurance that staff had the appropriate authority for the administration of medicines via the use of Patient Specific Directions (PSDs) used for the administration of certain vaccines and travellers' diarrhoea packs that sometimes included antibiotics. A PSD is required to be signed by a prescriber prior to medicines being administered.

---

### Are services effective?

**We found that in some areas this service was not providing effective care in accordance with the relevant regulations.**

- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the clinic.
- Client consent and relevant information was sought before their information was shared with other services. The clinic verbally confirmed the identity of clients receiving care and that adults presenting with children for treatment had parental authority.
- A clinical assessment and medical history was undertaken prior to recommending treatments.
- Staff demonstrated they understood the relevant consent and decision making requirements of legislation and guidance, including Gillick competencies. (Gillick competence is a term used in medical law to decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment. There was no record of training being completed regarding Mental Capacity Act 2005.
- Staff received training appropriate to their role, with some exceptions including infection control and information governance.
- The clinic held an annual travel medicine training course that could be accessed by nurses working in primary care locally.

# Summary of findings

## Are services caring?

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

- Feedback from clients who used the clinic demonstrated a high level of satisfaction. Staff we spoke with were professional and friendly.
- We also saw that staff treated clients with dignity and respect.
- We were told by staff that clients were involved in decisions about their care and treatment.
- Information for clients about the services available was accessible and clearly stated the costs involved.

## Are services responsive to people's needs?

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

- Clients could book appointments in person at the clinic, via the website or by telephoning direct.
- Clients said they found it easy to make an appointment.
- Clients received personalised information in relation to their travel health. This detailed any additional health risks of travelling to their destinations, as well as the vaccination requirements.
- Longer consultations were available for families and those with complex travel or health needs.
- The clinic was well equipped to treat clients and meet their needs and was accessible to those with mobility requirements.
- Information about how to complain was available at the clinic and on their website.

## Are services well-led?

**We found that in some areas this service was not providing well-led care in accordance with the relevant regulations.**

- The clinic had a clear vision and strategy to deliver high quality care. Staff understood the company vision and their responsibilities in relation to it.
- There was a clear local leadership structure and staff felt supported by management. We noted a lack of clarity around managerial responsibility due to the transfer of the business to a new parent company.
- The clinic had policies and procedures to govern activity, however these were not all followed or adapted to local need.
- The provider did not always manage risk effectively.
- The clinic encouraged a culture of openness and honesty.
- Staff received inductions, performance reviews and received relevant training.
- The clinic proactively sought feedback from staff and clients.
- The clinic reflected on clinical actions taken and where necessary reviewed policies and procedures to ensure that clients received an improved service.

# Sussex Travel Clinic Limited

## Detailed findings

### Background to this inspection

We carried out an announced comprehensive inspection of Sussex Travel Clinic on 8 and 9 March 2018. Sussex Travel Clinic provides independent travel health advice, travel and non-travel vaccinations and blood tests for antibody screening. People of all ages intending to travel abroad can seek advice regarding health risks and receive both information and necessary vaccinations and medicines. The clinic is also a registered yellow fever vaccination centre.

Sussex Travel Clinic Ltd runs services from two locations and is owned by a parent company with multiple locations in the UK. This inspection relates to the services being provided only from 23 Farncombe Road, Worthing, Sussex, BN11 2AY.

Opening times are:

Monday 9am-7pm

Tuesday 9am-7pm

Wednesday 9am-7pm

Thursday 9am-7pm

Friday 9am-4pm

Saturday 9am-1pm

The clinic is located in a converted building in Worthing with two consulting rooms. The building does not have wheelchair access but clients with limited mobility can be seen at the Sussex Travel Clinic in Hove.

The inspection team was led by a CQC inspector and included a second CQC inspector who was also a registered nurse.

Prior to the inspection we gathered and reviewed information from the provider. During our visit we:

- Spoke with receptionists, administrative staff and three travel nurses one of whom is the registered manager.
- Reviewed comment cards where clients shared their views and experiences of the service.
- Looked at documents the clinic used to carry out services, including policies and procedures.

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

We found that in some areas this service was not providing safe care in accordance with the relevant regulations. The impact of our concerns is minor for clients using the service, in terms of the quality and safety of clinical care. This was due to the administration of medicines that require person specific direction (PSD) prior to the PSD being signed, not completing mitigating actions identified in risk assessments, not ensuring that all premises risk assessments and safety checks were completed, not ensuring that all staff were trained to an appropriate level of safeguarding children for their job role and not having clear policies or training in place to prevent the spread of infection. We have told the provider to take action (see Enforcement Notices).

### Safety systems and processes

The clinic had clear systems to keep clients safe and safeguarded from abuse.

- The provider had policies in place for safeguarding children and vulnerable adults. Nursing staff had received some training in safeguarding but the provider was unable to demonstrate that this was to an appropriate level in relation to protecting children and vulnerable adults. There was a nominated safeguarding lead within the service. There was clear contact information accessible to staff for local child and adult support teams. Staff demonstrated an understanding of how to identify and raise a safeguarding concern.
- We saw evidence that recruitment checks had been carried out prior to employment including proof of identity and a full employment history. The clinic carried out staff checks, including checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken. (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).
- There was not a clear system to manage infection prevention and control. There was no appropriate guidance and no record that staff had received up-to-date training in infection control. One of the registered nurses was the infection control lead. An infection control audit had been carried out but the action plan to mitigate the risk had not been completed.

- The clinic ensured that equipment was safe and maintained according to manufacturers' instructions. Electrical and clinical equipment had been tested within the past year.
- There were systems for safely managing healthcare waste. Clinical waste bins within clinic rooms had been clearly labelled. Sharps containers were available in each clinic room. These were labelled, dated and signed as required.

### Risks to patients

- There were some systems to assess, monitor and manage risks to client safety. There was no risk assessment for Legionella and fire risk assessments did not sufficiently mitigate the risk. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was an effective induction system for staff tailored to their role.
- Staff had received basic life support training and anaphylaxis training which was annually updated.
- The clinic had a defibrillator and oxygen available on site. However, oxygen warning signage was not in place.
- The clinic ensured that adrenaline; used in the event of anaphylaxis (a serious allergic reaction that is rapid in onset and can be fatal if not responded to) was readily available.
- All nurses had appropriate professional indemnity cover in place.

### Information to deliver safe care and treatment

- 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. Paper records were stored in a locked filing cabinet.
- Clients accessing the service were asked to provide basic travel information to reception staff when booking their appointment. As part of the nurse consultation a travel questionnaire was completed with the client and risks identified. This assessment included information about their travel plans including the country to be visited and the length of stay. In addition, personal medical history, medical conditions, vaccination history, regular medicines, and allergies were reviewed as part of the consultation. .

# Are services safe?

- The clinic had systems for sharing information with staff and the client's GP to enable them to know what treatment and advice had been provided. Clients were asked to consent to information being shared with their GP and where medical conditions impacted on the appropriateness of vaccines this would be done in consultation with the client's GP or specialist with the client's consent and involvement. Blood tests would not be carried out without consent for information to be shared with their GP.

## Safe and appropriate use of medicines

- Medicines were stored securely in a treatment room. Vaccines were stored in a dedicated vaccine fridge with a visual colour coding system which clearly identified the order in which vaccines should be used. However the clinic was not following their own protocol for fridge monitoring to ensure it maintained the correct temperature range for safe storage. A data logger captured ongoing temperatures and the system alerted key staff to the fridge temperature going out of range. Monitoring reports were managed through the head office of the parent company. However, the clinic policy stated that manual daily fridge temperature checks would also be carried out on site but this was not being done.
- Emergency medicines were readily available and in date.
- Some medicines and vaccines were supplied or administered to clients following a Patient Group Direction (PGD). PGDs were in date and signed by the authors, including a doctor who supported the service. Nurses working under the PGDs had signed to show they had read them and we saw during the inspection that these PGDs were referred to closely during consultations with clients.
- Nurses kept up to date on vaccines and immunisations through the use of specialist resources such as the Green Book (Public Health England guidance on vaccines and vaccination procedures).
- Medicines or vaccines to be administered/supplied through a Patient Specific Direction (PSD) were being supplied prior to the PSD being signed by a doctor. We told the provider that in future all medicines supplied through PSD must have the PSD signed prior to supply.

## Track record on safety

The clinic had a good safety record.

- There were policies and procedures in relation to safety issues.
- The clinic monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The clinic had arrangements in place to receive and comply with patient safety alerts, recalls and rapid response reports issued through the Medicines and Healthcare products Regulatory Authority (MHRA).
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

## Lessons learned and improvements made

The clinic learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses.
- The provider encouraged a learning culture and staff described a no blame environment where they felt empowered to report concerns or incidents.
- There were adequate systems for reviewing and investigating when things went wrong and this was done jointly across both clinics and the learning was also shared with other clinics owned by the parent company. The clinic learned and shared lessons, identified themes and took action to improve safety in the clinic. For example, an incident where a vaccine was given in error was recorded. Action included apologising to the client, the provision of clinical advice and a follow up call from the clinic manager. An incident outcome form was completed, identifying any factors leading to the incident, actions taken and outcomes/organisational learning identified. Nursing staff confirmed they were involved in discussions about incidents at staff meetings and received email communication about changes to practice as a result.
- There was a system for receiving and acting on safety alerts. The clinic learned from external safety events as well as patient and medicine safety alerts.



# Are services effective?

(for example, treatment is effective)

## Our findings

We found that in some areas this service was not providing effective care in accordance with the relevant regulations. The impact of our concerns is minor for clients using the service, in terms of the quality and safety of clinical care. This was due to the provider not ensuring that staff had received training appropriate to their job role. We have told the provider to take action (see Requirement Notices).

### Effective needs assessment, care and treatment

The clinic had systems to keep the nurses up to date with current evidence-based practice. We saw that the nurses assessed needs and delivered treatment in line with current legislation, standards and best practice guidelines such as the National Travel Health Network and Centre (NaTHNaC) travel guidance.

Clients' needs were fully assessed. A travel risk assessment form was completed for each person prior to administration or supply of any medicines or vaccines. This included information regarding previous medical history, any allergies and whether the client was taking any medicines. This information was used to determine the most appropriate course of treatment.

We saw no evidence of discrimination when making treatment decisions.

The nurses advised clients what to do if they experienced side effects from the medicines and vaccines. Clients were also issued with additional health information when travelling.

### Monitoring care and treatment

The provider had undertaken audits of the care and treatment interventions provided to clients. This included a client satisfaction audit. An audit of travel consultations carried out across both clinics in February 2018 focused on the quality of information recorded as part of the travel consultation. This audit identified that improvements were needed in relation to obtaining information about clients' vaccine history. The manager told us that an action plan relating to this was being discussed with the staff member who undertook the audit and that plans were in place to repeat the audit at a later date.

### Effective staffing

Staff had the skills, knowledge and experience required to carry out their roles. For example, staff had received specific training and updates in travel health and could demonstrate how they stayed up to date. Staff told us they had access to the training they required.

- Staff whose role included provision of yellow fever immunisation had the necessary specific training to do so.
- All the staff providing clinical services were registered nurses, who had received specialist training in travel health. We saw records and qualifications to confirm this. This included nurses having immunisation training and specialist travel vaccination training via a two day course and annual travel health update. The registered manager holds the International Society of Travel Medicine Certificate (ISTM) in Travel Health and is a member of the Faculty of Travel Medicine at the Royal College of Physicians and Surgeons Glasgow..
- All nurses were supported to undertake revalidation. Revalidation is the process that all nurses and midwives in the UK need to follow to maintain their registration with the Nursing and Midwifery Council (NMC), which allows them to practise.
- There was an induction programme for newly appointed staff. This included supervised practice and competency assessments. A core competency framework was in place where knowledge, skills and clinical processes and procedures were assessed as part of the competency assessment.
- Staff were not up to date with their mandatory training, including fire safety, infection control and safeguarding vulnerable adults and children.

### Coordinating patient care and information sharing

The provider shared relevant information with other services. For example, when vaccinations were completed the individual was given information and advice on contacting their GP. The service would contact the client's own GP with their involvement and consent if any concerns had been identified.

Outside of client consultation the service worked with other travel and health organisations to ensure they had the most up to date information.

### Supporting patients to live healthier lives



# Are services effective?

(for example, treatment is effective)

Clients were assessed and given individually tailored advice. For example, the clinic provided information on a number of infectious diseases, travellers' health guides and individual travel advice provided to each client following consultation.

The clinic stocked a wide range of travel health related items, such as mosquito nets and repellents, water purification tablets and first aid kits. Staff also advised on and supplied more specialist medical kits and supplies for expeditions to remote locations.

## **Consent to care and treatment**

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. There was also no record that clinical staff had received training in the Mental Capacity Act 2005.
- The clinic verbally carried out checks of the identity of clients and that adults presenting with children for treatment had parental authority for that child.
- Written and verbal information was given to clients using the service. This included information on medicines and vaccines including risks and benefits prior to administration. Travel risk assessment forms included a section for clients to sign their consent.

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

- Staff treated clients with respect and professionalism. We observed staff to be respectful and courteous to clients, treating them with kindness and compassion.
- Staff understood clients' personal, cultural, social and religious needs. The clinic gave clients timely support and information.
- We received 10 Care Quality Commission comment cards and spoke to two clients. All of these were positive about the service experienced. Clients described the service as being accommodating and flexible. Comments about staff were also positive feedback and remarked on staff being knowledgeable, professional, friendly and attentive.

### Involvement in decisions about care and treatment

- Staff helped clients be involved in decisions about their care. Treatment was fully explained, including the cost of treatment, and clients reported that appointments were available quickly and that they were given good advice.

- Written and verbal information and advice was given to clients about health treatments available to them.
- Information leaflets were available to clients and following their consultation clients were provided with personalised treatment plans.

### Privacy and Dignity

- Staff recognised the importance of client's dignity and respect. Consultations took place behind closed doors and staff knocked when they needed to enter. We noted that conversations in the consultation rooms could sometimes be overheard.
- Clients were collected from the waiting area by the nurses and were kept informed should there be a delay to their appointment.
- CQC comment cards supported the view that the service treated clients with respect.
- All client records were kept in secured filing cabinets within an alarmed building. Staff complied with information governance and clinical staff gave medical information to clients only.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

The clinic organised and delivered services to meet clients' needs.

- The facilities and premises were appropriate for the services delivered. The clinic had a waiting area and two clinical rooms. The clinical rooms were not accessible to clients with limited mobility but these clients were offered appointments at the Sussex Travel Clinic in Hove.
- Equipment and materials needed for consultation, assessment and treatment were available at the time of clients attending for their appointments.
- Information was available on the service website, informing people about the services available and the costs involved as well as providing a booking portal for appointments.
- The service provided care for both adults and children. People were able to drop into the service for advice and information.
- The clinic was a registered yellow fever centre and complied with the code of practice. All staff had attended training for the administration of yellow fever.

### Timely access to the service

- The service was open from Monday to Thursday 9am to 7pm, on Fridays from 9am to 4pm and on Saturdays from 9am to 1pm. The website contained details of current opening times. Walk in appointments were also available.
- Clients who needed a course of injections were given future appointments to suit the client.
- Clients were able to book appointments over the telephone, in person or from on the providers website.

### Listening and learning from concerns and complaints

There was a complaints system in place. The service had a complaints policy which detailed how and the time frame in which the service responded to complaints. The policy included details of other agencies to contact if a client was not satisfied with the outcome of the service's investigation into their complaints.

Fourteen complaints had been received across both locations of Sussex Travel Clinic including this one in the last year. For example, one complaint related to information being inadvertently shared with a GP without the consent of the client. As a result, following team discussion, a box had been added to the client questionnaire about their contact preferences. The clinic sought client feedback via an internal client survey. We noted that results had been recorded and were all positive.

# Are services well-led?

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

## Our findings

We found that in some areas this service was not providing well-led care in accordance with the relevant regulations. The impact of our concerns is minor for clients using the service, in terms of the quality and safety of clinical care. This was due to the provider not ensuring that appropriate policies and protocols were available and used and not managing risk effectively. We have told the provider to take action (see Requirement Notices).

### Leadership capacity and capability;

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

- There was a registered manager in post who understood their responsibilities.
- The nursing team had the experience, capacity and skills to deliver the clinic strategy and address risks to it.
- Staff were knowledgeable about issues and priorities relating to the quality and future of services offered. For example, staff were aware of national vaccine shortages and what action to take regarding this.
- There were effective processes for planning the future of the clinic.

### Vision and strategy

The provider had a clear vision to provide a high quality service that put caring and client safety at its heart. The provider was planning to become further integrated with the parent company; however, there was no formal documented business strategy in place.

### Culture

Candour, openness, honesty and transparency and challenges to poor practice were evident.

- Staff we spoke with were proud to work in the clinic and said they felt respected, supported and valued.
- The clinic focused on the needs of clients and ensured that staff had the correct knowledge and training to do this.
- Staff were encouraged to attend training, seminars and speak with other colleagues in the travel profession.
- The provider had a whistleblowing policy and staff we spoke with were aware of this policy. However we noted there were two different whistleblowing policies, one local policy and one provided by the parent company.

### Governance arrangements

Staff were clear on their roles and accountabilities including.

The provider had some policies and procedures to ensure safety. However they did not assure themselves that they were operating as intended. There were different versions available of some of the policies we reviewed and the clinic was not always following their own policies. There was a mixture of policies from the local provider and the parent company and some key policies were not available, for example, infection control. The registered manager was the first point of contact for staff regarding any issues.

### Managing risks, issues and performance

There were some processes to identify, understand, monitor and address current and future risks including risks to client safety. We noted that steps were taken in response to any issues found.

- The provider and staff had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints.
- The clinic had recently started a clinical audit programme but there was no clear schedule for how this would proceed.
- There was a lack of clarity between what the managerial responsibility of the local leadership was and what the managerial responsibility of the parent company was.
- Where risk assessments had been carried out there was no monitoring in place to ensure that actions required to mitigate the risks identified had been completed.
- The provider was not aware of their duty as employers under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

### Appropriate and accurate information

- The clinic used information technology systems to monitor and improve the quality of care.
- Client records were securely stored on the information technology system only accessible via staff log-in.

### Engagement with patients, the public, staff and external partners

- The clinic involved clients, staff and external partners to promote and support high-quality sustainable services.

# Are services well-led?

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

- Clients were encouraged to provide feedback. The clinic had received numerous compliments and positive feedback in relation to the caring attitude and knowledge of staff members.
- Nurses regularly engaged with external partners, including neighbouring GP surgeries, other travel clinics and networked with clinicians within the travel industry.
- The provider was involved in a variety of regular meetings with lead staff from other clinics owned by the parent company.
- Staff were encouraged to continually develop and improve their knowledge. There was access to national resources and up to date travel guidance to ensure that advice and treatment given to clients who use the service was up to date.
- The registered manager and nurses working within the clinic had designed and developed templates and client literature in order to improve their consultation practice and service to clients. Some of this development had been shared across the parent company as a whole, ensuring that learning was shared with other clinics.
- The nurses supported local schools and gave advice in relation to overseas school trips and health advice.
- The clinic ran an annual travel health training event for internal staff and invited local practice nurses to attend at no cost.

## **Continuous improvement and innovation**

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>The registered person had systems or processes in place that did not operate effectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• Fire risk assessment was not comprehensive and there was no Legionella risk assessment.</li><li>• Plans to mitigate risks were not clear or monitored.</li><li>• No infection control policy.</li></ul> <p>There was additional evidence of poor governance. In particular:</p> <ul style="list-style-type: none"><li>• No clear system for maintaining policies or ensuring staff had read and understood policies.</li><li>• Oxygen was being stored without appropriate signage.</li></ul>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p>



This section is primarily information for the provider

## Requirement notices

- No evidence of Mental Capacity Act 2005, safeguarding level two or three or infection control training for clinical staff.
- No evidence of infection control training for non-clinical staff.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none"><li>Medicines and vaccines were being provided without appropriately signed Patient Specific Directions.</li></ul> <p>This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>