

Travel Klinix

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as **Good** overall. (Not previously inspected by CQC.)

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 Travel Klinix on 29 November 2019 as part of our inspection programme to rate independent health providers.

Travel Klinix is an independent provider of general medical services to adults and children based in the Earlsdon district of Coventry. The service provides travel vaccinations, a range of general children's and adult's vaccinations (for example, shingles and flu) and health advice and treatment before and after travel abroad.

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. Travel Klinix services are provided to patients under arrangements made by their employer or a government department or an insurance company with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Travel Klinix we were only able to inspect the services which are not arranged for patients by their employers or a government department or an insurance company with whom the patient holds a policy (other than a standard health insurance policy).

The director is the registered manager and doctor for 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.

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 100 comment cards, which were all very complimentary about the standard of service delivery, which was said to be excellent. The doctor, nurse and staff were praised for their caring, efficient and professional approach and patients appreciated the ease with which they could make appointments, often on the same day.

Our key findings were:

- The duration of appointments was timed according to the service or treatment provided.
- There was evidence of quality assurance activities to monitor the quality of services provided. Clinical audits were carried out and procedures and processes were regularly examined in conjunction with patient feedback and improvements were made when identified.
- There was an infection prevention and control (IPC) policy and an IPC audit had been carried out in the last 12 months.
- There were systems for the management of medicines and vaccinations.
- Staff showed awareness of current evidence based guidance and had received up to date training to enable them to deliver effective care and treatment.
- There was a clear leadership structure. Staff told us that they felt supported by the management team.
- Information about how to make a complaint was available.
- Services and fees were clearly displayed.
- The service proactively encouraged feedback from staff and patients and acted on the results.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector who was supported by a GP specialist advisor.

Background to Travel Klinix

Travel Klinix is an independent provider of general medical services to adults and children based in the Earlsdon district of Coventry. It is located towards the rear of Earlsdon Medical Centre. The service provides travel vaccinations, a range of general children's and adult's vaccinations (for example, shingles and flu) and health advice and treatment before and after travel abroad. It is also a registered yellow fever centre and a registered training centre for infectious diseases. The location also provides medical examinations to support visa applications and is involved with a range of local healthcare initiatives such as HIV testing within high risk communities on behalf of Coventry City Council.

The location is a training centre for travel health for infectious diseases for trainee doctors from the Joint Royal Colleges Postgraduate Training Board.

The service had not been previously inspected by CQC and delivers the following Regulated Activities: diagnostic and screening procedures and treatment of disease, disorder or injury.

The service was established in 2013 and later moved to the current location. Although located on the first floor of the building, there is full disabled access. Ample parking is available.

The director is the registered manager and doctor for the service. They also trained and practiced as a hospital consultant within this field of expertise. Other staff include a nurse and administration staff.

The service is open from 9am until 5pm from Monday to Wednesday, from 9am to 1pm on Thursdays, from 9am to 6pm on Fridays and from 9am until 12pm on Saturdays.

Full details of the services provided are available on the Harley Street Consulting Clinics website at www.travelklinix.com.

How we inspected this service

Before the inspection we reviewed the information submitted by the provider about the services available at Travel Klinix.

During the inspection we spoke with a range of staff, reviewed documents, including medical records, and comment cards where patients had shared their views and experiences of the service.

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?

We rated safe as Good because:

Travel Klinix demonstrated that they provided services for patients in a manner that ensured patients' and staff safety.

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. They outlined clearly who to go to for further guidance. 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. During our inspection we were shown details of safeguarding incidents and their monitoring and outcomes.
- The service had systems in place to assure us that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. It was the service's policy that all staff had a Disclosure and Barring Service (DBS) check. (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 a policy for infection prevention and control (IPC) and an IPC audit had been carried out in December 2018. No actions were required following this audit, but staff described how things would be followed up if required.

- The provider ensured that facilities and equipment were safe and we saw that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- Single use equipment was used by the location wherever possible. We saw how this was stored, sealed in its original packaging and displayed the expiry date.
- The owner of the premises (Earlsdon Medical Centre) carried out appropriate environmental risk assessments, including the control of Legionella, which took into account the profile of people using the service and those who may be accompanying them. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We noted that risk assessments were reviewed earlier in 2019.

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.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- 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. Both consultants had current medical indemnity policies.
- Every patient had a full risk assessment carried out. This took into account their medical history and travel itinerary.

Information to deliver safe care and treatment

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

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

Are services safe?

- 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 ceased 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 systems for appropriate and safe handling of medicines.
- There were systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment which minimised most risks. Emergency medicines, and oxygen were kept at the location and a defibrillator was available for use from Earlsdon Medical Centre.
- The service kept prescription stationery securely and monitored its use.
- The doctor and nurse were aware of best practice guidelines for safe prescribing.
- Staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- There was a system for verifying the identity of patients including children.
- Processes were in place to ensure the cold chain was maintained for the storage of vaccinations. This included a daily manual check of fridge temperatures, supplemented by a daily digital download.

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.

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. These were known as RQI's (Reflection of Quality Incident). Staff were able to explain the system for reporting incidents and near misses.
- There were systems for reviewing and investigating when things went wrong. No incidents were reported in the last 12 months, but staff were able to tell us how the service would learn and share lessons, identify themes and take appropriate 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 for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. There was an effective mechanism to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

We found that Travel Klinix was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- Quality improvement activities included clinical audits and procedures and processes were regularly examined in conjunction with patient feedback and improvements were made when identified. Findings had been used to improve procedures, for example in the delivery of yellow fever 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.
- To cover administrative staff absences, a bank of staff were occasionally used from the University of Warwick. They come from a pool of undergraduates vetted by the university. We saw how these staff received a full induction.

- The doctor was registered with the General Medical Council (GMC).
- 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.

Coordinating patient care and information sharing

Staff 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. For example, NHS secondary care.
- Before providing treatment, consultants at the service ensured they had adequate knowledge of the patient's health, any relevant test results, their medicines' history and travel itinerary.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice, so they could self-care, for example, smoking cessation and alcohol use.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients' needs could not be met by the service, staff signposted them to the appropriate service for their needs.

Consent to care and treatment

Are services effective?

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?

We rated caring as Good because:

We found that Travel Klinix was providing care for patients in a compassionate and supportive manner. Patients' needs were always respected and doctors involved them in decisions about their treatment options.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people. Posts on social media highlighted the caring, kind and professional staff.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients when needed.
- 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.
- There was a notice in reception and in the patient information folder advising patients that a private room was available if required.
- Music was played in the reception area which ensured further confidentiality was maintained.

Are services responsive to people's needs?

We rated responsive as Good because:

We found that Travel Klinix were responsive to patients' needs and fully equipped to deliver services.

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 provider understood the needs of their patients and improved services in response to those needs. For example, improvements had been made to written communication.
- The facilities and premises were appropriate for the services delivered. Hot and cold drinks were available in reception for patients.

Timely access to the service

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

- Patients had timely access to services and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

- Patients reported that the appointment system was easy to use. Patients usually had appointments within a short time of their request and appointments could be accommodated at short notice.
- Referrals and transfers to other services were undertaken in a timely way.

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 informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaints policy, which was displayed in reception. One complaint had been received in the last 12 months and we saw how it was being handled in conjunction with the complaints procedure. Staff explained the system for learning lessons from individual concerns, complaints and from analysis of potential trends. Following a patient comment that the waiting area was too clinical and not child friendly, toys, posters and music were introduced.

Are services well-led?

We rated well-led as Good because:

We found that Travel Klinix was well organised and had a range of clear policies and procedures. All staff shared the vision to promote a high-quality service with the focus on continuity of care.

Leadership capacity and capability:

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

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

Vision and strategy

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

- There was a clear vision and set of values. We were told that the vision was to provide a high quality health service, early detection of diseases, prevention of ill-health, avoidance of hospital admissions and education.
- The service had a strategy and supporting business plans to achieve priorities. We were told that the objective was to develop a service with timely and high quality appointments, diagnosis and treatment.
- The service developed its vision, values and strategy jointly with staff. This included discussion and plans for a future re-branding to reduce the initial impression that service only provides travel vaccinations.
- 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 told us that they felt respected, supported and that their contribution was valued.
- The service had a patient centred ethos.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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 had confidence that these would be addressed when they did so.
- There were processes for providing all staff with the development they required. This included appraisal and career development conversations. We saw that the doctors carried out the annual staff appraisals.
- 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.
- Staff commented on the strong working relationship in the team.

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. We noted that there were regular business and board meetings, which had set agendas and were formally documented.
- 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. Policies and procedures were available to all staff.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

- The service had processes to manage current and future performance. The doctors had oversight of safety alerts, incidents, and complaints, which were standing items on the agendas of business meetings.
- The provider had plans in place and had trained staff for major incidents. We saw that the comprehensive Business Continuity Plan was reviewed annually. It included the staff contingency plan, telephone cascade process as well as electronic and utility failure plans.

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.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. All patient medical records were stored electronically.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. This included changes to appointment times and how results were presented.
- The service carried out an in-house patient satisfaction survey after every appointment. All respondents rated the service excellent and would recommend it to family and friends.
- Staff were able to give feedback on an informal basis or at the regular meetings.

Continuous innovation

There was evidence of systems and processes for continuous improvement and innovation.

- The service provided a lay testing project in conjunction with Coventry City Council. This provided HIV testing in high risk local communities, with the testing delivered by trained volunteers. This resulted in the service being recognised by the Royal College of Physicians at their Excellence in Patient Care Awards 2017.