

Well Travelled Clinics Limited

Well Travelled Clinics - Chester

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 23 November 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.

Well Travelled Clinics is a limited company which is a subsidiary of the Liverpool School of Tropical Medicine (LSTM). All profits go back into the research and development work of LSTM. The service provides a private pre-travel advice, vaccination and malaria prophylaxis service to the travelling public of the northwest of the UK and a number of UK based corporate clients. The service is located in Chester city centre, close to all major transport links.

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 general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Well Travelled Clinics-Chester services are provided to patients under arrangements made by their employer. These types of arrangements are

Summary of findings

exempt by law from CQC regulation. Therefore, at Well Travelled Clinics-Chester we were only able to inspect the services which are not arranged for patients by their employers.

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection visit. We received 30 comment cards, all of which were positive about the standard of care received.

Our key findings were:

- Systems were in place to protect people from avoidable harm and abuse. When mistakes occurred lessons were learned.
- There were effective arrangements in place for the management of vaccines and medicines.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The service took part in audit and research.
- Care Quality Commission (CQC) comment cards reviewed indicated that patients were very satisfied with the service they received. Patients commented that this was an excellent service and that staff were very informative and helpful.
- There was a clear leadership structure and staff felt supported by management and worked very well together as a team.

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

Well Travelled Clinics – Chester

Detailed findings

Background to this inspection

Well Travelled Clinics Limited has clinics in Liverpool and Chester. This is the inspection report for Well Travelled Clinics Chester which is located at 10 Watergate Row (North), Watergate Street Chester, CH1 2LD. The provider's website address is www.welltravelledclinics.co.uk

Well Travelled Clinics Limited is a company of the Liverpool School of Tropical Medicine (LSTM). It provides a non-NHS, fee paying pre-travel advice, vaccination and malaria prophylaxis service to the travelling public of the northwest of the UK and a number of UK based corporate clients.

In addition, GPs sometimes referred patients who had complex medical issues and the service worked alongside consultants from local hospitals for additional support. The service is also involved in education. For example, providing vaccination and immunisation updates for staff working at Chester Zoo. The service is located in Chester city centre, close to all major transport links. The service sees approximately 220 to 250 patients per month.

The service has two doctors and nine nurses and also contracts a part-time consultant pharmacist for specific advice and support in relation to medicines management.

The Well Travelled Clinics – Chester is open from 9am to 4:30pm, Tuesday to Friday and from 9am to 1pm on Saturdays for pre-bookable appointments.

Our inspection team was led by a CQC lead inspector.

We inspected this service on 23 November 2018. During our visit we:

- Spoke with a range of staff (including the registered manager, clinical lead nurse, nursing and administration staff members).
- Reviewed documents and policies.

The service provided background information which was reviewed prior to the inspection.

We did not receive any information of concern from other organisations.

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

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 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 had received a DBS check.
- There was an effective system to manage infection prevention and control.
- There were systems for safely managing healthcare waste.
- The clinic had a variety of risk assessments in place to monitor safety of the premises such as fire safety, control of substances hazardous to health and Legionella.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

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 staff tailored to their role.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All reception staff received annual basic life support training and clinical staff received intermediate life support training.
- The clinic had an oxygen cylinder with adult and children's masks, a defibrillator and there was also a first aid kit available.
- Emergency medicines were easily accessible to staff in a secure area of the clinic and all staff knew of their location. Medicines were checked on a regular basis. All the medicines we checked were in date and fit for use based on the treatment provided, including for anaphylaxis.
- 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 patients.

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Safe and appropriate use of medicines

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

- The arrangements for managing medicines, including emergency medicines and vaccinations, in the clinic kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- Patient Group Directions (PGDs) had been adopted by the clinic to allow nurses to administer travel medicines in line with legislation. These are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. They were in-date and properly authorised.
- The fridge temperature was appropriately monitored on a daily basis, and we saw evidence of the cold chain being maintained.

Track record on safety

The service had a good safety record.

Are services safe?

- 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.

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. The service learned and shared lessons identified themes and took action to improve safety in the service.

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 had systems in place for knowing about notifiable safety incidents.

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.

Are services effective?

(for example, treatment is effective)

Our findings

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 and delivered care and treatment in line with current legislation, standards and guidance. Staff had access to guidelines from a recognised NHS travel information website and used this information to deliver care and treatment that met peoples' needs.

Monitoring care and treatment

The service was actively involved in quality improvement activity. For example, antibiotic prescribing.

The clinic monitored that guidelines were followed through risk assessments, audits and random sample checks of patient records. This included an up-to-date medical history, a clinical assessment and recording of consent to treatment.

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 were registered with the General Medical Council (GMC) or 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. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, clinicians ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP when necessary.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified and highlighted to patients.
- Information was available on the provider's website.

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.
- The service had introduced a system whereby the patient's computerised medical record had a box to tick for verbal consent given. If the consent was not recorded the computer system would not allow the clinician to move from the record on the computer until this was actioned.
- 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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Foreign language patient information leaflets produced by the vaccine companies and translation services were available.
- Patients 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.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients 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

Responding to and meeting people's needs

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

- The clinic is designated as a yellow fever centre, which meant it was able to accommodate people's needs around the demand for this vaccine.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

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

The Well Travelled Clinics – Chester is open from 9am to 4:30pm, Tuesday to Friday and from 9am to 1pm on Saturdays for pre-bookable appointments.

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.
- The service had complaint policy and procedures in place.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, the clinic had introduced an on-line appointment request system on their website to reduce the time taken for telephone calls to be answered.

Are services well-led?

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

Our findings

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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

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.
- 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 care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent 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 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 given protected time for professional development and evaluation of their 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.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- 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.
- 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.

Are services well-led?

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

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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.

Engagement with patients, the public, staff and external partners

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

- The public's, patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.

- Staff were able to describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was 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.