

# University Of Surrey (The) The Robens Centre for Occupational Health and Safety

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 2 July 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 not providing safe care in accordance with the relevant regulations.

#### Are services effective?

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

#### Are services caring?

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

#### Are services responsive?

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

#### Are services well-led?

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The Robens Centre for Occupational Health and Safety provides people with pre travel health assessment, travel medicine advice and vaccinations.

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 service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At The Robens Centre for Occupational Health and Safety services are provided to patients under

# Summary of findings

arrangements made by their employer. These types of arrangements are exempt by law from CQC regulation. Therefore, at Robens Centre for Occupational Health and Safety, we were only able to inspect the services which are not arranged for patients by their employers.

The clinical 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.

We reviewed feedback from clients through the completion of 37 Care Quality Commission comment cards and we spoke with three clients on the day of inspection. Feedback was consistently positive, with clients telling us that staff treated them with kindness, dignity and respect. Clients also told us they felt they were given the information they needed to make decisions in a way that they could understand.

## Our key findings were:

- The service was offered on a private, fee paying basis only.
- The clinic had good facilities, and was well equipped, to treat clients and meet their needs.
- Assessments of a client's treatment plan were thorough and followed national guidance.
- Clients received full and detailed explanations of any treatment options.
- The clinic had systems in place to identify, investigate and learn from incidents relating to the safety of clients and staff members.

- There were effective governance processes in place.
- There were processes in place to safeguard clients from abuse.
- Staff had not received training in infection control for four years. There were no cleaning schedules recorded and no infection control audit had been carried out. However, the premises were visibly clean and tidy.
- Risk assessments had been carried out and there were clear action plans to ensure that mitigating actions were completed. However, there was no risk assessment for the lack of defibrillator on the premises in case of a medical emergency at the time of our inspection. A risk assessment drafted following our inspection did not include an assessment of the time it would take to access a defibrillator stored in an adjacent premises.
- The clinic encouraged and valued feedback from clients and staff.
- Feedback from clients was positive.

We identified regulations that were not being met and the provider must:

- Ensure care and treatment is provided in a safe way to patients.

You can see full details of the regulations not being met at the end of this report.

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

- Review the draft risk assessment relating to a lack of defibrillator on the premises, to include the timeliness of accessing devices on the university campus and the significance of this on patient care.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

**We found that this service was not providing safe care in accordance with the relevant regulations.**

The impact of our concerns is minor for clients using the service, in terms of the quality and safety of clinical care. Our findings are as a result of the provider not having clear procedures or training in place to prevent the spread of infection. We have told the provider to take action (see Requirement Notices).

- There were systems in place for identifying, investigating and learning from incidents relating to the safety of clients, staff members and visitors.
- There were systems and processes in place to safeguard clients from abuse. All staff had received training in adult and childhood safeguarding.
- Staffing levels were appropriate for the care and treatment provided by the clinic.
- Risk management processes were in place to manage and prevent harm. A risk assessment drafted following our inspection relating to a lack of defibrillator kept within the clinic did not include the time it would take to access other devices on the university campus where the clinic was based.
- Fire risk assessments were carried out annually and fire fighting equipment was checked as part of an on-going maintenance programme. Fire drills had been carried out and staff had received fire safety training.
- The clinic did not have an infection control policy in place at the time of our inspection. However, we have seen evidence that one was drafted following our inspection. Staff had not received regular infection control training and infection control audits had not been carried out within the clinic.
- Emergency medicines and equipment were easily accessible to staff within the clinic.
- Medicines were administered appropriately through the use of patient group directions and patient specific directions. All directions were appropriately signed prior to administration and staff had the proper authority to administer vaccines under these conditions.

### Are services effective?

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

- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the clinic.
- The clinic confirmed the identity of clients receiving care or that adults presenting with children for treatment had parental authority. Client consent was sought, recorded and audited within the clinic.
- A clinical assessment and medical history was undertaken prior to recommending treatments.
- Staff demonstrated they understood the relevant consent and decision making requirements of legislation and guidance, including Gillick competencies. (Gillick competence is a term used in medical law to decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment. Staff had an understanding of the Mental Capacity Act 2005.
- Staff received training appropriate to their role; however, infection control training had not been carried out for a number of years.

### Are services caring?

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

- Feedback from clients who used the clinic demonstrated a high level of satisfaction. Staff we spoke with were professional and friendly.

# Summary of findings

- We also saw that staff treated clients with dignity and respect.
- We were told by staff that clients were involved in decisions about their care and treatment.
- Information for clients about the services available was accessible and clearly stated the costs involved.

## Are services responsive to people's needs?

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

- Clients could book appointments in person at the clinic, or by telephoning direct.
- Clients said they found it easy to make an appointment.
- Clients received personalised information in relation to their travel health. This detailed any additional health risks of travelling to their destinations, as well as the vaccination requirements.
- Longer consultations were available for families and those with complex travel or health needs.
- The clinic was well equipped to treat clients and meet their needs and was accessible to those with mobility requirements.
- Information about how to complain was available at the clinic and on their website.

## Are services well-led?

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

- The clinic had a clear vision and strategy to deliver high quality care. Staff understood the company vision and their responsibilities in relation to it.
- There was a clear local leadership structure and staff felt supported by management.
- The clinic had policies and procedures to govern activity.
- The provider had an effective approach to the management of risk.
- The clinic encouraged a culture of openness and honesty.
- Staff received inductions, performance reviews and received relevant training.
- The clinic proactively sought feedback from staff and clients.
- The clinic reflected on clinical actions taken and where necessary reviewed policies and procedures to ensure that clients received an improved service.

# The Robens Centre for Occupational Health and Safety

## Detailed findings

### Background to this inspection

We carried out an announced comprehensive inspection of The Robens Centre for Occupational Health and Safety 2 July 2018. The Robens Centre for Occupational Health and Safety is registered to provide treatment of disease, disorder or injury and diagnostic and screening procedures. The service provides independent travel health advice, travel and non-travel vaccinations and blood tests for antibody screening. People of all ages intending to travel abroad can seek advice regarding health risks and receive both information and necessary vaccinations and medicines. The clinic is also a registered Yellow Fever vaccination centre. The service is staffed by a team of registered nurses qualified in travel vaccination.

The Robens Centre for Occupational Health and Safety runs services from 4 Huxley Road,

The Surrey Research Park, Guildford, Surrey, GU2 7RE.

Opening times are:

Monday 8.40am to 4.30pm

Wednesday 12pm to 8pm

Saturday 8.30am to 3.30 pm

The clinic is located in a building within the research park. The building has wheelchair access and consulting rooms are accessible on the ground floor.

The inspection team was led by a CQC inspector and a nurse specialist advisor.

Prior to the inspection we gathered and reviewed information from the provider. There was no information of concern. During our visit we:

- Spoke with receptionists, administrative staff and three travel nurses one of whom is the registered manager.
- Spoke with three clients who were using the service.
- Reviewed 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.

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

We found that this service was not providing safe care in accordance with the relevant regulations. The impact of our concerns is minor for clients using the service, in terms of the quality and safety of clinical care. This was due to the provider not having clear procedures or training in place to prevent the spread of infection. We have told the provider to take action (see Requirement Notices).

### Safety systems and processes

The clinic had clear systems to keep clients safe and safeguarded from abuse.

- The provider had policies in place for safeguarding children and vulnerable adults. Nursing staff had received training to an appropriate level in relation to protecting children and vulnerable adults and there was a nominated safeguarding lead within the service. There was clear contact information accessible to staff for local child and adult support teams. Staff demonstrated an understanding of how to identify and raise a safeguarding concern.
- We saw evidence that recruitment checks had been carried out prior to employment including proof of identity and a full employment history. The clinic carried out staff checks, including checks of professional registration where relevant. Disclosure and Barring Service (DBS) checks were undertaken. (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).
- The premises were seen to be clean and tidy, the registered manager was the lead for infection control. However, there was not a clear system to manage infection prevention and control. There was no appropriate guidance and no record that staff had received up-to-date training in infection control. Staff training records showed that the most recent infection control training had been undertaken in 2014. This meant that staff had not received up to date training and those employed since 2014 had not received the training at all. There was no evidence of cleaning schedules or infection control policy in place. However, following our inspection the registered manager had completed an infection control policy in order to begin to address this shortfall. There was no infection control

audit carried out that reviewed infection control from a clinical perspective at the time of our inspection. However, the estates department undertook monthly environmental checks that included the cleanliness of some areas. This included sanitary areas, food preparation areas, offices, corridors and staircases. Action as a result of these audits was no clearly recorded and scores for the four months between February and May 2018 were between 82% and 86% and did not include an action plan to improve on these scores.

- The clinic ensured that equipment was safe and that equipment was maintained according to manufacturers' instructions. Electrical and clinical equipment had been tested within the past year.
- There were systems for safely managing healthcare waste. Clinical waste bins within clinic rooms had been clearly labelled. Sharps containers were available in each clinic room. These were labelled, dated and signed as required.

### Risks to patients

- There were systems to assess, monitor and manage risks to client safety. Comprehensive risk assessments were in place covering areas such as the risk of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), fire safety and general risks relating to the clinic environment.
- The service did not have a risk assessment in place for a lack of a defibrillator within the premises at the time of our inspection. The registered manager had taken action following our inspection to address this and a risk assessment had been carried out. Mitigation of the risk included that a number of automated external defibrillators (AED) devices were available across the university campus and a list of these locations were available to staff. We were told that when staff were working alone they were able to call a security team and request that the AED be brought to the clinic. However, the risk assessment did not include details of how long this would take.
- There was an effective induction system for staff tailored to their role.
- Staff had received basic life support training and anaphylaxis training which was annually updated. During evening and weekend clinics where there was only one clinical member of staff on duty, a second staff

# Are services safe?

member with administrative responsibilities was available to provide support in case of emergency. All clinical and non-clinical staff had received training in basic life support.

- The clinic had oxygen available on site.
- The clinic ensured that adrenaline; used in the event of anaphylaxis (a serious allergic reaction that is rapid in onset and can be fatal if not responded to) was readily available.
- All nurses had appropriate professional indemnity cover in place.

## Information to deliver safe care and treatment

- 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. Paper records were stored in a locked filing cabinet.
- Clients accessing the service were asked to complete a travel risk assessment form prior to their consultation. This assessment included information about their travel plans including the country to be visited and the length of stay. In addition the form had a section to record personal medical history and included questions relating to medical conditions, vaccination history, regular medicines, and allergies.
- The clinic had systems for sharing information with staff and the clients GP to enable them to know what treatment and advice had been provided. The travel risk assessment form asked for the clients consent to send vaccination details to the clients GP.

## Safe and appropriate use of medicines

- Medicines were stored securely in a treatment room. Vaccines were stored in a dedicated vaccine fridge. Monitoring of the fridge temperatures was carried out on a daily basis and the clinic ensured it maintained the correct temperature range for the safe storage of medicines. Emergency medicines were readily available and in date.
- Some medicines and vaccines were supplied or administered to clients following a Patient Group Direction (PGD). PGDs were in date and signed by the authors, including a doctor who supported the service.

Nurses working under the PGDs had signed to show they had read them and we saw during the inspection that these PGDs were referred to closely during consultations with clients.

- Medicines or vaccines to be supplied through a Patient Specific Direction (PSD) were occasionally in use and these were appropriately authorised by the doctor prior to their use.

## Track record on safety

The clinic had a good safety record.

- There were policies and procedures in relation to safety issues.
- The clinic monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The clinic had arrangements in place to receive and comply with patient safety alerts, recalls and rapid response reports issued through the Medicines and Healthcare products Regulatory Authority (MHRA). For example, an alert relating to a risk of damage to the lungs by delivery of excessive pressure from manual resuscitation equipment had been reviewed. This included prompt review of all equipment to identify that the affected devices were not in use within the service. There was a clear record and audit trail of action taken.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

## Lessons learned and improvements made

The clinic learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses.
- The provider encouraged a learning culture and staff described a no blame environment where they felt empowered to report concerns or incidents.
- There were adequate systems for reviewing and investigating when things went wrong. The clinic learned and shared lessons, identified themes and took action to improve safety in the clinic. For example, in the year prior to our inspection three significant events had

## Are services safe?

been identified by the service relating to the administration of vaccines. Specific action to improve practice included training and reflections and supervised practice for staff involved.

- There was a system for receiving and acting on safety alerts. The clinic learned from external safety events as well as patient and medicine safety alerts.



# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

The clinic had systems to keep the nurses up to date with current evidence-based practice. We saw that the nurses assessed needs and delivered treatment in line with current legislation, standards and best practice guidelines such as the National Travel Health Network and Centre (NaTHNaC) travel guidance and Public Health England (PHE).

Clients' needs were fully assessed. A travel risk assessment form was completed for each person prior to administration or supply of any medicines or vaccines. A separate paediatric risk assessment form was also in use. The travel risk assessments included information regarding the itinerary and purpose of travel, vaccination history, previous medical history, any allergies and whether the client was taking any medicines. This information was used to determine the most appropriate course of treatment.

We saw no evidence of discrimination when making treatment decisions.

The nurses advised clients what to do if they experienced side effects from the medicines and vaccines. Clients were also issued with additional health information when travelling.

### Monitoring care and treatment

There was evidence of quality improvement initiatives including clinical audit. The provider had undertaken audits of the care and treatment interventions provided to clients. This included audits of client satisfaction, the quality of clinical assessment and treatment processes and consent. For example, we viewed audit results from clinical note taking and saw where issues with consent not being appropriately recorded were identified, this had been addressed with relevant staff and action taken to improve practice.

### Effective staffing

Staff had the skills, knowledge and experience required to carry out their roles. For example, staff had received specific training and updates in travel health and could demonstrate how they stayed up to date. Staff told us they had access to the training they required.

- Staff whose role included provision of Yellow Fever immunisation had the necessary specific training to do so.
- All the staff providing clinical services were registered nurses, who had received specialist training in travel health. We saw records and qualifications to confirm this. This included staff having a range of training including those with travel medicine diplomas and those having attended external immunisation training and specialist travel vaccination training.
- All nurses were supported to undertake revalidation. Revalidation is the process that all nurses and midwives in the UK need to follow to maintain their registration with the Nursing and Midwifery Council (NMC), which allows them to practise.
- There was an induction programme for newly appointed staff. This included supervised practice and competency assessments. We viewed competency assessments of staff new into the role and saw that these were comprehensively completed prior to staff being 'signed off' as safe to administer independently.
- All staff were up to date with their mandatory training, with the exception of infection control training.

### Coordinating patient care and information sharing

The provider shared relevant information with other services. For example, when vaccinations were completed the individual was given information and advice on contacting their GP. In addition, in some circumstances the clinic would work with the patient's GP prior to their travel appointment where appropriate. For example, we were told of a young patient with needle phobia, where staff worked with the patient's GP to develop a strategy for them to receive the relevant travel vaccines for their needs in a safe and secure environment. The service would contact the client's own GP if any concerns had been identified.

Outside of client consultation the service worked with other travel and health organisations to ensure they had the most up to date information.

### Supporting patients to live healthier lives

# Are services effective?

(for example, treatment is effective)

Clients were assessed and given advice tailored to their individual needs. For example, the clinic provided information on a number of infectious diseases, travellers' health guides and travel advice to each client following consultation.

The clinic stocked a wide range of travel health related items, such as mosquito nets and repellents, water purification tablets and first aid kits. Staff also advised on individual travel care needs based on the assessed needs of the individual patient.

## **Consent to care and treatment**

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

Staff understood the relevant consent and decision-making requirements of legislation and guidance. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Staff demonstrated an understanding of the Mental Capacity Act 2005.

The clinic carried out checks of the identity of clients, or that adults presenting with children for treatment had parental authority for that child.

Written and verbal information was given to clients using the service. This included information on medicines and vaccines including risks and benefits prior to administration. Travel risk assessment forms included a section for clients to sign their consent.

# 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 clients with respect and professionalism. We observed staff to be respectful and courteous to clients, treating them with kindness and compassion.
- Staff understood clients' personal, cultural, social and religious needs. The clinic gave clients timely support and information.
- We received 37 Care Quality Commission comment cards and spoke with three clients using the service. All of these were positive about the service experienced. Clients described the service and staff as being professional, efficient, respectful, and of a high standard. Comments about staff were also positive and remarked on all staff being knowledgeable, professional and helpful.

### **Involvement in decisions about care and treatment**

- Staff helped clients be involved in decisions about their care. Treatment was fully explained, including the cost of treatment, and clients reported that appointments were available quickly and that they were given good advice.

- Written and verbal information and advice was given to clients about health treatments available to them.
- Information leaflets were available to clients and following their consultation clients were provided with information about the treatment they received. Patients were encouraged to contact the service by phone or email about any questions or follow up they should need.

### **Privacy and Dignity**

- Staff recognised the importance of clients' dignity and respect. Consultations took place behind closed doors and staff knocked when they needed to enter.
- Clients were collected from the waiting area by the nurses and were kept informed should there be a delay to their appointment.
- CQC comment cards supported the view that the service treated clients with respect.
- All client records were kept in secured filing cabinets within an alarmed building. Staff complied with information governance and clinical staff gave medical information to clients only.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### **Responding to and meeting people's needs**

The clinic organised and delivered services to meet clients' needs.

- The facilities and premises were appropriate for the services delivered. The clinic had a waiting area and clinical rooms which could be accessed by clients with limited mobility. There were also toilet facilities.
- Equipment and materials needed for consultation, assessment and treatment were available at the time of clients attending for their appointments.
- Information was available on the service website, informing people about the services available and the costs involved as well as providing information for booking appointments.
- The service provided care for both adults and children.
- The clinic was a registered Yellow Fever centre and complied with the code of practice. All clinical staff had attended training for the administration of Yellow Fever.
- Staff told us they encouraged those with language or communication difficulties to bring an interpreter with them. They also told us they could access interpreters from the university with advance notice.

- Extra time was given for consultations relating to complex travel issues or where language or cultural needs may exist.

### **Timely access to the service**

- The service was open Monday 8.40am to 4.30pm; Wednesday 8am to 8pm; and, Saturday 8.30am to 3.30 pm. The website contained details of current opening times.
- Clients who needed a course of injections were given future appointments to suit the client.
- Clients were able to book appointments over the telephone or in person.

### **Listening and learning from concerns and complaints**

There was a complaints system in place. The service had a complaints policy which detailed how and the time frame in which the service responded to complaints. The policy included details of other agencies to contact if a client was not satisfied with the outcome of the service's investigation into their complaints.

One complaint had been received by the clinic in the last year. Learning from this included that the service had made their pricing structure clearer and reminded all staff to discuss this with clients prior to the administration of vaccines. The clinic sought client feedback via an internal client survey. We noted that results had been recorded which were all positive.

# Are services well-led?

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

## Our findings

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

### Leadership capacity and capability;

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

- There was a registered manager in post who understood their responsibilities.
- The nursing team had the experience, capacity and skills to deliver the clinic strategy and address risks to it.
- 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.
- There were effective processes for planning the future of the clinic.

### Vision and strategy

The provider had a clear vision to provide a high quality service that put caring and client safety at its heart. We viewed minutes of staff meetings where discussions about the future had been held, with all staff involved in these discussions and future planning.

### Culture

Candour, openness, honesty and transparency and challenges to poor practice were evident.

- Staff we spoke with were proud to work in the clinic and said they felt respected, supported and valued.
- The clinic focused on the needs of clients and ensured that staff had the correct knowledge and training to do this.
- Staff were encouraged to attend training, seminars and speak with other colleagues in the travel profession.
- Staff were aware of how to raise concerns and told us they felt supported by managers to be able to do this.

### Governance arrangements

Staff were clear on their roles and accountabilities including reporting structures.

The provider had policies and procedures to ensure safety. With the exception of an infection control policy that was then drafted following our inspection policies were up to

date and accessible to staff through the computer system. Staff we spoke with knew how to access the policies. The registered manager was the first point of contact for staff regarding any issues.

### Managing risks, issues and performance

There were processes to identify, understand, monitor and address current and future risks including risks to client safety. We noted that steps were taken in response to any issues found.

- The provider and staff had oversight of MHRA alerts, incidents, and complaints.
- There was clear responsibility for the management of risk. For example, building safety checks were carried out by the University of Surrey and records kept of maintenance and risk assessments.
- There was a clear schedule of continuous audit and action was taken to improve practice as a result of this.
- With the exception of infection control and a lack of a defibrillator on site, risk assessments had been carried out and mitigating action to manage the risk was in place. Following our inspection the registered manager sent us a risk assessment relating to there being no defibrillator on site in case of a medical emergency. The risk assessment detailed the location of a number of defibrillators within the university campus, however did not include details such as how long it would take to access a device in the event of a medical emergency.
- The provider was aware of their duty as employers under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

### Appropriate and accurate information

- The clinic used information technology systems to monitor and improve the quality of care.
- Client records were securely stored on the information technology system only accessible via staff log-in. Paper records were securely locked in filing cabinets.

### Engagement with patients, the public, staff and external partners

- The clinic involved clients, staff and external partners to promote and support high-quality sustainable services.
- Clients were encouraged to provide feedback. The clinic had received numerous compliments and positive feedback in relation to the caring attitude and knowledge of staff members.

# Are services well-led?

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

- Clients were encouraged to complete a satisfaction survey following their consultation. Results were audited and action taken to address any concerns or areas identified for improvement.
- Nurses regularly engaged with external partners, including neighbouring GP surgeries, other travel clinics and networked with clinicians within the travel industry. This included participation in relevant forums

## **Continuous improvement and innovation**

Staff were encouraged to continually develop and improve their knowledge. There was access to national resources and up to date travel guidance to ensure that advice and treatment given to clients who use the service was up to date.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p><b>How the regulation was not being met:</b></p> <p>There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p> <p>There was no infection control audit being carried out and staff had not received regular infection control training updates.</p> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>