

TMB Trading Limited Bath

Inspection report

2-3 Abbey Gate Street
Bath
BA1 1NP
Tel: 01341 555 061
Website: www.nomadtravel.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 1 February 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 not providing well led services in accordance with the relevant regulations.

Background

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.

This location is registered with CQC, under the location name Bath, in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of travel health. The provider is TMB Trading Limited and is operated as a NOMAD Travel clinic in Bath. It is a private clinic providing travel health advice, travel and non-travel vaccines, blood tests for antibody screening and travel medicines such as anti-malarial medicines to children and adults. In addition the clinic holds a licence to administer yellow fever vaccines.

The clinic is registered with the Care Quality Commission under the Health and Social Care Act 2008 to provide the following regulated activities: Diagnostic and screening procedures; Transport services, triage and medical advice provided remotely and Treatment of disease, disorder or injury. The lead nurse 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.

Our key findings were:

Summary of findings

- The clinic had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the provider learned from them and improved their processes.
- The provider routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines and up to date travel health information.
- Each patient received individualised travel health information including additional health risks related to their destinations and a written immunisation plan specific to them.
- Staff treated patients with compassion, kindness, dignity and respect. Care Quality Commission comment cards completed by patients prior to our inspection were all positive about the standard of care received. They told us the nurses were caring, efficient, professional and knowledgeable.
- There was a leadership structure with clear responsibilities, roles and systems of accountability to support good governance and management. However management oversight could be improved in some areas. For example, for the preservation of the cold chain and adherence to requirements relating to personal data protection.

- Most staff felt supported by the leadership team and worked very well together as a team. However there were instances where management had not considered the needs of staff in order to facilitate their day to day work.
- The provider was aware of the requirements of the duty of candour.
- Clinic staff were encouraged to plan and develop the service to meet local needs such as responding to local disease outbreaks and visiting schools to provide travel health talks.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review and embed systems and processes regarding management oversight in relation to obligations in data protection.
- Review processes whereby staff feedback and requests are listened and responded to.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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 providing safe care in accordance with the relevant regulations.

- The provider had clearly defined and embedded systems, processes and practices to keep people safe and safeguarded from abuse.
- There were arrangements for the management of medicines, however those in relation to the cold chain needed reviewing.
- There was a system in place for reporting and recording incidents including significant events. Lessons were shared to make sure action was taken to improve safety in the service.
- There were arrangements and staff were suitably trained to deal with medical emergencies.

Are services effective?

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment, with the exception of chaperone training for administrative staff. They assessed needs and delivered care in line with current evidence based guidance.
- Patients received an individualised travel risk assessment, health information including additional health risks related to their destinations and a written immunisation plan specific to them.
- Nursing staff understood the requirements of legislation and guidance when considering consent including parental consent.
- Virtual support from the provider's medical team was readily available to nurses working on their own in the clinic.
- Clinical audits demonstrated quality improvement.
- Staff worked together and when necessary with other health professionals to deliver effective care and treatment. There were clear protocols for referring patients to other services based on current guidelines.

Are services caring?

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

- Information for patients about the services available was easy to understand and accessible.
- Patient feedback via Care Quality Commission comment cards and service surveys indicated that staff treated patients with kindness and respect.
- Staff recognised the importance of dignity and respect.

Are services responsive to people's needs?

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

- The provider understood the needs of its population and tailored services in response to those needs. For example, the provider had recognised that patients wanted the service to be open on additional days of the week. Additional staff were being employed to accommodate this.
- The clinic provided off site visits. For example, they visited schools to undertake group vaccinations for children attending school trips overseas.
- Patients indicated via the services patient survey carried out that they found it easy to make an appointment.

Summary of findings

- The clinic was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.

Are services well-led?

We found that this service was not providing well led care in accordance with the relevant regulations. The impact of our concerns was minor for patients using the service, in terms of the quality and safety of clinical care.

- We found that this service was providing responsive care in accordance with the relevant regulations. The provider had a clear vision and strategy to deliver high quality travel healthcare and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership and management structure and most staff felt supported by management. However there were instances where management had not considered the needs of staff in order to facilitate their day to day work.
- Staff had received comprehensive inductions and attended staff meetings and training opportunities. There was a strong focus on continuous learning and improvement at all levels.
- There was an overarching governance framework which most of the time supported the delivery of the strategy and good quality care. However there were instances where these did not operate effectively. For example, for the preservation of the cold chain and adherence to requirements relating to personal data protection.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty.
- Leaders and staff strived for continuous learning, improvement and innovation such as partnership working with university research projects and developing services locally to meet patient needs.

Bath

Detailed findings

Background to this inspection

Nomad Travel Clinic in Bath is located at 2-3 Abbey Gate Street Bath BA1 1NP. It is situated within a Cotswold Outdoor Store but is independent of the store.

The private travel clinic is a location for the provider TMB Trading Limited who have owned the Nomad travel stores and clinics since October 2016. TMB Trading Limited provide nine travel clinics across England and Wales.

The clinic offers travel health consultations, travel and non-travel vaccines, blood tests for antibody screening and travel medicines such as anti-malarial medicines to children and adults. In addition the service works with Public Health England to deliver post-exposure Rabies vaccination. They also provide travel related retail items. The clinic employs two nurses and an administrative staff member and it sees approximately 170 patients per month. Virtual support for the travel nurses is provided by the medical team who are based at the head office in London.

The Bath clinic is open on Tuesday, Thursday, Friday and Saturdays from 9.45am until 5.30pm. In addition Nomad provide a telephone consultation service with specialist travel nurses and have a central customer service team to manage appointment bookings. We did not inspect the advice service as part of this inspection.

We inspected the clinic on 1 February 2018. The inspection was carried out by two CQC inspectors.

Before visiting, we reviewed a range of information we hold about the service. We also asked the service to complete a provider information request. During our visit we:

- Spoke with the lead nurse who was also the registered manager.
- Spoke to the nominated individual who is also the clinical operations manager. (A nominated individual is a person who is registered with the Care Quality Commission to supervise the management of the regulated activities and for ensuring the quality of the services provided).
- Spoke to one travel nurse and the store host.
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the clinic.

To get to the heart of peoples' 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 providing safe services in accordance with the relevant regulations.

Safety systems and processes

The service had clear systems to keep patients safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had a range of safety policies which were regularly reviewed and communicated to staff. Staff received safety information as part of their induction and refresher training. Policies were regularly reviewed, detailed where further guidance could be obtained and were accessible to all staff.
- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. There was a system in place to check professional registration on an annual basis. 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). Nurses undertook three yearly professional revalidation in order to maintain their registered nurse status.
- The provider had systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. For example, nurses had received specific training to recognise and report suspected female genital mutilation. In addition the pre-treatment medical questionnaire included specific questions to enable staff to identify and report concerns. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- There was a chaperone policy and posters offering a chaperone service were visible on the waiting room noticeboard and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff had been trained to be a chaperone. We spoke with an administrative member of staff who told us that, there

was an expectation that chaperone duties would be undertaken when necessary. However no chaperone training had been undertaken and we found that the principles of chaperoning were not fully understood.

- There was an effective system to manage infection prevention and control. Annual audits took place along with daily processes and any improvements identified for action were completed.
- Staff ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

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.
- Clinical staff had appropriate indemnity insurance in place.
- In the event an emergency did occur, the provider had systems in place to respond appropriately.
- All clinical staff had received training in basic life support. Emergency equipment was available including access to oxygen. Emergency medicines for the treatment of anaphylaxis were easily accessible to staff in a secure area of the clinic and all staff knew of their location.
- There was a first aid kit available within the travel clinic. Staff had received training in its usage. In addition nurses and administrative staff undertook training in first aid and anaphylaxis scenarios.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients. On registering with the service, and at each consultation patient identity was verified and recorded in patient records. Individual patient records were written and managed in a way that kept patients safe. The clinical records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Safe and appropriate use of medicines

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

Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring medicines were kept at the required temperatures which described the action to take in the event of a potential failure. When vaccines were delivered when the clinic was closed, the provider had a system whereby the manager of the Cotswold Outdoor store placed the vaccines in the provider's vaccine fridge. However there was no system in place for staff to assure themselves that these vaccines had been refrigerated within timelines to ensure preservation of the cold chain. We raised this at the inspection and we received post inspection evidence that showed documentation had been introduced which would record time of delivery and time of refrigeration.
- Nursing staff carried out regular medicines audits to ensure storage and administration was in line with best practice guidelines for safe prescribing, such as fridge temperature monitoring and safe security of medicines. Annual audits of Yellow Fever vaccine use were undertaken in order to meet the standards of good practice required for the designated licence to administer the vaccine.
- The nurses used Patient Group Directions (PGDs) to administer vaccines and Patient Specific Directions (PSDs) in line with legal requirements.. For example, when administering specific vaccines if patients had an allergy to a vaccine component. PGDs and PSDs had been produced in line with legal requirements and national guidance. We saw evidence nurses had received appropriate training and been assessed as competent to administer the medicines referred to either under a PGD or in accordance with a PSD from the prescriber. For administration under a PSD, nurses had received authorisation from the medical team.
- The provider had an electronic stock control system to ensure adequate vaccine supply.
- Arrangements for dispensing medicines such as anti-malarial treatment kept patients safe. The clinic provided complete medicine courses with appropriate directions and information leaflets.
- The services prescribed some medicines outside of their licenced use, for example for the treatment of pre and post exposure for rabies. (Medicines are given licences after trials have shown that they are safe and effective for treating a particular condition. Use for a different medical condition is called unlicensed use and is a higher risk because less information is available about the benefits and potential risks). Patients were asked to read information provided during the consultation about the use of medicines outside of their licensed use and the patient consent was recorded within the patients' medical notes.

Track record on safety

The clinic had a good safety record. The provider prioritised safety and used a range of information to identify risks and improve patient safety. For example, reported incidents and national infectious disease outbreak alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

There were comprehensive risk assessments in relation to safety issues. The provider continually monitored and reviewed activity. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

Any incidents identified were escalated to the Nomad head office, where all incidents were also reviewed and monitored. There was analysis of themes, trends and numbers of incidents across all Nomad locations and partnership organisations to support any identified changes in processes or service delivery. For example, following a medicines error additional training for new staff was identified and PGDs to administer the vaccines updated.

Meetings were held at both local and corporate level and we saw that learning from incidents was disseminated to staff. Any changes in processes were also reviewed to monitor effectiveness.

Are services safe?

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

When there were safety incidents:

- The service gave affected patients reasonable support, truthful information and a verbal and written apology.

- They kept written records of verbal interactions as well as written correspondence.

The service received safety alerts and these were reviewed by the provider's pharmacist and any action necessary was cascaded to clinics via the provider's computer system.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. For example, NaTHNaC (National Travel Health Network and Centre), a service commissioned by Public Health England.

- Patients received a travel health assessment which provided an individualised travel risk assessment, health information including additional health risks related to their destination(s) and a written immunisation plan specific to them.
- A comprehensive assessment was undertaken which included an up to date medical history.
- Additional virtual clinical support was readily available during each consultation from the medical team.
- Latest travel health alerts such as outbreaks of infectious diseases were available. Specific additional training was available at times of disease outbreak such as Ebola and Zika virus outbreaks.
- We saw no evidence of discrimination when making care and treatment decisions. The nursing staff had recently undertaken a study day which included the challenges faced by travellers with disabilities.

Monitoring care and treatment

The provider had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, through individual audits of patient records against standard competencies.

The provider monitored national core competencies and up to date standards for travel health and immunisation. Nursing staff received up to date training in line with this.

Effective staffing

Nursing staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.

- The provider understood the learning needs of staff and provided protected time and training to meet them with the exception of chaperone training for administrative staff. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Nurses had received specific training from Public Health England around post-exposure Rabies treatment.
- The service provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation.
- New nurses received a seven day induction package and support through checks on their competency for six months which included longer appointment times, protected time for learning and development and support from a nominated mentor.
- The provider ensured the competence of staff employed in advanced roles by carrying out an audit of their clinical decision making.

Coordinating patient care and information sharing

Staff worked together and when necessary with other health professionals to deliver effective care and treatment. There were clear protocols for referring patients to other specialists or colleagues based on current guidelines. When patients were referred to another professional or service, all information that was needed to deliver their on-going care was appropriately shared in a timely way.

The provider shared relevant information with other services such as Public Health England in a timely way.

Patients were advised which vaccines were available free from their GP practice. Consent was gained from patients for their own GP to be sent written information on any vaccines given.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives whilst travelling. For example, the travel health consultation talked patients through advice to prevent and manage travel health related diseases such as, precautions to prevent Malaria and advice about food and water safety. Patients were also given leaflets to take away and directed to a travel health website for further information.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

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

- Nursing staff understood the requirements of legislation and guidance when considering consent and decision making including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, parental attendance was required. Identification was sought in line with their policy and next of kin details recorded.
- Staff had received specific training relevant to travelling abroad for cultural or religious treatments.
- The service had an appropriate process for seeking consent and monitored this.

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 patients with kindness, respect and compassion.

- Staff understood patient's personal, cultural, social and religious needs.
- The clinic gave patients timely support and information.
- All of the 11 Care Quality Commission comment cards we received were positive about the service experienced. These told us that staff were polite, professional and explained things very clearly.

The comment cards were in line with the results of the recent Nomad Bath patient survey. The survey was carried out in December 2017.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about their care:

- Interpretation services were available for patients who did not have English as a first language.
- Patient responses from the Nomad patient survey (December 2017) demonstrated that:
- 89% of patients answered "very good" to a question which asked if nurses acted professionally and inspired confidence.
- 89% of patients also answered "very good" to the question that asked whether patients felt the nurse listened to them.

Privacy and Dignity

The clinic respected and promoted patients' privacy and dignity.

- Staff recognised the importance of dignity and respect.
- 89% of respondents to the Nomad patient survey stated that the nurses were very good with respecting their privacy and dignity.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. For example, the provider had recognised that patients wanted the service to be open on additional days of the week. Additional staff were being employed to accommodate this.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when patients found it hard to access services.
- Patient waiting lists were in place to prioritise vaccines when there were national shortages, such as the recent Hepatitis A & B shortages.
- The clinic provided off site visits. For example, they visited schools to undertake group vaccinations for children attending school trips overseas. Appropriate processes were in place to ensure the preservation of the cold chain and also NaTHNac (National Travel Health Network and Centre) approval to move licensed vaccines off site.

Timely access to the service

- Patient feedback and customer surveys showed patients were able to access care and treatment within an acceptable timescale for their needs.
- Patients accessed the service through a customer contact centre. The Bath clinic was open on Tuesday, Thursday, Friday and Saturdays 9.45am until 5.30pm. In addition Nomad provided a telephone consultation service with specialist travel nurses and had a central customer service team to manage appointment bookings. Patients had timely access to initial assessment and consultations. Those with the most urgent needs had their care and treatment prioritised.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and had systems to respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to follow.
- The complaint policy and procedures were in line with recognised guidance. No complaints for this clinic had been received in the last year.
- The service learned lessons from individual concerns and complaints. Where incidents had occurred at other sites the provider ensured that actions from the outcomes were shared nationally. For example, a complaint following an issue with Yellow Fever vaccines had led to the incident being used as a training scenario across all the sites.

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 not providing well led services in accordance with the relevant regulations. The impact of our concerns was minor for patients using the service, in terms of the quality and safety of clinical care.

Leadership capacity and capability

The head office for the provider, Nomad is based in London. During this inspection we did not visit the head office.

- We spoke to the nominated individual and to the registered manager of the Bath clinic. They demonstrated they had the capacity and skills to deliver high-quality, travel and non-travel services at the Bath clinic. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, employing additional staff so that the clinic could open on extra days.
- Staff told us leaders at all levels were approachable.

Vision and strategy

The provider had a clear vision and strategy to deliver high quality travel healthcare and promote good outcomes for travellers.

Culture

The provider had a culture of high-quality travel healthcare and advice.

- The clinical staff stated they felt respected, supported and valued. They were proud to work in the service. They told us they could raise concerns, were encouraged to do so. However there were instances where management had not considered the needs of staff in order to facilitate their day to day work. For example a staff member had requested when she started employment with the organisation three months ago that a chair be provided for use during periods when patients were not present and this had not been provided.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal, provision of travel health courses and attendance at conferences.

- There was a nurse trainer who provided monthly newsletters and on-line hot-topics such as sexual health and assault whilst abroad. Nurses were encouraged to discuss these as a team.
- Nurses were considered valued members of the service. They were given protected time for professional development and evaluation of their clinical work.
- The provider had a whistleblowing policy in place. A whistle blower is someone who can raise concerns about practice or staff within the organisation.

Governance arrangements

- There were structures, processes and systems to support governance, however these did not always operate effectively. Examples of this were: Chaperone duties were required to be undertaken by an administrative staff member, however, they had not received the appropriate training. The management team did not have a risk assessment or process in place to assure themselves that the cold chain was preserved on days the clinic was not open.
- Staff were clear on their roles and accountabilities including in respect of safeguarding children and medicines management.
- Nomad had established policies, procedures and activities to ensure safety which were available to all staff. Quarterly senior nurse meetings and operational reporting structures provided assurances that the service was 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 within the clinic. For example, the staff undertook a variety of daily, weekly and monthly checks to monitor the safety of the clinic.
- We saw there were effective operational arrangements in place for identifying, recording and managing risks; which included a risk register and significant event recording.
- The provider had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations.
- There was clear evidence of action to change practice to improve quality.

Are services well-led?

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

Appropriate and accurate information

There were policies in place which dealt with the security of personal identifiable information (PII). However we found that these did not always operate effectively, as the provider was not registered with the information commissioner's office which is a requirement under the Data Protection Act. We raised this with the provider on the day of the inspection. The provider told us post inspection that the organisation had now been registered with the ICO.

The provider used information technology systems to monitor and improve the quality of care. Data or notifications were submitted to external organisations as required. For example, an annual audit was undertaken as part of the Yellow Fever vaccine licence.

Engagement with patients, the public, staff and external partners

The provider involved patients and external partners to support high-quality sustainable services.

- The clinic proactively sought patient feedback via a comment card after every consultation. In addition patient feedback surveys were undertaken.

- The clinic worked closely with its partnership organisation Nomad travel health pharmacy and with retail staff who were trained travel specialists.
- The organisation had signed up to a staff support programme with an external company in order to better support their staff in a wide range of areas including, counselling and financial advice.

Continuous improvement and innovation

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

- Learning was shared from other clinics and partnership sites and used to make improvements.
- The provider was in the process of reviewing administration of some vaccines based on research evidence on effectiveness of these. For example, Hepatitis B administration via an intradermal route to improve protection against the disease.
- The clinic staff provided off-site visits to other organisations. For example, they visited local schools or arranged for the school to attend the clinic for travel health talks and vaccines for school trips.

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 Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that systems or processes were established and operating effectively specifically relating to:</p> <ul style="list-style-type: none">• Management oversight of the preservation of the cold chain.• Chaperone training for non-medical staff. <p>This was in breach of regulation 17(1)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>