

Trailfinders Limited

Trailfinders Travel Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection of Trailfinders Travel Clinic on 3 July 2018. The practice was found to be not to be providing safe care under regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment. We issued a requirement notice for breaches of this regulation related to failure to adequately assess and mitigate risks associated with fire, legionella, substances hazardous to health and infection control.

Consequently, we carried out an announced focused inspection on 8 January 2019. 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 to check whether service was now fully meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. Specifically, we assessed whether or not the provider had taken action to address the breaches of regulation and to determine if the provider was complaint in respect of the key question: Are services safe?

Our findings were:

Are services safe?

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

Our key findings were:

- The service had completed a fire risk assessment and had complied with most of the recommendations although testing of the fire alarm was done quarterly and not weekly as recommended in the risk assessment.
- The service had completed a legionella risk assessment but had yet to fully implement all of the recommendations including regular flushing of rarely used water outlets.
- The service had updated data sheets for hazardous substances kept on the premises and there was now a COSHH policy and COSHH risk assessment.
- Staff had received fire safety and infection control training.
- An infection control audit had been completed.

We also identified other issues at our last inspection which did not amount to breaches of regulation but where we recommended that the provider should take action. We found that the service had implemented most of these recommendations. For example:

- The service had undertaken an audit of the quality of clinical staff record keeping which included assessing whether or not consent was documented in the patient's notes. A re audit was planned for later in 2019.
- We recommended that a formalised induction process be introduced for clinical staff. We were told that there was an informal induction of these staff members and

Summary of findings

that the service had yet to put a formal documented system in place as there had been no new clinicians that had been recruited since our last inspection. A structured documented induction was in place for non-clinical staff.

- The service had not made any changes to their business continuity plan as recommended at the last inspection. The plan still referred to a limited number of scenarios where alternative arrangements would need to be put in place to ensure the service continued to function. However, we asked staff at the service to outline what they would do in the event of a scenario not included within the policy and staff were able to provide a clear account of the action that would be taken to ensure the service continued.
- At the last inspection we recommended the service review systems for checking patient identity prior to treatment and sharing details of patient treatment with a patient's GP. The service informed us that they did not routinely ask for identification unless the patient was a child. In these circumstances the identity of the attending adult would be verified to ensure that appropriate consent to treatment was obtained before

treatment. We saw instances where the service would share details of treatment with a patient's GP if they deemed this to be clinically necessary or relevant; for instance, if the patient had an underlying health condition which could be impacted by the treatment given at the service. All other patients were provided with a record of the treatment received which could be shared with their GP.

- The service had drafted a whistleblowing policy since our last inspection as recommended.

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

- Review induction process for clinical staff with a view to implementing formal recording systems.
- Review business continuity plans.
- Review recommendations from the legionella and fire risk assessment to ensure all recommendations are implemented or non implementation justified.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Trailfinders Travel Clinic

Detailed findings

Background to this inspection

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

Regulated activities are provided at one location, 194 Kensington High Street.

The service is housed within a Trailfinders Limited travel agency and is accessed via stairs at lower ground floor level. The premises are leased. The premises used by patients visiting the clinic consist of a patient waiting area, one consultation room and one patient toilet. The clinic also has use of a meeting room on the ground floor for patients with restricted mobility and access to a toilet with disabled facilities. The service is open for walk-in travel health consultations Monday to Friday from 9am to 5pm and Saturday from 10am to 5.15pm.

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

Trailfinders Travel Clinic has been operating for 31 years.

The service treats on average 9500 patients per annum, with seasonal variation in demand.

The staff consist of one-part time lead doctor who is the registered manager of the service. 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

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

Our inspection team was led by a CQC lead inspector on 8 January 2019.

As this inspection was to determine if breaches related to key questions: Are services safe? had been addressed we restricted our enquiries to the specific concerns under this key question in addition to the recommendations we suggested the provider should take.

Are services safe?

Our findings

At our last inspection completed on 3 July 2018 we found that the service had not adequately assessed and mitigated risks associated with fire, legionella, substances hazardous to health and infection control. At this inspection we found that the service had taken action to address most of the concerns raised at the last inspection, although there were some aspects of their fire and legionella risk assessments which had yet to be fully implemented.

Safety systems and processes

Adequate systems and processes were now in place to keep patients safe from risks associated with hazardous substances, fire, infection control and legionella; although some recommendations from both the fire and legionella risk assessments had yet to be fully implemented.

- The service now had updated data sheets in place for the control of substances hazardous to health (COSHH) and had produced a COSHH policy. The service had also completed a COSHH risk assessment and had implemented the action points raised by the assessment.
- The service had completed both a legionella risk assessment and fire risk assessment in September 2018. The provider had yet to fully implement all of the recommendations from the legionella risk assessment; for example, there had been no training for staff on legionella risk management and outlets that were not often used were not being periodically flushed. The service had only started to monitor water temperatures in line with the recommendation from the risk assessment on 7 January 2019. Action had yet to be taken in response to one temperature reading which indicated that the hot water outlet was at the temperature where legionella bacteria could survive. In relation to the fire risk assessment; most of the recommendations had been implemented. However, the fire alarm was only tested approximately once every quarter and not weekly in accordance with the

recommendation in the risk assessment. The stated risk level in the fire risk assessment was tolerable. We were told that all staff had watched a video on fire safety and the service produced records which confirmed this.

- The practice had completed an infection control audit in October 2018 and acted to address any areas of concern identified. All clinical staff had received infection control training and the medical director and lead nurse had infection control lead training. After having completed this training the lead nurse had produced a detailed infection control risk assessment for all clinical and non-clinical areas and had initiated a system of weekly infection control audits. We were told by the lead nurse that they would shortly be providing infection control training to all non-clinical staff members thereafter and a bi-annual assessment of infection control knowledge would be undertaken for each staff member.

Risks to patients

Most risks associated with fire, legionella, COSHH and infection control had been addressed. However, the practice still needed to fully implement some of the recommendations from the fire and legionella risk assessments to ensure that all risks were fully mitigated. For example, the provider had not trained any staff member on legionella risk management and was not undertaking regular flushes of rarely used outlets. The frequency of fire alarm testing was also not in accordance with the recommendations in the provider's fire risk assessment.

Track record on safety

The service had a good safety record.

There were comprehensive risk assessments in relation to safety issues but not all of the recommendation from these assessments had been fully implemented. However most of the concerns regarding risk assessment and management had been addressed since our last inspection and those that were outstanding we were told would be addressed shortly.