

All Health Matters Limited

Castle House

Inspection report

Castle House,
Orchard Close Mews,
Orchard Street,
Canterbury,
CT2 8AP
Tel: 01227451233
Website: www.allhealthmatters.co.uk

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Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection October 2018 no rating was given).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Castle House 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.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of

Summary of findings

service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Castle House those occupational health related services provided to customers under arrangements made by their employer or a government department are exempt by law from CQC regulation. Therefore, they did not fall into the scope of our inspection.

The Managing Director 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 asked for CQC comment cards to be completed by clients prior to our inspection. We received seven comment cards which were all positive about the service that had been provided.

Our key findings were:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The clinic had clearly defined and embedded systems to minimise risks to customer safety.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available.
- There was a clear leadership structure and staff felt supported by management. The clinic proactively sought feedback from staff and customers, which it acted upon
- People were protected by a strong comprehensive safety system including a commitment to preventing slavery and human trafficking.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Castle House

Detailed findings

Background to this inspection

All Health Matters Limited is the registered provider of services carried out at the location Castle House.

We carried out an inspection of Castle House. Regulated activities provided at this location are carried out by nurses and include pre-travel health assessments, travel health advice, anti-malarial medications, travel vaccinations and non-travel vaccinations. The clinic is also a registered yellow fever vaccination centre.

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The travel clinic is an independent private clinic situated in the town centre of Canterbury. The clinic is situated on the ground floor of a purpose-built premises; there is direct access from the car park providing easy access for people with mobility issues and parents using pushchairs. Toilet facilities are available on the ground floor.

The clinic is open five days a week Monday to Friday are 9am to 5pm.

The clinic has receptionists and two qualified travel health nurses (female) working variable hours. The clinic does not

offer consultations or treatments to children under the age of 18 years of age. The travel nurses had access to two doctors and a nurse prescriber who worked within the occupational side of the clinic.

How we inspected this service

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

During our visit we:

- Spoke with the registered manager, company occupational health practice manager

and doctors based at the clinic. We also spoke with the receptionists.

- Reviewed seven CQC 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.
- Reviewed clinical records of clients to track their progress through the service.

To get to the heart of clients' 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 rated safe as Good because:

People were protected by an effective safety system, and a focus on

openness, transparency and learning when things go wrong. A proactive approach to anticipating and managing risks to people who used services was embedded and was recognised as the responsibility of all staff.

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 visiting 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 clients and protect them from neglect and abuse. Staff shared information to protect clients 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).
- Although, the clinic did not offer consultations or treatments to children under the age of 18 years of age, staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. A notice in the waiting room advised customers that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The service had a Slavery and Human Trafficking Statement acknowledging its responsibilities under the

Modern Slavery Act 2015. It was committed to preventing slavery and human trafficking within its own businesses and in its supplier chains. This was part of their induction process and was covered when new staff went through the service's policies and procedures on their first day.

- There was a system to manage infection prevention and control. There was appropriate guidance and equipment available for the prevention and control of infection.
- The clinic ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. Electrical and clinical equipment had been tested within the past year.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.

Risks to clients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for locum staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. For example, how to recognise severe reactions to vaccinations (Anaphylaxis).
- When reporting on medical emergencies, the guidance for emergency equipment was in the Resuscitation Council UK guidelines and the guidance on emergency medicines was in the British National Formulary (BNF).
- Oxygen with adult masks was available and signs on the treatment room door indicated which room this was stored in. The clinic had access to two community defibrillators which were situated outside of two nearby buildings.
- The emergency drug adrenaline and chlorphenamine (an antihistamine), used in the event of anaphylaxis (a serious allergic reaction that is rapid in onset and can be fatal if not responded to) was safely stored in each clinic room, as per resuscitation guidelines.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Are services safe?

- 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 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.
- As part of the initial health check prior to vaccinations offered, it was determined if the client had recently undergone medical treatment or had a disorder or disease that caused any immunosuppression. If this was determined to be applicable, then the service's clinical staff would seek permission to contact the client's GP or consultant.
- Learning was based on a thorough analysis and investigation of things that go wrong. All staff were encouraged to participate in learning and to improve safety as much as possible. Opportunities to learn from external safety events were identified. For example, the service hosted monthly Kent Occupational Health Group meetings to enable sharing and learning. Most recently, they had discussed the law relating to disability.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled 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. 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.

- Records of consultations were held on the computer system for each client and were accessible to staff when logged in. We saw that computer screens were locked by the user when the room was left unattended.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the clinic minimised risks to customer safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Standing Orders were in place for nurses to administer travel vaccinations and medicines in line with legislation. These had been authorised by a doctor or nurse prescriber who worked in the occupational health side of the clinic.
- The practice carried out medicines audits this included a clinical audit for yellow fever.
- Medicines were stored securely and all medicines requiring refrigeration were stored in an appropriate, secure medicine fridge. Temperatures were monitored and recorded in line with national guidelines.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- Documents showed the provider had obtained assurances regarding any risks and had written environmental risk assessments in relation to safety issues. These had been updated in the last month and included fire safety and waste management.

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.

Are services safe?

- There were adequate systems for reviewing and investigating if things went wrong. The service would learn and share lessons, identify themes and take action to improve safety in the service. We were told that there had been no significant events reported.
- The service acted on and learned from external safety events as well as client 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.
- There was a duty of candour policy in place. The provider encouraged a culture of openness and honesty.
- There was a system for receiving and acting on safety alerts. The clinic learned from external safety events as well as client feedback and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

People had good outcomes because they received effective care and treatment that met their needs.

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)

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as Public Health England and the National Travel Health Network and Centre (NaTHNaC, a body set up to protect the health of British travelers and improve the quality of travel health advice given by GP practices, travel clinics, pharmacies and other healthcare providers, and provide up-to-date and reliable information for the traveler, travel industry and national government).
- We saw no evidence of discrimination when making care and treatment decisions.
- The clinic undertook a detailed assessment of the individual's needs prior to offering vaccinations.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The clinic was a registered yellow fever centre and had submitted online numbers of yellow fever vaccines given, age groups and any adverse events. There had been no adverse events.
- Regular audit and clinical and administrative processes were conducted by All Health Matters management personnel. For example, daily audit of occupational health reports, and a locum doctor's self-audit to determine the numbers and types of errors made in completion of the D4 Form for Driver Vehicle Licensing Agency (DVLA) Medical Examination Report for Group 2 (lorry or bus) License.

Effective staffing

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

- Staff whose role included provision of yellow fever immunisation had the necessary specific training to do so.
- The clinic understood the learning needs of new staff and an induction programme was in place.
- We saw clinical supervision being provided to a new member of staff and were informed that protected time for training was given including support for revalidation.
- The clinic had a system in place to ensure skills; qualifications and training were kept up-to-date and maintained. Staff were sent reminders as to when their next training was due.
- All staff providing clinical services were registered nurses, who had received specialist training in travel health. We saw records and qualifications to confirm this. All nurses were supported to undertake revalidation. Revalidation is the new process that all nurses and midwives in the UK will need to follow to maintain their registration with the Nursing and Midwifery Council (NMC), which allows them to practise.

Coordinating client care and information sharing

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

- Staff worked independently to provide a service. They had systems in place to work together with other health and social care professionals where required, to deliver effective care and treatment.
- Some travel vaccines are available via the NHS. We saw that the clinic always told people when vaccines may be available to them free of charge and recorded that on their record card. Information about medicines or vaccines administered or supplied was made available for clients to give to their GP following completion of a course of treatment.

Supporting clients to live healthier lives

Staff were consistent and proactive in empowering clients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice, so they could self-care.
- The provider pro-actively promoted healthier lives for both their clients and staff. We saw that bowls of fresh fruit were in the reception area and administration office for people to take.

Are services effective?

(for example, treatment is effective)

- Risk factors were identified, highlighted to clients and where appropriate, highlighted to their normal care provider for additional support.
- Clinical staff used consultations to provide information on other advice that may be required when travelling. For example, sexual health advice, sun protection advice and personal safety.
- Where clients' 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 rated caring as Good because:

People were supported, treated with dignity and respect, and were involved as partners in their care.

Kindness, respect and compassion

Staff treated clients with kindness, respect and compassion.

- Feedback from clients was positive about the way staff treat people.
- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to patients.
- The service gave clients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for clients who did not have English as a first language. We saw notices in the reception areas, including in languages other than

English, informing clients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help clients 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 clients' 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 rated responsive as Good because:

People's needs were met through the way services were organised and delivered.

Responding to and meeting people's needs

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

- The facilities and premises were appropriate for the services delivered. Two clinic rooms were available for use, a waiting room area and public toilet facilities were accessible.
- Information about the services provided and the skills and expertise of the clinicians was available on the clinic website. Written client information leaflets about the range of procedures available were provided.
- The service provided care for adults as required.
- 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

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, diagnosis and treatment.
- Clients reported that the appointment system was easy to use.
- The clinic was open five days a week; Monday and Friday 9am to 5pm.

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.

- We saw the provider had a leaflet available in the waiting area informing clients how to complain. The leaflet included contact details of who to contact should a client be unhappy with the action taken by the provider. Information about how to make a complaint was also available online via the provider's website.
- No complaints had been received by the clinic in the past 12 months.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders had a shared purpose, strived to deliver and motivate staff to succeed.

Leadership capacity and capability;

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

- The provider and clinical team had the experience, capacity and skills to deliver the clinic strategy and address risks to it. For example, the Managing Director/Registered Manager was also the vice chair of an organisation and on the board for another.
- 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.
- 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.

- The provider had a clear vision to provide a high-quality service that put caring and client safety at its heart. The provider had a realistic strategy and supporting business plans to achieve priorities
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).

- Staff were aware of and understood the vision, values and strategy and their role in achieving them. For example, the staff induction pack outlined the company's pledge to treat staff with respect, dignity and fairness with understanding and compassion.
- The service monitored progress against delivery of the strategy.
- The provider worked with their staff to support their wellbeing as part of their strategy to support them to deliver care to patients. For example, staff had access to an employee benefit to help improve wellbeing and happiness in the workplace, and the service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- The organisation offered support and signposting to employers and employees facing the challenges of mental illness.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There were positive relationships between staff and the provider.

Culture

The service had a culture of high-quality sustainable care.

- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns. For example, staff told us about the managing director's latest initiative "get up and move", where a telephone alarm would ring every hour and all staff would have to get up and go to a room for five minutes where exercise equipment was available or music to dance to.

Are services well-led?

Good 

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

- The service focused on the needs of clients. For example, interpretation services were available for clients who did not have English as a first language.
- 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. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Governance and performance management arrangements were proactively reviewed and reflected best practice.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements 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.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.

- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of clients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- Client records were securely stored on the information technology system only accessible via staff log-in.
- There were appropriate arrangements for identifying, recording and managing risks through clinic meetings.
- The clinic had a business continuity plan for major incidents such as power failure, building damage, IT failure. The plan included emergency contact numbers for staff.

Engagement with clients, the public, staff and external partners

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

- Innovative approaches were used to gather feedback from people who used services and the public, including people in different equality groups. For example, apart from clients being given the opportunity to feedback through their website and a thank you leaflet and an invite to give comments or complaints,

Are services well-led?

Good 

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

there was also a user-friendly iPad on the reception desk for clients to use and leave their comments. We looked at the feedback for July 2019 and saw that to the questions “I have been treated with courtesy and respect and the person I saw understood the reason for my visit” the responses were 99% respectively.

- We saw that there had been several away days in the last year and topics included customer relationship and positive experiences, travel vaccine in occupational health and knowledge share on the technology used by the provider.

Continuous improvement and innovation

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

- The leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking

out and embedding new ways of providing care and treatment.

- 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.

There were systems to support improvement and innovation work. For example, recently, training for occupational health technicians had been unobtainable from universities. The provider told us that they were working closely in collaboration with other clinicians to create an accredited competency-based framework of technician training for the future. To date, they had received confirmation of the course framework and were looking for an accrediting body.