

TMB Trading Limited Canary Wharf

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 4 April 2018 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.

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.

The service is a private travel clinic located in Canary Wharf, London.

Our key findings were:

- The service had systems to assess, monitor and manage risks to patient safety, and reliable systems for appropriate and safe handling of medicines. The service learned from, and made changes as a result of, incidents and complaints.
- The service assessed need and delivered care in line with current legislation, standards and evidence based guidance, and reviewed the effectiveness and appropriateness of the care provided through clinical audits.
- The service gave patients a full travel health assessment and tailored immunisation plan, taking into account medical history, the destination and method of travel and any associated risks.
- The service treated patients with kindness, respect and compassion, and patient feedback was positive about the service experienced.

Summary of findings

- The service organised and delivered services to meet patients' needs. The service also carried out off site visits, for example to schools, and had policies and processes in place to support these visits.
- There was a clear leadership structure in place, and staff told us that they felt able to raise concerns and were confident that these would be addressed.
- The service had a governance framework in place, which supported the delivery of quality care, and processes for managing risks, issues and performance.

There were areas where the provider could make improvements and should:

- Consider the necessity to calibrate equipment such as blood pressure monitoring equipment.
- Review anaphylaxis training scenario assessments to ensure they reflect up to date guidelines regarding chest compressions.
- Consider reviewing recruitment processes to ensure relevant risk assessments are carried out for staff.
- Consider the necessity for interpretation services for patients whose first language is not English.

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 providing safe care in accordance with the relevant regulations.

- The service had systems to assess, monitor and manage risks to patient safety.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The service had reliable systems for appropriate and safe handling of medicines.
- There was a system to enable learning when things went wrong, and when there were unexpected or unintended safety incidents the service gave affected people reasonable support and an apology or expression of regret.

Are services effective?

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

- The service assessed need and delivered care in line with current legislation, standards and evidence based guidance.
- The service gave patients a full travel health assessment and tailored immunisation plan, taking into account medical history, the destination and method of travel and any associated risks.
- The service had a comprehensive programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided through clinical audits.
- Staff had the skills, knowledge and experience to carry out their roles.
- Nurses understood the requirements of legislation and guidance when considering consent and decision making.

Are services caring?

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

- The service treated patients with kindness, respect and compassion.
- Patient feedback was positive about the service experienced.
- Staff provided patients with relevant travel health information and explained the various vaccinations and medicines available.
- Staff recognised the importance of patients' privacy and dignity, and the service complied with the Data Protection Act 1998.

Are services responsive to people's needs?

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

- The service organised and delivered services to meet patients' needs, and premises were appropriate for the services delivered.
- Patients were able to access care and treatment from the service within an acceptable timescale for their needs and the appointment system was easy to use.
- The service carried out off site visits and had policies and processes in place to support these.
- The service had a complaints policy in place and information about how to complain was available to patients.

Are services well-led?

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

Summary of findings

- There was a clear leadership structure in place, and staff told us that they felt able to raise concerns and were confident that these would be addressed.
 - The service provided specialist travel health advice and treatment from highly-trained nurses.
 - The service was aware of and complied with the requirements of the duty of candour.
 - The service had a governance framework in place, which supported the delivery of quality care, and processes for managing risks, issues and performance.
 - We saw evidence that the service made changes and improvements to services as a result of significant events, complaints and patient feedback.
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Canary Wharf

Detailed findings

Background to this inspection

The service is a private travel clinic located in Canary Wharf, London. The service is a location for the provider TMB Trading Limited who has owned Nomad travel stores and clinics since October 2016. TMB Trading Limited manages nine travel clinics across England and Wales.

The service provides travel health advice and consultations, travel and non-travel vaccines, blood tests for antibody screening and travel medicines such as anti-malarial medicines to children and adults. The service also holds a licence to administer yellow fever vaccines.

The service is open on Tuesdays and Wednesdays from 9am to 5.30pm and on Thursdays from 11.30am to 8pm, and there is a central customer service team which manages appointment bookings. The service employs four nurses, a Pharmacist, a Pharmacist assistant and store staff members (administrative staff) and sees approximately 150 patients per month.

The service is registered with the CQC to provide the following regulated activities: diagnostic and screening procedures; transport services, triage and medical advice provided remotely; and treatment of disease, disorder or injury.

The lead nurse at the service is also the registered manager. A registered manager is a person who is registered with the CQC 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.

We carried out this inspection as a part of our comprehensive inspection programme of independent health providers.

Our inspection team was led by a CQC lead inspector, who was supported by a Practice Nurse specialist advisor.

The inspection was carried out on 4 April 2018. Prior to the visit, we received some information from the registered manager (and lead nurse) who was not available on site during the inspection. During the visit we:

- Spoke with the nominated individual, who is also the clinical operations manager and works as a nurse in the clinic (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).
- Spoke to the Pharmacist for the provider, and the store manager for the service.
- Reviewed a sample of patient care and treatment records.
- Reviewed comment cards in which patients shared their views and experiences of the service.

We asked for CQC comment cards to be completed by patients prior to the inspection. We received 10 comment cards which were all positive about the standard of care received. Staff were described as helpful, informative, and friendly.

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

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

Detailed findings

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

Are services safe?

Our findings

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

Safety systems and processes

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

- The service carried out safety risk assessments and had safety policies which were regularly reviewed and communicated to staff. Staff received health and safety training as part of their induction.
- The service had completed a risk assessment for legionella (a bacterium which can contaminate water systems in buildings), dated 1 February 2018, which confirmed that there were no issues to be actioned.
- There was an effective system to manage infection prevention and control. The infection control policy was detailed and contained explanations as to why certain actions should or should not be done. The service carried out infection control audits annually; we saw the most recent infection control audit which was dated 15 March 2018.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, although the nominated individual told us that the blood pressure cuff had not been calibrated.
- We saw completed logs of daily cleaning and monthly deep cleaning. There were systems for safely managing healthcare waste.
- There was a system in place for reporting and recording significant events and complaints. We saw significant events and complaints policies which demonstrated that, where patients had been impacted, they would receive an explanation of any actions taken to change or improve processes and an apology, when appropriate. We were told that all significant events and complaints received by the service were discussed in clinical governance meetings, and learning would be shared with all relevant staff, and we saw meeting minutes and emails which confirmed this.
- 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).

- However, we did see in one staff file that the service had allowed a nurse to commence work prior to receiving evidence of good character, such as a reference from a previous employer (a reference was received 11 days after the nurse started work). The nominated individual told us that there was no risk assessment completed in respect of this decision.
- Nurses undertook professional revalidation every three years in order to maintain their registration with the Nursing and Midwifery Council (NMC).
- We saw evidence that, in October 2017, the nominated individual had carried out a check of the NMC register to ensure that the nurses at the service remained registered with no restrictions on their practice.
- All staff had completed safeguarding vulnerable adults and safeguarding children training to level 2. The nominated individual told us that the safeguarding lead for the provider had completed safeguarding training to level 4. Staff knew how to recognise and report potential safeguarding issues. Nurses had also completed an online Home Office training course on recognising and preventing female genital mutilation (FGM).
- The service had a chaperone policy and we saw posters in the reception area and on treatment room doors advising patients of this. Members of staff who had received a DBS check received training to act as chaperones.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. When there were changes to opening hours or staff the service assessed and monitored the impact on safety.

Are services safe?

- There was an effective induction system for temporary and permanent staff tailored to their role. All new nurses working at the service have a review meeting at three and six month intervals to discuss their performance and any issues.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Emergency medicines for the treatment of anaphylaxis were kept in a first aid kit in the nurse's treatment room, and were accessible for staff.
- Nurses and store staff completed anaphylaxis training scenarios every six months. However, the training scenario assessment we saw referred to giving 15 chest compressions, rather than 30 compressions as set out in the Resuscitation Council (UK) guidelines.
- All staff had received basic life support training.
- We saw evidence that there were professional indemnity arrangements in place for clinical staff.
- If treatment was being provided to a child, the service asked for parents to provide a debit or credit card in addition to contact details, so that this could be double-checked against the information given and identification details recorded on the care record.
- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring refrigerated medicines were kept at the required temperatures which described the action to take in the event of a potential failure. We saw evidence that the service completed daily monitoring of the refrigerator temperatures.
- The nurses used Patient Group Directions (PGDs) to administer vaccines in line with legal requirements. PGDs had been produced in line with legal requirements and national guidance. We saw evidence that nurses had received appropriate training and had been assessed as competent to administer the medicines referred to.
- The service had recently introduced an electronic stock control system to ensure adequate supply of vaccines and medicines.
- The service dispensed medicines to patients, including anti-malarial treatment, antibiotics for treatment of diarrhoea, and altitude mountain sickness tablets. When dispensing medicines, the service provided patients with detailed information leaflets (which were also available in other languages including Swahili, French, Spanish and Chinese).
- The service provided intradermal Rabies vaccines, as a cost effective option to patients, which is an off-licensed method of administration (using off-licensed medicines is higher risk than licensed medicines, because off-licensed medicines may not have been assessed for safety, quality and efficacy). The World Health Organisation and Public Health England recommend intradermal Rabies as a form of treatment for those possibly exposed to Rabies. The service provides

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.
- We saw an example of a patient's care record in which it was noted that the patient was taking Warfarin, a high risk medicine; this was recorded in a private note on the record, meaning that store staff could not view this information, but it was visible to the nurses so they could take it into account when giving advice or recommending medicine.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

Are services safe?

patients with an information leaflets before administering the vaccine, which explain clearly what the method of administration involves and information about it being an off-licensed method of administration.

Track record on safety

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 and individual nurses received information from NaTHNac (National Travel Health Network and Centre, a service commissioned by Public Health England) and other sources alerting them to disease outbreaks.

Lessons learned and improvements made

The service had a system to enable learning 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. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The provider learned and shared lessons across all the travel health clinics, identified themes and took action to improve

safety in the practice. For example, an incident where a patient had been given a double dose of medicine by a nurse had been dealt with appropriately; the excess administration was documented in the patient's notes, the patient was informed of the error, that there was no harm caused, and was given an apology, and all nurses were emailed with the guidelines for the administration of the particular medicine and reminded of the importance to follow the instructions accurately.

- The service was aware of and complied with the requirements of the Duty of Candour, which was referenced in the 'Accident, Incident, Near Miss' policy. The service encouraged a culture of openness and honesty, and had systems in place for knowing about notifiable safety incidents.
- When there were unexpected or unintended safety incidents the service gave affected people reasonable support and an apology or expression of regret.
- There was a system for receiving and acting on safety alerts. The Pharmacist received medicines safety alerts and communicated these to all the provider's clinics by email, and any information regarding the alert was recorded in the nurse communication file.
- The service also received health safety alerts from NaTHNac and Travax (an interactive travel health website maintained and updated by Health Protection Scotland) and these were shared with staff in emails, discussed in weekly meetings and recorded in communication files.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The service assessed needs and delivered care in line with current legislation, standards and evidence based guidance.

- We saw that nurses 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. For example, the lead nurse stated that, using guidelines from the NaTHNac Yellow fever zone, she is able confidently to discuss and advise high-risk pregnant travellers on the safety of receiving the yellow fever vaccination during pregnancy.
- The service gave patients a full travel health assessment, which we saw was a detailed risk assessment producing a tailored immunisation plan, taking into account medical history, the destination and method of travel and any associated risks.
- Virtual clinical support from the on-call medical team was available to nurses during consultations.
- We saw no evidence of discrimination when making care and treatment decisions.
- We saw the service had produced specific guidance for staff and patients following public discussion about the schedules of certain vaccines, such as the Bexsero (Meningitis B) vaccine.

Monitoring care and treatment

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

- The service had a comprehensive programme of quality improvement activity. For example, the service completed an annual audit which encompassed: an onsite clinical audit (checking for any hazards, reviewing premises and equipment and information leaflets and posters); nurse consultation assessments; and a computerised medical records audit.

- The service also carried out three to six monthly audits of nurse consultations using a consultation tool to monitor and review the care and treatment given to patients. We saw evidence that samples of care records from consultations were reviewed and written feedback was recorded and discussed with the individual nurses regarding record keeping and travel health choices and treatment. The nominated individual told us that if any trends or wider issues were identified then these would be communicated to all nurses across the Nomad travel clinics.
- We saw meeting minutes which recorded that nurses had fed back learning and updates to other staff after they had attended nursing conferences or training courses.

Effective staffing

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

- Nurses had received training to carry out their roles, for example all the nurses completed specific training to administer .
- We saw up to date records of skills, qualifications and training for staff, and we were told that staff were encouraged and given opportunities to develop.
- The service had an induction programme for all new staff, and we saw a copy of a comprehensive induction and training checklist.
- We saw minutes from meetings in which staffing and training was discussed, including weekly meetings with store staff and nurses, and clinical governance meetings involving the clinical operations manager, specialist travel health nurse, Pharmacist, General Manager and any doctors who were available.
- 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.

Are services effective?

(for example, treatment is effective)

- The service had produced a 'GP notification of treatment' form which was provided to all patients to complete; once completed, the service would provide patients' NHS GPs with a written update on any vaccines or medicine given.
- Staff told us that patients are advised when they could obtain their vaccine or medicines for no cost from their NHS GP; we saw an example of a patient's care record where it was documented that the patient would obtain another vaccine from their NHS GP.

Supporting patients to live healthier lives

Staff were proactive in helping patients to live healthier lives whilst travelling.

- Nurses provided patients with advice and information leaflets about how to prevent travel related illnesses, which included diarrhoea, altitude sickness, 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.

- The nurses understood the requirements of legislation and guidance when considering consent and decision making, including the Mental Capacity Act 2005.
- Nurses supported patients to make decisions about their care and treatment.
- If treatment was being provided to a child, consent was sought from the child's next of kin.

Are services caring?

Our findings

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

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.
- All of the 10 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said that staff were very informative and provided excellent customer care, and one comment card described being made to feel very comfortable.
- The comment cards were in line with the results of the services' patient survey from January 2018. For example, 100% of 29 respondents stated that the nurses listened to them, acted professionally and inspired confidence.

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 service did not offer interpretation services, but told us that when patients booked an appointment they were asked if they spoke English fluently and, if needed, were told to bring a friend or family member or arrange for their own interpreter to attend the appointment with them. This information is also on the service's website.

- Medicines information leaflets which were provided to patients were available in other languages, including
- Patients we spoke with on the day of inspection said that they felt involved in decisions about their care and treatment and that they were provided with lots of information. One of the CQC comment cards stated that their questions were listened to and answered.

Privacy and Dignity

Staff recognised the importance of patients' privacy and dignity.

- The service complied with the Data Protection Act 1998.
- 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. The store manager told us that any paper forms containing patient information would be locked away and, once uploaded to the computer system, would be shredded.
- We saw that doors were closed during appointments and that conversations taking place in the treatment room could not be overheard.
- Public or private notes could be written on patients' care records, to ensure that only those staff members who needed to see sensitive information (such as patients' current medicines or health conditions) would have access to this.
- In the service's patient survey from January 2018, 100% of 29 respondents stated that the nurses respected their privacy and dignity.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The facilities and premises were appropriate for the services delivered.
- At the time of booking, patients are asked if they required additional time for their appointment because of a complex medical history or disability.
- Staff told us that any additional information about a patient's specific needs were recorded on the appointment booking; this was then available to store staff to see so that they could prepare for the patient's arrival and make any necessary adjustments.
- Staff told us that, if a patient had hearing difficulties, the nurse could write information down and provide literature about the travel health risks identified and the recommended vaccine or medicine.
- The service carried out off site visits, most recently to a public school in Surrey in March 2018 to administer Rabies and Hepatitis A vaccines to over 40 patients. The service had processes, specific policies regarding the cold chain and risk assessments in place for off site visits.

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 is open on Tuesdays and Wednesdays from 9am to 5.30pm and on Thursdays from 11.30am to 8pm.
- The provider has another three Nomad travel clinics in London which patients can also attend, two of which are open six days per week and the other five days per week.

- The appointment system was easy to use. Patients could book appointments online or via the provider's customer service team. The service also accepts walk-in patients if appointments are available. Staff told us that telephone consultations are available if requested by patients.
- Staff told us that certain appointments are prioritised, for example patients who are booking an appointment for a post-exposure Rabies consultation or treatment.

Listening and learning from concerns and complaints

The service had a complaints policy in place.

- We saw information in the Client Information Folder in the reception area which had a copy of the complaints policy, which detailed how patients could make a complaint, and copies of blank complaints form to complete.
- Staff told us that if patients wish to make a complaint, then they are given copies of the complaint form and complaint policy, either in hard copy or sent by email. Complaints would be reviewed and dealt with by the lead nurse, if clinical in nature, or the provider's Customer Services Manager, and also passed on to the provider's General Manager.
- The service had not received any complaints in the last year. We reviewed a complaint from another Nomad travel clinic and found that it had been handled appropriately and in a timely way. We saw evidence that the patient, who had raised a complaint that their child's appointment had been changed, was provided with a formal written explanation and apology, and the child's appointment was then prioritised.
- Where incidents had occurred at other Nomad travel clinics, learning and outcomes were shared across all sites.

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

Leadership capacity and capability

There was a clear leadership structure in place.

- The provider's head office is based in London, but the clinical operations manager for all the Nomad travel clinics works as a nurse at the Canary Wharf location.
- The lead nurse at the service, who was also the registered manager, was responsible for the day to day running of it, and the senior management team were responsible for the organisational direction of all the Nomad travel clinics.
- Leaders at all levels were visible and approachable, working closely with all staff.
- We saw evidence of staff and clinical governance meetings being held on a regular basis. These meetings discussed operational developments, significant events, complaints and any travel health updates or news.

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 from highly-trained nurses.

Culture

Staff stated they felt respected, supported and valued.

- Staff told us that they felt able to raise concerns and were confident that these would be addressed. Staff told us that they felt they were treated equally.
- The service was aware of the requirements of the duty of candour. The 'Accident, Incident, Near Miss' policy stated that, if a serious incident occurred, the service would provide the affected patients with support and information, and an apology or expression of regret.

- There were processes for providing all staff with the development they needed. This included annual appraisals, regular reviews with new nursing staff, career development conversations, and specific training in travel health.

Governance arrangements

The service had a governance framework in place, which supported the delivery of quality care.

- There was a clear staffing structure in place. Staff understood their roles and responsibilities, including in respect of safeguarding, infection control and management of medicines.
- Service specific policies and processes had been developed and implemented and were accessible to staff through a shared encrypted 'Dropbox' account. These included policies in relation to safeguarding, infection control, chaperones, clinical waste, needle stick injuries, the cold chain and medicines management.
- Staff were provided with an Employee Handbook with contained a whistle-blowing policy, equal opportunities policy, grievance procedure, disciplinary procedure and capability procedure.

Managing risks, issues and performance

The service had established processes for managing risks, issues and performance.

- The service had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through consultation audits which were carried out on a three to six monthly basis.
- We saw evidence that staff completed daily, weekly and monthly checks to monitor the safe and effective running of the service.
- The provider's Pharmacist and senior clinical team had oversight of medicines safety alerts, and the senior management team had oversight of serious incidents and complaints.
- The service had a business continuity plan and advised staff of the processes in the event of any major incidents. The store manager told us that one of the other Nomad travel clinics in London had experienced a power cut; this was immediately communicated by staff

Are services well-led?

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

to senior management, and then patients were telephoned by the central customer service team to cancel their appointments or re-book them in another clinic if convenient.

- Staff told us that they understood the fire evacuation procedures and that fire alarm tests and fire drills were carried out. We saw that the most recent fire drill was carried out in December 2017 and the most recent fire alarm test was on 7 March 2018. The fire assembly point was recorded on the fire notices in the premises.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The service adhered to data security standards to ensure the availability, integrity and confidentiality of patient identifiable data and records.
- The service submitted data and notifications to external bodies as required. For example, the service completed an annual yellow fever audit as part of their Yellow Fever vaccine licence from NaTHNaC.

Engagement with patients, the public, staff and external partners

The service involved patients and staff to support the service they offered.

- The service carried out annual patient surveys to seek patients' views about the care they were receiving.
- We saw that there were comment cards and a box in reception for patients to provide feedback.

- The store manager told us that staff felt able to raise concerns and provide feedback to management about the service.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- We saw evidence that changes and improvements were made as a result of significant events, complaints and patient feedback. For example, following a significant event at another Nomad travel clinic in London involving a safeguarding referral to the Local Authority, the provider updated the safeguarding policy for all clinics and shared learning from the incident with all nurses.
- There was a focus on continuous learning and improvement within the service. Learning was shared between staff at all the Nomad travel clinics.
- The service provided off site visits, for example to schools to give travel health information and vaccinations to pupils attending school trips abroad.
- We saw evidence in meeting minutes that nurses shared learning and information from attending conferences and training with the other nurses across the Nomad travel clinics.
- The service provided intradermal Rabies vaccines, and staff told us that this ensured that many more patients were being vaccinated than otherwise might be.