TMB Trading Limited

Birmingham

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 20 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 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 not providing well-led care in accordance with the relevant regulations.

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. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

- The provider had systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Processes for ensuring control measures in areas such as infection control and staff safety checks in particular for those who acted as a chaperone, to ensure risks were as low as reasonably possible were not always being operated effectively. These issues had been addressed following our inspection.
- There were some arrangements in place for the management of medicines. However, the provider did not have an effective process in place to enable temperature monitoring of portable vaccination fridges to ensure vaccines remained within the recommended temperature range during transportation. Following our inspection, a new monitoring process had been introduced.
- Staff were unable to demonstrate an effective system to enable smooth tracking and monitoring of alert from Medicines and Healthcare products Regulatory Authority (MHRA) and through the Central Alerting System (CAS).
- 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.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- Staff carried out monthly deep cleaning of clinical areas. However, staff did not carry out annual audits to measure overall standards of cleanliness. Following our inspection, a new monitoring process had been introduced.

Are services effective?

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

- Staff demonstrated the skills, knowledge and experience to deliver effective care and treatment. However, there were areas where training had not been completed.
- Staff assessed needs and delivered care in line with current evidence based guidance. For example, staff accessed interactive websites to obtain up to the minute travel health information.
  Clients 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.
- Clinical audits demonstrated quality improvement.

Are services caring?

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

- Information for clients about the services available was easy to understand and accessible.
- We saw staff treated clients with kindness and respect, and maintained client and information confidentiality. This was supported by client feedback from CQC comment cards and service surveys.

Summary of findings

- Nomad Birmingham client survey and completed feedback forms showed that clients were satisfied with the service received.

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 its client profile and had used this to meet their needs.
- Information about how to make a complaint or raise concerns was available in waiting areas and easy to follow.
- Feedback from completed comment cards and service lead surveys demonstrated that clients found it easy to make an appointment.
- The clinic was mainly well equipped to treat clients and meet their needs.
- The service did not receive any complaints in the last 12 months. However, learning from client feedback and complaints received at other Nomad locations was shared with staff.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations.

- There was an overarching governance framework. However, oversight of some governance arrangements was not carried out effectively.
- For example, arrangements to ensure staff received appropriate training to cover the scope of their work was not effective. Some areas which exposed clients to potential risk, such as the absence of a DBS check for non-clinical staff members who act as a chaperone and measures to reduce the spread of infections had not been assessed. Following our inspection, a new monitoring process had been introduced.
- There was a leadership and management structure and staff felt supported by management.
- Staff had received comprehensive inductions and attended staff meetings.
- The provider had a clear vision and strategy to deliver travel healthcare and promote good outcomes for clients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 engaged in partnership working with local schools to deliver vaccination programmes at scale and developing services locally to meet client needs.

Birmingham

Detailed findings

Background to this inspection

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 Birmingham Travel Clinic, 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 Birmingham. It is a private clinic providing travel health advice, complex health and existing medical conditions and psychological services, 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.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by clients prior to our inspection. We received 19 completed comment cards which were all positive about the standard of care received. Clients told us the care and treatment they received was excellent, efficient and caring with all staff being polite, knowledgeable, respectful and helpful.

Our key findings were:

- The clinic had systems to respond to and learn from safety incidents so that they were less likely to happen.
- Control measures in areas such as infection control and transportation of vaccines to ensure risks were as low as reasonably possible were not always being operated effectively. Following our inspection, the service introduced new 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 client received individualised travel health information including additional health risks related to their destinations and a written immunisation plan specific to them.
- The provider understood the learning needs of staff and explained staff were provided with protected time and training to meet them.
- Staff treated clients with compassion, kindness, dignity and respect. Care Quality Commission comment cards completed by clients prior to our inspection were all positive about the standard of care received. For example, clients felt the nurses were caring, efficient, professional and knowledgeable.
- The service made improvements as a result of client feedback and learning from complaints received at other Nomad locations was shared with the Birmingham location staff.

Detailed findings

- The facilities and premises were appropriate for the services delivered. However, due to limited access to running water in the clinical rooms staff used a portable hand washing station.
- There was a leadership structure with clear responsibilities, roles and systems of accountability which mainly support good governance and management. However, oversight of some risk was not always effective. Following our inspection, actions had been taken to reduce patients' exposure to potential risk.
- Staff felt supported by the leadership team and worked very well together as a team.
- 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 vaccinations.

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 process for verifying clients' proof of identity prior to consultations'
- Review systems for monitoring non-clinical staff members understanding of safeguarding children; implement a system to identify and respond to training needs.
- Revew the arrangements for responding to medical emergencies to ensure all risks have been identified and mitigated.
- Review the process for tracking and monitoring alert from Medicines and Healthcare products Regulatory Authority (MHRA) and through the Central Alerting System (CAS).
- Review system to monitor the performance of cleaning contractors who carried out general cleaning of the building as well as the storage of cleaning equipment.
- Carry out a risk assessment for the storage of vaccines which require cold storage during transportation, and review processes as appropriate.

Are services safe?

Our findings

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

Safety systems and processes

- The service had some systems to keep clients safe and safeguarded from abuse. Staff we spoke with explained steps they would take to protect clients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Processes for controlling the spread of infections to ensure risks were as low as reasonably possible were not always operated effectively. However, during our inspection we found the premises to be visibly clean.
- 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 and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The provider carried out staff checks, including checks of professional registration where relevant, upon recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for clinical staff; however, checks had not been carried out on non-clinical staff. (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 and all the nurses had undertaken this revalidation process.
- The provider had systems to safeguard children and vulnerable adults from abuse. Clinical 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. Non clinical staff had not completed formal safeguarding training; however, we saw that safeguarding awareness was part of their induction. Non clinical staff we spoke with demonstrated clear understanding of what would constitute a safeguarding concern and what they would do if abuse was suspected or witnessed.
- 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. Non-clinical staff also carried out chaperoning duties and received training for this role; however, had not received a DBS check as stipulated in the chaperoning policy. Staff we spoke with explained that a DBS check would be carried out for all non-clinical staff following our inspection.
- There was a system to manage infection prevention and control. For example, monthly deep cleaning logs were maintained; however, during our inspection, staff were unable to demonstrate how they measured overall standards of cleanliness or identify any areas for improvements. For example, oversight of the storage of mops did not ensure that they were maintained in good condition. Following our inspection, the practice reviewed systems' for controlling the spread of infections and introduced processes, which included regular auditing of general cleaning standards.
- Staff did not have access to spill kits to enable them to deal with spillage of body fluids such as urine, vomit and blood. Following our inspection, the practice provided evidence to show that spill kits had been ordered.
- In most areas, the service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste; however, during our inspection staff were unable to provide evidence of a contract for the removal of clinical waste.
- The clinic had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). However, the service were unable to provide evidence of a risk assessment that confirmed there to be no significant hazards.

Are services safe?

- Portable sinks were located in the clinic room which staff used for hand washing. Staff explained that they added sterilising tablets to the water tank every two weeks in accordance to the manufacturers' instructions and regularly changed the water tanks. However; no sample of the water had been taken or tested.
- We were told that the service had a contract for yearly servicing of two air conditioning units; however, no evidence of this was provided during our inspection. Following our inspection the service provided evidence of arramngements made to service the air conditioning units.

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 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 store staff undertook bi-monthly joint training in first aid and anaphylaxis scenarios.

Information to deliver safe care and treatment

Staff had the information they needed to deliver care and treatment to clients. Individual client records were written with clear details of the type of clinical treatment provided. and managed in a way that kept clients safe. The clinic records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. On registering with the service clients were required to complete a registration form which the clinical system auto populated into client records. However, during our inspection, we did not observe clients' proof of identity being taken or verified during consultations'. Staff we spoke with explained steps taken for checking that adults attending clinics with children have parental responsibilities.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines minimised risks.
- Staff prescribed, administered or supplied medicines to clients and gave advice on medicines in line with legal requirements and current national guidance.
- 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.
- 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. 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. During our inspection, we saw that vaccination fridge temperatures were within recommended rage and data loggers we viewed confirmed this, (data loggers are used to monitor medical fridges and cool boxes to help verify that vaccines are kept within the specified temperature range).
- The service offered off-site visits where staff carried out immunisations at schools and corporate venues. The service had a protocol for this, which involved completion of an off-site visit equipment checklist, systems to maintain information security and recording of vaccination batch numbers. However, the service did not maintain a record of storage temperatures to ensure vaccines remained within a recommended temperature

range during transportation. Following our inspection, the practice reviewed their process for transporting vaccines between clinics to include temperature recording.

- The nurses used Patient Group Directions (PGDs) to administer vaccines and Patient Specific Directions (PSDs). For example, when administering specific vaccines if clients 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 sought verification from the medical team.
- The provider had an electronic stock control system as an additional safety mechanism.
- Arrangements for dispensing medicines such as anti-malarial treatment kept clients safe. The clinic provided complete medicine courses with appropriate directions and information leaflets.
- We found that clients were treated with unlicensed medicines, such as pre and post exposure intradermal Rabies, as a more affordable alternative for travellers. Treating clients with unlicensed medicines is higher risk than treating with licensed medicines, because unlicensed medicines may not have been assessed for safety, quality and efficacy. The World Health Organisation and Public Health England recommend intradermal Rabies as a form of treatment for those clients possibly exposed to Rabies. Adequate information was provided to clients about this; nurses received six monthly observational technique assessments and vaccines were kept as per safety guidance.
- During our inspection, we found that clients were treated with medicines, which were off-label (off-label means that the medicine is being used in a way that is different to that described in the licence). For example, the service used a medicine called DIAMOX (Acetazolamide) which was produced for the treatment of glaucoma and epilepsy; however, can also treat and aid prevention of acute mountain sickness (AMS). The service offered the medicine to clients to aid AMS; however at the time of our inspection, DIAMOX was off-label for this use. Members of the clinical team we spoke with explained that the decision to use this medicine had been taken after careful consideration and was the most appropriate medicine to aid AMS. Clients were provided with an information sheet, which clearly outlined risks and side effects.

Track record on safety

The provider 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 clients. 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 such as fire safety and staff carried out weekly health and safety checks. Members of the management team demonstrated clear understanding of the processes and when to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses). This included how to report injuries, diseases and dangerous occurrence (RIDDOR), including near misses.

Lessons learned and improvements made

Investigations were undertaken by the clinical operations manager. Information was 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 an error when administering vaccination the service reviewed their medicines policy and processes to ensure more safety checks were carried out prior to administering vaccines.

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.

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

Are services safe?

When there were unexpected or unintended safety incidents:

- Staff explained that the service gave affected people 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 company's pharmacist and any action necessary was cascaded to clinics via the company'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 most 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. Staff we spoke with demonstrated the use of TRAVAX (an interactive website providing up to the minute travel health information for health care professionals).

- Clients received a travel health assessment which provided an individualised travel risk assessment, health information including additional health risks related to their destinations and a written immunisation plan specific to them.
- A comprehensive assessment was undertaken which included an up to date medical history. Blood testing services were provided in conjunction with a local laboratory for occupational purposes and travel related health issues.
- Additional virtual clinical support was available when required during each consultation from the senior 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. Systems were in place which enabled the service to identify patients who may need to be recalled as a result of travel alerts. However, members of the management team we spoke with could not confirm alerts from Medicines and Healthcare products Regulatory Authority (MHRA) and through the Central Alerting System (CAS) had been actioned. During our inspection, staff explained that the last MHRA alert received was 2014 regarding a vaccination recall. Following our inspection, the service provided evidence of MHRA and CAS alerts received in the last 12 months along with actions they had taken at the time of receiving the alerts to improve safety.
- 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 client 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

Staff we spoke with explained the skills, knowledge and experience necessary 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 explained staff were provided with protected time and training to meet them. Records of skills, qualifications and training were maintained however, we found gaps in the recording of some formal training requirements. Staff were encouraged and given opportunities to develop such as attendance at national conferences. Clinical staff we spoke with were aware of infection control and fire safety procedures; however, there were no evidence, which showed completion of formal training.
- Staff we spoke with explained that nurses had received specific immunisation training provided by qualified nurse trainers' employed by the service. Following our inspection, the service provided a comprehensive list of completed training such as post-exposure Rabies treatment, Yellow Fever, vaccination schedule for adults and children.

Are services effective?

(for example, treatment is effective)

- The service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation.
- Staff explained that 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 practice ensured the competence of staff employed in clinical roles by carrying out observations and staff had access to on line resources such as the Green Book and vaccine updates received from Public Health England.

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 clients to other specialists or colleagues based on current guidelines. When clients were referred to another professional or service, all information that was needed to deliver their ongoing 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.

The clinic clearly displayed consultation and vaccine fees. In addition clients were advised which vaccines were available free from their GP practice. GPs received a written update on any vaccines given. Staff explained in the event clients decline consent for the service to share information with their GPs, clients would receive a letter which advised them to forward the written update to their GP.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping clients to live healthier lives whilst travelling. For example, the travel health consultation talked clients through advice to prevent and manage travel health related diseases such as, precautions to prevent Malaria and advice about food and water safety.

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. Staff explained, identification would be sought in line with their policy and next of kin details recorded.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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 clients with kindness, respect and compassion.

- Staff understood client's personal, cultural, social and religious needs.
- The clinic gave clients timely support and information.
- All of the 19 Care Quality Commission comment cards we received were positive about the service experienced. They told us staff were kind, attentive, reassuring, professional and caring.

The comment cards were in line with the results of the recent Nomad Birmingham client survey carried out during the month of January 2018. Staff explained that 30 survey forms were left in the client waiting area and travel hosts invited clients to complete the surveys. The service received 14 completed survey forms. Data showed 100% of clients felt that the service met their expectations.

Involvement in decisions about care and treatment

Staff helped clients be involved in decisions about their care:

- Interpretation services were available for clients who did not have English as a first language.
- Travel health information was provided and staff helped clients find further information and access additional services where required. They helped them ask questions about their care and treatment.
- The Nomad client survey (January 2018) asked if the nurses listened to them and answered their questions. Data showed that 100% felt nurses were very good at this.
- The Nomad client feedback forms we saw reported that they felt staff involved them in making decisions about their care and treatment.

Privacy and Dignity

The clinic respected and promoted clients' privacy and dignity.

- Staff recognised the importance of dignity and respect.
- Of the 14 clients who responded to the Nomad client survey, 100% stated that the nurses were very good with respecting their privacy and dignity.
- The service complied with the Data Protection Act 1998.

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 clients' 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, extended and weekend opening hours, same day appointment for urgent travel, online services, advanced booking of appointments and over the phone initial consultations were available. In the last 12 months the service increased their access by opening the service on Tuesdays, staff explained that this allowed them to offer more appointments.
- The facilities and premises were mainly appropriate for the services delivered. However, due to limited access to running water in the clinical rooms staff used a portable hand washing station.
- The service made reasonable adjustments when clients found it hard to access services.
- Client 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, over the past 12 months they visited three schools to undertake group vaccinations for children attending school trips overseas. Appropriate processes were in place such as NaTHNaC approval to move licensed vaccines off site. Following our inspection, the practice reviewed their off site visits procedure to ensure closer temperature monitoring of vaccines when providing off site visits.

Timely access to the service

- Client feedback and customer surveys showed clients were able to access care and treatment within an acceptable timescale for their needs.
- Clients booked appointments by calling the customer contact centre. The Birmingham clinic was open Tuesdays' between 9.45am and 6pm, Thursdays 11.30am to 5.30pm, Fridays and Saturdays between 9.30am and 5.30pm. The clinic also opens on some bank holidays between 11am and 5pm. The nurses were flexible and would accommodate clients outside of these times where possible. Between 1pm and 1.45pm Tuesdays, Fridays and Saturdays the clinic closed for lunch; Thursdays lunch periods were between 3pm and 3.45pm.
- Clients 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 responded to feedback appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and easy to follow. Staff told us they would treat clients who made complaints compassionately and would deal with any concerns immediately.
- The complaint policy and procedures were in line with recognised guidance.
- The provider did not receive any complaints in the last 12 months; however, learning from complaints received at other Nomad locations was shared with staff.
- Clients placed feedback in a comments box which staff checked monthly. Staff explained that services were improved following feedback received regarding the waiting area and seating arrangements. For example, the service obtained a sofa, moved the reception desk and obtained more toys to accommodate children who present during Saturday clinics.

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.

Leadership capacity and capability;

The head office for the provider, Nomad is based in London. The senior medical staff and head of operations are based at the head office. During this inspection we did not visit the head office.

During our inspection, we spoke to the store manager who is the store nurse and the nominated individual, who is the lead nurse for the Birmingham clinic. They demonstrated they had the skills to deliver high-quality, travel and non-travel services at the Birmingham clinic. They were mainly knowledgeable about issues and priorities relating to the quality and future of services. They understood most challenges and were addressing them.

Staff we spoke with told us leaders at all levels were approachable. In particular staff explained that they had regular phone contact with operational support managers who spoke to the team most days and the medical team provided clinical support to the nursing team. There was a an oncall rota which enables staff to access medical pharmacists.

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.

- 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 and would be listened to.
- Openness, honesty and transparency were demonstrated when responding to incidents and feedback. 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. However, systems to monitor training was not operated effectively.
- There was a nurse trainer who provided monthly newsletters and on-line hot-topics such as sexual health & 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 and staff felt they would be supported if they ever had to report a concern. A whistle blower is someone who can raise concerns about practice or staff within the organisation.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management arrangements. However, oversight of systems and processes in some areas to ensure compliance with Normad policies was not effective.

- Structures, processes and systems to support good governance and management were set out and understood.However, we found that control measures to reduce the spread of infections and ensuring the safe transportation of vaccines when carrying out off site visits had not been established. Following our inspection, members of the management team reviewed these areas and implemented new processes.
- The governance and management of partnerships and shared services such as partnerships with independent pharmacies promoted interactive and co-ordinated travel healthcare.
- 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 Birmingham staff. However, risks assessments in the absence of a DBS check had not been carried out, and oversight of safety alerts such as MHRA was not

Are services well-led?

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

effective. Following our inspection, the service made a decision to apply for DBS checks for all staff who carried out chaperoning duties and a system for monitoring safety alerts had been introduced.

- Quarterly senior nurse meetings and operational reporting structures provided assurances that the service was operating as intended.

Managing risks, issues and performance

There were processes for managing risks, issues and performance. However, risks were not always managed effectively.

- There were some processes to identify, understand, monitor and address current and future risks within the clinic. For example, staff undertook weekly checks to monitor general health and safety of the clinic. However, staff were unable to provide evidence of a completed legionella risk assessment, and a process for monitoring general cleaning standards had not been established. Following our inspection, the management team reviewed this and took action to improve the management of risks. For example, arrangements had been made for maintenance of the air conditioning unit.
- There were arrangements in place to respond to medical emergencies; however, in the absence of a defibrillator the service had not carried out a risk assessment to mitigate risks.
- We saw there were effective operational arrangements in place for identifying, recording and learning from incidents.
- 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.

Appropriate and accurate information

The provider was registered with the Information Commissioner's Office and had its own information governance policies. There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of client identifiable data, records and data management systems. All staff had signed a confidentiality agreement as part of their job contract.

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 clients, staff and external partners to support high-quality sustainable services.

- The clinic proactively sought client feedback via a comment card after every consultation. In addition client feedback surveys were undertaken.
- The clinic worked closely with its partnership organisation Nomad travel health pharmacy and with retail staff who were trained travel experts to provide clients with relevant travel 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 reviewed 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.
- In response to Meningitis B outbreaks locally, there were visible vaccine leaflet for families, nurse's ensured extra stock was available and store staff were aware of how to support and signpost clients around dealing with child bereavements.
- In response to local outbreaks staff placed advertising leaflets in the travel store inviting clients who accessed the store to have the Influenza vaccine.

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 Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: Processes for ensuring control measures to ensure risks were as low as reasonably possible were not always being operated effectively. For example: The registered person did not adopt control measures to minimise the risk of the spread of health care associated infections. For example; equipment to enable staff to deal with spillage of body fluids such as urine, vomit and blood was not available. The registered person did not ensure a sample of the water from portable sink had been taken or tested. he registered person did not carry out a legionella risk assessment or have adequate processes in place in relation to legionella. Not all staff members trained to carry out chaperone duties had a Disclosure and Barring Service (DBS) check in place. The registered person did not ensure risk assessments were carried out to mitigate risks. This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.