

TMB Trading Limited Birmingham

Inspection report

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Overall summary

We first carried out an announced comprehensive inspection in February 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led. We found that the service was not providing safe and well-led care in accordance with the relevant regulations. As a result, we issued requirement notices as legal requirements were not being met and asked the provider to send us a report of what actions they were going to take to meet legal requirements. The full comprehensive report can be found by selecting the 'all reports' link for Birmingham on our website at www.cqc.org.uk

This inspection was an announced comprehensive follow up inspection carried out on 13 November 2018 to check whether the providers had taken action to meet the legal requirements' as set out in the requirement notices. The report covers our findings in relation to all five key questions.

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.

Background

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.

Care Quality Commission (CQC) inspected the service on 20 February 2018 and asked the provider to make improvements regarding control measures to ensure risks were as low as reasonably possible such as reducing the spread of health care associated infections. Staff who carried out chaperoning duties did not receive a

Summary of findings

Disclosure and Barring Service (DBS) check in line with the service chaperoning policy. We checked these areas as part of this comprehensive inspection and found this had been resolved.

This location is registered with CQC, under the location name Birmingham Travel Clinic, in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of travel health. The provider is TMB Trading Limited and is operated as a Nomad Travel clinic in Birmingham. It is a private clinic providing travel health advice, complex health and existing medical conditions, travel and non-travel vaccines, blood tests for antibody screening and travel medicines such as anti-malarial medicines to children and adults. In addition, the clinic holds a licence to administer yellow fever vaccines.

The clinic is registered with the Care Quality Commission under the Health and Social Care Act 2008 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 is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by clients prior to our inspection. We received 48 completed comment cards which were all positive about the standard of care received. Clients told us the care and treatment they received was great, efficient and caring with all staff being polite, informative, respectful and helpful. Clients said that staff are very professional and approachable.

Our key findings were:

- The service had systems to respond to and learn from safety incidents so that they were less likely to happen.
- Since our previous inspection, control measures in areas such as infection control, recruitment checks

and transportation of vaccines to ensure risks were as low as reasonably possible had been reviewed and changes implemented. We saw evidence of control measures being operated effectively.

- The provider routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines and up to date travel health information.
- Each client received individualised travel health information including additional health risks related to their destinations and a written immunisation plan specific to them.
- The provider understood the learning needs of staff and explained staff were provided with protected time and training to meet them.
- Staff treated clients with compassion, kindness, dignity and respect. Care Quality Commission comment cards completed by clients prior to our inspection were all positive about the standard of care received. For example, clients felt the nurses and non-clinical team were caring, efficient, professional and knowledgeable.
- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care. The provider was aware of the requirements of the duty of candour.
- Completed CQC comment cards and satisfaction surveys carried out by the provider showed that clients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There were clear responsibilities, roles and systems of accountability to support governance and management arrangements. The management of risk had been improved since our previous inspection.

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

- Review the support for clients who did not have English as a first language.
- Review further action that may be available to clients should they not be satisfied with the response to their complaint.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Birmingham

Detailed findings

Background to this inspection

Nomad Travel Clinic in Birmingham is located on the second-floor purpose built station in Piccadilly Arcade, 105 New Street, Birmingham, B2 4EU. The service is accessed by lifts and stairs, which is situated within Costworld Outdoor Store. Nomad Travel Clinic is fully wheelchair accessible. The private travel clinic is a location for the provider TMB Trading Limited who has owned the Nomad travel stores and clinics since June 2016. TMB Trading Limited provides nine travel clinics across England and Wales. Further information about the service can be found by accessing the website at <https://www.nomadtravel.co.uk/>

The clinic offers travel health consultations, complicated itineraries, complex health and existing medical conditions; travel and non-travel vaccines, blood tests for antibody screening and travel medicines such as anti-malarial medicines to children and adults. In addition, the service works with Public Health England to deliver post-exposure Rabies vaccination. They also provide travel related retail items. The clinic is staffed by one registered nurse who is a specialist travel health nurse. The clinical team are supported by a clinical co-ordinator and two travel hosts. Nurses see up to 250 clients per month.

The Birmingham clinic is open on Tuesdays between 9.30am and 6pm; Thursdays between 11am and 7.30pm. Fridays and Saturdays opening times are between 9.30am and 6pm. The clinic is closed for lunch between 1pm and 1.45pm Tuesdays, Fridays, Saturdays, and between 3pm and 3.45pm on Thursdays. In addition, Nomad provide a telephone consultation service with specialist travel nurses and have a central customer service team to manage appointment bookings.

We inspected the clinic on the 13 November 2018. Our inspection team was led by a CQC lead inspector. The team included a nurse specialist adviser.

Before visiting, we reviewed a range of information we hold about the service. We also asked the service to complete a provider information request. During our visit we:

- Spoke with the lead nurse who at the time of our inspection was the CQC registered manager.
- Spoke to the clinical operations manager who at the time of our inspection was the nominated individual. (A nominated individual is a person who is registered with the Care Quality Commission to supervise the management of the regulated activities and for ensuring the quality of the services provided).
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed the action plan submitted in response to the February 2018 inspection findings.
- Reviewed comment cards where clients and members of the public shared their views and experiences of the clinic.

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

At our previous inspection on 20 February 2018, we found that this service was not providing safe care in accordance with the relevant regulations as the service did not adopt effective control measures to minimise the risk of the spread of health care associated infections. Staff members trained to carry out chaperone duties did not have a Disclosure and Barring Service (DBS) check in place and assessments to mitigate risks had not been carried out.

These arrangements had significantly improved when we undertook a follow up inspection on 13 November 2018. The practice is now providing safe care in accordance with the relevant regulations.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as

chaperones were trained for the role and the provider implemented measures since our previous inspection, to ensure staff received DBS checks in line with their chaperoning policy.

- The system to manage infection prevention and control (IPC) had been reviewed since our previous inspection and identified areas strengthened. For example, staff carried out infection control risk assessments; biohazard spillage kits were available to enable staff to deal with spillage of bodily fluids. The storage of cleaning equipment was reviewed and measures implemented to prevent the spread of health care associated infections.
- Since our February 2018 inspection, staff carried out regular auditing of general cleaning standards.
- Staff provided evidence of a policy and procedure for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). Staff in senior roles had completed legionella training since our previous inspection. Legionella risk assessment had been carried out in the last 12 months and actions such as regular monitoring of water temperature as well as servicing of air conditioning units had been carried out.
- Portable sinks were located in the clinic room which staff used for hand washing. Staff explained that since our previous inspection, the provider obtained further guidance to support effective management of the unit. For example, the provider implemented a new guidance to support staff with the daily maintenance of the portable sink; cleaning logs demonstrated weekly cleaning and water sterilising in accordance with the manufacturers' instructions.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

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.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent

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medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. The service did not have on-site access to a defibrillator; however, since our previous inspection, staff had carried out a risk assessment to mitigate risks associated with not having access to a defibrillator. The risk assessment highlighted the probability of risk to be low and included the location of a community defibrillator.

- All staff had received training in basic life support. Emergency equipment was available including access to oxygen. Emergency medicines for the treatment of anaphylaxis were easily accessible to staff in a secure area of the clinic and all staff knew of their location.
- There was a first aid kit available within the travel clinic. Staff had received training in its usage. In addition, nurses and store staff undertook bi-monthly joint training in first aid and anaphylaxis scenarios.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept clients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with DHSC guidance.
- Nurses were aware of appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- Staff we spoke with explained steps taken for checking client's identity as well as checking that adults attending clinics with children had parental responsibilities.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, medical gases, emergency medicines and equipment minimised risks.
- Annual audits of Yellow Fever vaccine use were undertaken in order to meet the standards of good practice required for the designated licence to administer the vaccine.
- Nursing staff carried out regular medicines audits to ensure storage and administration was in line with best practice guidelines for safe prescribing, such as fridge temperature monitoring and safe security of medicines.
- 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 medicines were kept at the required temperatures which described the action to take in the event of a potential failure. During our inspection, we saw that vaccination fridge temperatures were within the recommended range.
- The service offered off-site visits where staff carried out immunisations at schools and corporate venues. Staff explained that the service had not carried out off-site visits in the last 12 months. However, since our previous inspection, the protocol to support staff when carrying out off-site visits had been reviewed and updated to include maintaining a record of storage temperatures to ensure vaccines remained within a recommended temperature range during transportation.
- Staff administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- The nurses used Patient Group Directions (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) to administer vaccines and Patient Specific Directions (PSDs). For example, when administering specific vaccines if clients had an allergy to a vaccine component. PGDs and PSDs had been produced in line with legal requirements and national guidance. We saw evidence which demonstrated nurses had received

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appropriate training and been assessed as competent to administer the medicines referred to either under a PGD or in accordance with a PSD from the prescriber. For administration under a PSD, nurses sought verification from the medical team.

- Processes were in place for checking medicines and staff kept accurate records of medicines.
- We found that clients were treated with unlicensed medicines, such as pre-exposure intradermal Rabies, as a more affordable alternative for travellers. The World Health Organisation and Public Health England recommend intradermal Rabies as a form of treatment for those clients possibly exposed to Rabies. Adequate information was provided to clients about this; nurses received six monthly observational technique assessments and vaccines were kept as per safety guidance.
- During our inspection, we found that clients were treated with medicines, which were off-label (off-label means that the medicine is being used in a way that is different to that described in the licence). For example, the service used a medicine called DIAMOX (Acetazolamide) which was produced for the treatment of glaucoma and epilepsy; however, can also treat and aid prevention of acute mountain sickness (AMS). Members of the clinical team we spoke with explained that the decision to use this medicine had been taken after careful consideration and was the most appropriate medicine to aid AMS. Clients were provided with an information sheet, which clearly outlined risks and side effects

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. For example, the service carried out fire risk assessments and staff carried out weekly health and safety checks.
- 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.
- Processes were in place to support the reporting of national infectious disease outbreak alerts as well as comments and complaints received from clients.

- Members of the management team demonstrated clear understanding of the processes and when to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses). This included how to report injuries, diseases and dangerous occurrence (RIDDOR).

Lessons learned and improvements made

The service learned and made improvements 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, furniture within clinical rooms was moved to safer locations and the service purchased back up thermometers for the vaccination fridge and we saw evidence which showed that vaccination fridge health checks had been carried out.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- The service received safety alerts which were reviewed by the providers pharmacist and any action necessary was cascaded to clinics via the company's computer system.

When there were unexpected or unintended safety incidents:

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

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance relevant to their service. For example, NaTHNaC (National Travel Health Network and Centre), a service commissioned by Public Health England. Staff we spoke with demonstrated the use of TRAVAX (an interactive website providing up to the minute travel health information for health care professionals).

- Clients received a travel health assessment which provided an individualised travel risk assessment, health information including additional health risks related to their destinations and a written immunisation plan specific to them.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- A comprehensive assessment was undertaken which included an up to date medical history. Blood testing services were provided in conjunction with a local laboratory for occupational purposes and travel related health issues.
- Additional virtual clinical support was available when required during each consultation from the senior medical team.
- Latest travel health alerts such as outbreaks of infectious diseases and vaccine schedule updates were reviewed by senior members of the clinical team. Since our previous inspection, the provider reviewed their system for managing alerts and we saw evidence which demonstrated alerts and changes to processes as a result had been distributed throughout the service. For example, the service adopted a Rabies schedule based on evidence provided by the World Health Organization (WHO).
- We saw no evidence of discrimination when making care and treatment decisions.

- The service used a range of social media platforms to keep clients informed of vaccination schedules, travel kits and advice to ensure clients were prepared for their travel.

Monitoring care and treatment

The service was actively involved in quality improvement activity. For example, clinical leads carried out audits to review the effectiveness and appropriateness of the care provided.

- The service used information about care and treatment to make improvements. For example, following an audit of the information recorded on the clinical system during appointments staff were placed on administration of intradermal vaccinations training and effective recording to confirm Rabies vaccine was administered correctly.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, an audit on clients who accessed the service for Antimalarial medicines and a random sample of paediatric clients showed that staff were not always recording consent or evidencing discussions around vaccine options. Following discussions with the nursing team, nurses were recording other recommended travel vaccines, health advice and details of discussions regarding unlicensed medicines.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Records we viewed showed that staff had received training in areas such as infection control and fire safety procedures. Staff were encouraged and given opportunities to develop.

Are services effective?

(for example, treatment is effective)

- Staff whose role included immunisations had received specific training and could demonstrate how they stayed up to date with clinical practice as an immuniser. For example, service provided a comprehensive list of completed training such as post-exposure Rabies treatment, Yellow Fever, vaccination schedule for adults and children.
- The practice ensured the competence of staff employed in clinical roles by carrying out observations and staff had access to on line resources such as the Green Book and vaccine updates received from Public Health England.

Coordinating patient care and information sharing

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

- Clients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, staff shared relevant information with services such as Public Health England in a timely way.
- Staff we spoke with explained that the service was approached by PHE to provide post exposure to Rabies treatment to ensure access to prompt treatment after exposure. Staff had received training to support delivery of the service and we saw evidence of a call centre, store procedure in place. Staff explained that the service has been running since the start of November 2018.
- Before providing treatment, nurses at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Staff we spoke with demonstrated awareness of what would trigger them to signpost clients to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

- All clients were asked for consent to share details of their consultation and any medicines administered with their registered GP on each occasion they used the service. Where clients agreed to share their information, we saw evidence of GP notification forms which staff explained would be sent to clients registered GP.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence whilst travelling.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, the travel health consultation talked clients through advice to prevent and manage travel health related diseases such as, precautions to prevent Malaria, advice about food, water safety as well as the dangers of insect and pet bites.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from completed CQC comment cards showed clients were positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped help patients to be involved in decisions about care and treatment.

- At the time of our inspection, interpretation services were not available for patients who did not have English as a first language. Staff we spoke with explained that clients who required additional support would attend with a family member or friend. The appointment booking system identified patients who did not have

English as a first language and staff explained that the service were in discussions with an interpretation service to secure support for clients who required interpretation support. Information leaflets were available in easy read formats and different languages, to help patients be involved in decisions about their care.

- Clients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For clients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if clients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

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

- The provider understood the needs of their clients and improved services in response to those needs. For example, extended and weekend opening hours, same day appointment for urgent travel, online services, advanced booking of appointments and over the phone initial consultations were available.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, longer appointments were available for clients who needed extra support.
- Staff explained the service contacted local Universities to inform students of how to access the service, increase awareness of travel health needs as well as encouraging the uptake of vaccines to protect them against groups of bacteria. Unverified data provided by the service showed between August 2018 and November 2018 a total of 19 immunisation against meningococcal had been administered post student fresher's week.
- The service worked jointly with Public Health England (PHE) to deliver a post exposure to Rabies service. The provider developed a process map which supported staff when offering the consultations. Unverified data provided by the service showed between August 2018 and November 2018 the service carried out eight post exposure rabies consults.
- Staff explained that the service commenced offering Boostrix (a vaccine which helps protect infants against whooping cough) as it had been identified that countries expect travellers to have had this vaccination which was not routinely available on the NHS. Staff explained that this service commenced four months ago and the uptake in Birmingham was 12. Staff told inspectors that Birmingham uptake was higher than other Nomad locations.

- Staff worked with voluntary organisations and carried out world travel talks for groups of teenagers who were travelling for voluntary work. Staff explained that the groups consisted of up to 20 teenagers and information such as advice on insect repellent, sun protection, safe water and pet bites was provided.

Timely access to the service

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

- Clients had timely access to initial assessment, test results and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Clients with the most urgent needs had their care and treatment prioritised.
- Completed CQC comment cards showed that clients felt the appointment system was easy to use.
- The service carried out a client survey to assess the level of satisfaction. Data provided showed that the service received 14 completed survey forms; 93% felt the availability of appointment suited their needs and 100% was satisfied with the waiting times.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed clients to contact the service if the required further assistance. However, further action that may be available to them should they not be satisfied with the response to their complaint was not detailed in complaint response letters.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns and complaints and also from analysis of trends. The service did not receive any complaints since our previous inspection; however, though shared learning was able to demonstrate how the provider acted as a result to improve the quality of care at other Nomad locations. For example, following a complaint

Are services responsive to people's needs?

(for example, to feedback?)

from a client who required a certificate of vaccination for insurance purposes when travelling, the provider placed staff on training updates regarding the importance of certification for border crossing.

Are services well-led?

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

Our findings

At our previous inspection on 20 February 2018, we found that this service was not providing well-led care in accordance with the relevant regulations as oversight of some governance arrangements was not carried out effectively.

These arrangements had significantly improved when we undertook a follow up inspection on 13 November 2018. The practice is now providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff to deliver high quality travel healthcare and promote good outcomes for travellers.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable travel healthcare and advice.

- Staff we spoke with felt respected, supported and valued. They were proud to work for the service.

- The service focused on the needs of clients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, complainants received a full detail of actions taken as a result of their complaint as well as an apology. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Travel health nurses and non-clinical travel hosts, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical and non-clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. Oversight of systems and processes to ensure compliance with Nomad policies had improved since our February 2018 inspection.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. For example, since our previous inspection, the provider strengthened their control measures to reduce the spread of infections. The provider also reviewed and improved policies and processes to ensure safe transportation of vaccines when carrying out off site.

Are services well-led?

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

- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. During our inspection, we saw that areas such as ensuring compliance with Nomad chaperoning policy and oversight of safety alerts such as MHRA had improved since our previous inspection. For example, staff who carried out chaperoning duties had received a DBS check in line with Nomad policy.
- Quarterly senior nurse meetings and operational reporting structures provided assurances that the service was operating as intended. Staff explained that since our previous inspection, lead nurse phone calls were carried out monthly. We were told that this was introduced following staff feedback and as being used as a forum for nurses to discuss clinical areas and share ideas.

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 client safety. For example; during our inspection, staff were able to provide evidence of a completed legionella risk assessment, air conditioning units had been serviced and arrangements for yearly servicing was in place. The process for monitoring general cleaning standards had been reviewed and strengthened.
- There were arrangements in place to respond to medical emergencies; and since our previous inspection, the provider carried out a risk assessment to mitigate risks relating to not having on site access to a defibrillator. The service identified the location of a community defibrillator and details of this was included in the risk assessment.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.

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

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of 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, monitored and management as well as non-managerial 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.
- 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. Staff received training to support effective handling of data.

Engagement with patients, the public, staff and external partners

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

- The clients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, client information folder was introduced and placed in waiting areas for clients to view while they waited for their appointment as a result of staff feedback.
- Staff were able to describe to us the systems in place to give feedback. For example, the provider carried out yearly surveys and patients were encouraged to complete survey forms, clients were able to provide feedback using various social media platforms as well

Are services well-led?

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

as Nomad website. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- In response to local outbreaks staff placed advertising leaflets in the travel store inviting clients who accessed the store to have the Influenza vaccine.