

# TMB Trading Limited

# Canary Wharf

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

### Overall summary

#### **This service is rated as Good overall.**

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 of Canary Wharf on 30 May 2019 as part of our inspection programme.

We had previously carried out an announced comprehensive inspection of the service on 4 April 2018 and found that it was compliant with the relevant regulations.

The service is a private travel clinic located in Canary Wharf, London.

# Summary of findings

## Our key findings were:

- The service had systems to assess, monitor and manage risks to patient safety, and reliable systems for appropriate and safe handling of medicines.
- The service learned from, and made changes as a result of, incidents and complaints.
- The service assessed need and delivered care in line with current legislation, standards and evidence based guidance, and reviewed the effectiveness and appropriateness of the care provided.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The service treated patients with kindness, respect and dignity, and patient feedback was positive about the service.
- The service organised and delivered services to meet patients' needs. The service also carried out off site visits, for example to schools and offices, and had policies and processes in place to support these visits.

- There was a clear leadership structure in place and staff felt supported by management.
- The service proactively sought feedback from patients and staff, which it acted upon.
- The service had effective oversight of the clinical care provided to patients.
- The service had a governance framework in place which supported the delivery of quality care, and had established effective processes for managing risks, issues and performance.

The areas where the provider **should** make improvements are:

- Review policies to consider adding a next review date, as well as being dated and version-controlled, to assist with updating information.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

# Canary Wharf

## Detailed findings

### Background to this inspection

The service is a private travel clinic located in Canary Wharf, London. The service is a location for the provider TMB Trading Limited, who has owned Nomad travel stores and clinics since October 2016. TMB Trading Limited manages 10 travel clinics across England and Wales.

The service provides travel health advice and consultations, travel and non-travel vaccines, blood tests for antibody screening and travel medicines such as anti-malarial medicines to children and adults. The service also holds a licence to administer yellow fever vaccines.

The service is open on Tuesdays and Thursdays from 11.30am to 8pm and Wednesdays from 9am to 5.30pm, and there is a central customer service team which manages appointment bookings.

The service employs four nurses, a pharmacist, and store staff members (administrative staff).

The service is registered with the CQC 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 at the service is the CQC registered manager. A registered manager is a person who is registered with the CQC 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.

The clinical operations manager for the provider, who also works as a nurse at the service, is the CQC nominated individual. A nominated individual is a person who is registered with the CQC to supervise the management of the regulated activities and for ensuring the quality of the services provided.

We carried out this inspection as part of our comprehensive inspection programme of independent health providers.

Our inspection team was led by a CQC lead inspector, who was supported by a practice nurse specialist advisor.

The inspection was carried out on 30 May 2019. During the visit we:

- Spoke with a range of staff, including the CQC nominated individual and registered manager, both of whom also work as nurses in the travel clinic, the pharmacist for the provider and the store manager for the service.
- Reviewed a sample of patient care and treatment records.
- Reviewed comment cards in which patients 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?

## Our findings

### We rated safe as Good.

#### Safety systems and processes

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

- Staff knew how to recognise and report potential safeguarding issues and could identify the service's safeguarding lead. Staff had completed adult and child safeguarding training at a level appropriate to their role. The service had a safeguarding policy in place which outlined the process for identifying and reporting concerns and contained contact details for local authority teams, although it did not contain a next review date for the policy. The safeguarding policy also contained information about recognising and preventing female genital mutilation (FGM), and nurses had completed FGM training.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing 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).
- The service had a chaperone policy and we saw posters at reception, in the waiting area, and next to the consultation room door advising patients of the availability of chaperones. Members of staff who had received a DBS check received training to act as chaperones.
- Nurses undertook professional revalidation every three years in order to maintain their registration with the Nursing and Midwifery Council (NMC).
- We saw evidence that checks of the NMC register had been carried out to ensure that the nurses at the service remained registered with no restrictions on their practice.
- The service rented the premises from a landlord and we saw risk assessments had been completed to ensure the premises were safe, for example a health and safety risk assessment in January 2019, a fire risk assessment in May 2019 and a legionella risk assessment in December 2018 (legionella is a bacterium which can contaminate

water systems in buildings). We saw evidence of fire alarm testing and fire extinguishers checks. Staff received health and safety training as part of their induction.

- The service ensured that facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. We saw evidence of calibration of medical equipment completed in December 2018 and portable appliance testing of electrical items in November 2018.
- There was an effective system to manage infection prevention and control and the service had a detailed infection control policy in place. The service carried out infection control audits monthly and annually; we saw the most recent infection control audit which was completed on 1 May 2019.
- We saw completed logs for daily cleaning and infection control checks, monthly deep cleaning, and monthly premises and infection control checks and 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. When there were changes to opening hours or staff the service assessed and monitored the impact on safety.
- There was an effective induction system for staff tailored to their role, with a comprehensive induction and training programme for nurses. All new nurses working at the service had a probation review meeting at three and six month intervals to discuss their performance and any issues. We saw evidence of completed induction and training checklists which had been signed off by senior staff, as well as probation review meeting notes.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Emergency medicines for the treatment of anaphylaxis were accessible, and nurses and store staff completed anaphylaxis training scenarios every six months. The service did not have a defibrillator, but had completed a risk assessment

## Are services safe?

which supported this decision, which referred to the number and age of patients being seen, and the availability of two defibrillators in close proximity to the service (within a one and two minute walk respectively).

- All nurses had completed up to date basic life support training. The store staff completed anaphylaxis training scenarios, but were not required to completed basic life support training. We were told this was because the service did not see unwell patients, and store staff would not be alone with patients without a nurse present. Following the inspection, the service sent us a documented risk assessment supporting this decision.
- The service had produced a '999 call' information sheet which was displayed in reception, which advised store staff of exactly what to say in the event of an emergency, including that the service does not have a defibrillator on site and the service's address.
- There were professional indemnity arrangements in place for clinical staff.
- The service had a patient identification process which was documented within the safeguarding policy. When providing care and treatment for children and young people, parental attendance or signed verification from someone with parental responsibility was required; identification was sought in line with the policy and next of kin details were recorded. Following the inspection, we were advised that patient identification would be discussed at the next clinical meeting with the intention of strengthening the process so that all adults attending with a child under the age of 6 years would be asked to bring along the child's 'red book' as another way of checking identity and parental responsibility (the Personal Child Health Record, also known as the 'red book', is a national standard health and development record given to parents or carers at a child's birth).

### 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.
- Clinical staff could record sensitive information about patients' health or prescriptions in a private note on patients' records; this meant that administrative store

staff could not view sensitive or confidential information, but it was visible to the nurses so they could take it into account when giving advice or recommending medicine.

### Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment 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 cold chain policy for ensuring refrigerated medicines were kept at the required temperatures, which described how to transport refrigerated medicines and the action to take in the event of a break in the cold chain. We saw evidence that the service completed daily monitoring of the refrigerator temperatures.
- The nurses used Patient Group Directions (PGDs) to administer vaccines in line with legal requirements. PGDs had been produced in line with legal requirements and national guidance. We saw evidence that nurses had received appropriate training and had been assessed as competent to administer the medicines referred to.
- The service had an electronic stock control system to ensure adequate supply of vaccines and medicines.
- The service dispensed some medicines to patients, including anti-malarial treatment and altitude mountain sickness tablets. When dispensing medicines, the service provided patients with detailed information leaflets (which were also available in other languages).
- The service provided some off-label medicines to patients (using off-label medicines is higher risk than licensed medicines, because off-label medicines may not have been assessed for safety, quality and efficacy). For example, the service offered intradermal Rabies vaccines as a cost-effective option to patients, which is an off-label method of administration (the World Health Organisation and Public Health England recommend intradermal Rabies as a form of treatment for those

## Are services safe?

possibly exposed to Rabies). The service took patients through an information sheet before administering off-label medicines, which clearly set out what the method of administration involves and information about it being an off-label medicine.

### Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The service received information from NaTHNaC (National Travel Health Network and Centre, a service commissioned by Public Health England) and other sources alerting them to disease outbreaks which could impact upon patients and the service.

### Lessons learned and improvements made

The service had an effective system to enable learning when things went wrong.

- There was a system in place for reporting and recording significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- We were told that all incidents and significant events were discussed in clinical governance meetings, and learning and themes were shared with all relevant staff across the Nomad travel clinics, and we saw meeting minutes and emails which confirmed this.
- For example, we saw a significant event from April 2019 where an interruption to the electricity supply caused the refrigerator temperature to increase to 11.2 degrees centigrade for approximately four hours. The service monitored the refrigerator temperature during this time, and marked the vaccines to ensure they were used prior to any new deliveries and were not transported to any

other clinics. As a result, the service updated the cold chain policy to include what to do with marked vaccines after a temperature excursion, the updated policy was disseminated to clinicians across the Nomad clinics and the incident was discussed in a clinical meeting.

- The service was aware of and complied with the requirements of the Duty of Candour, which was referenced in the 'Accident, Incident, Near Miss' policy. The service encouraged a culture of openness and honesty, and had systems in place for knowing about notifiable safety incidents.
- When there were unexpected or unintended safety incidents the service gave affected people reasonable support and an apology or expression of regret.
- There was a system for receiving and acting upon safety alerts. The Pharmacist received medicines safety alerts and communicated these to the Nomad clinics by email and information regarding the alert was recorded in the nurse communication file for staff to refer to.
- The service also received health safety alerts from NaTHNaC and Travax (an interactive travel health website maintained and updated by Health Protection Scotland) and we saw these were shared with staff in emails, discussed in weekly meetings and recorded in communication files.
- We saw evidence the service had acted upon an alert received from NaTHNaC and MHRA (The Medicines and Healthcare products Regulatory Agency) in April 2019 relating to two reports of fatal adverse reactions to the yellow fever vaccine. The service had sent an email out to all staff and discussed it in meetings, reminding all clinicians of the importance of completing a thorough risk assessment before administering the vaccine and the particular risks for patients who may be immunocompromised or aged over 60 years. The service also altered its consent process for yellow fever vaccines as a result of this alert; a specific consent book is now kept and patients are required to sign to confirm they have read the leaflet and understand the particular risks of the vaccine before administration.



# Are services effective?

(for example, treatment is effective)

## Our findings

### We rated effective as Good.

#### Effective needs assessment, care and treatment

The service assessed need and delivered care in line with current evidence based guidance.

- Nurses used NaTHNac, Travax and the Green Book (the Green Book is a publicly available document on the principles, practices and procedures of immunisation in the UK produced by the Department of Health) to inform their assessments of patients.
- Nurses carried out comprehensive travel health assessments of patients, which was a detailed risk assessment producing a tailored immunisation plan, considering medical history, the destination and method of travel and any associated risks.
- Virtual clinical support from the on-call medical team was available to nurses during consultations.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients where to seek further help and support if required.

#### Monitoring care and treatment

The service routinely reviewed the effectiveness and appropriateness of the care provided.

- The service had a comprehensive programme of quality improvement activity. For example, the service completed an annual audit which encompassed an onsite clinic audit (checking for any hazards, reviewing premises, equipment and information leaflets and posters, and ensuring policies, procedures and clinical guidance is accessible and up to date) and an audit of clinician's consultation notes.
- We reviewed the clinical medical records audit completed in March 2019 which reviewed a random sample of consultation notes for five paediatric patients, five patients receiving yellow fever vaccines, five patients receiving an antimalarial, and five patients receiving an intradermal rabies vaccine. The audit identified areas for improvement, including: ensuring previous vaccines patients had received at the service or another Nomad clinic were recorded; recording full contact details for patients' emergency contacts; and

using the 'advice sought' field correctly to record if doctor, pharmacist or specialist advice had been sought. The results and learning from the audit were shared with staff across the Nomad clinics.

- As part of its yellow fever vaccine licence from NaTHNac, the service was required to complete an annual yellow fever return. This included gathering data about the number of vaccines and booster doses administered, the reasons for giving a booster dose, details of serious adverse events reported, the number of vaccines wasted and the reasons for any wastage.
- The service also carried out three to six monthly audits of nurse consultations using a consultation tool to monitor and review the care and treatment given to patients. We saw evidence that samples of care records from consultations were reviewed and written feedback was recorded and discussed with the individual nurses regarding record keeping and travel health choices and treatment. We were told if any trends or wider issues were identified then these would be communicated to all nurses across the Nomad travel clinics.
- In addition, the service also carried out peer-reviews, where nurses would observe another nurse's clinical consultation and provide written and verbal feedback identifying any good practice and any areas for improvement or further learning.
- We were told nurses would give feedback to other staff about learning and updates after they had attended nursing conferences or training courses.

#### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Nurses had received training to carry out their roles, for example all the nurses completed specific training to administer the vaccines offered by the service and the specific methods of administration.
- We saw up to date records of skills, qualifications and training for staff, and we were told that staff were encouraged and given opportunities to develop.
- The service had an induction programme for all new staff, which included completion of a comprehensive induction and training checklist.
- We saw minutes from meetings in which staffing and training was discussed, including weekly meetings with store staff and nurses, and clinical governance meetings involving the clinical operations manager, specialist

# Are services effective?

(for example, treatment is effective)

travel health nurse, pharmacist, general manager and any doctors who were available. The service also carried out telephone calls with the lead nurses from all the Nomad travel clinics every few months to discuss clinical governance, training and clinical updates.

- There was a process in place for supporting and managing staff when their performance was poor or variable.

## Coordinating patient care and information sharing

Staff worked together and with other professionals to deliver effective care and treatment.

- The service had produced a 'GP notification of treatment' form which was provided to all patients to complete if they wished to; once completed, the service would provide patients' NHS GPs with a written update on any vaccines or medicine given.
- Staff told us patients are advised when they could obtain their vaccine or medicines for free from their NHS GP.

## Supporting patients to live healthier lives

Staff were proactive in helping patients to stay healthy whilst travelling.

- Nurses provided patients with advice and information leaflets about how to prevent travel related illnesses and stay safe whilst travelling, which included information about diarrhoea, altitude sickness, sexual health, food and water hygiene, and insect bite protection.

## Consent to care and treatment

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

- The nurses understood the requirements of legislation and guidance when considering consent and decision making, including the Mental Capacity Act 2005.
- We saw all nurses had completed up to date Mental Capacity Act 2005 training.
- Nurses supported patients to make decisions about their care and treatment.
- We checked patient records and saw patient consent was recorded appropriately.
- If treatment was being provided to a child, consent was sought from someone with parental responsibility.



# Are services caring?

## Our findings

### We rated caring as Good.

#### Kindness, respect and compassion

The service treated patients with kindness, respect and compassion.

- We saw that staff understood patients' personal, cultural and social needs.
- The service gave patients timely support and information.
- All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said the service was excellent, and staff were described as being caring, friendly and professional.
- The comment cards were in line with the results of the services' annual patient survey from 2018. For example, 100% of the 29 respondents stated their treating clinician was 'very good' at acting professionally and inspiring confidence, and patients commented that staff were friendly, comforting and helpful.
- The service also reviewed feedback written on 'google' and responded to patient reviews; we saw two patients had rated the service as five stars out of five within the last 12 months and both described their experience positively.

#### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Staff provided patients with relevant travel health information and explained the various vaccinations and medicines available.
- The service did not currently offer interpretation services, but had received a quote from Language Line and was waiting for this to be signed off by the provider (Language Line is a telephone or face-to-face interpretation service used by some healthcare and NHS providers). We were told that when patients booked an appointment they were asked if they spoke English fluently and, if needed, were told to bring a friend or family member or arrange for their own interpreter to attend the appointment with them; this information was also displayed on the service's website.

- Medicines and travel health information leaflets which were provided to patients were also available in other languages, including Swahili, French, Spanish and Chinese, and we were told these could be provided in braille if specifically requested.
- In CQC comment cards patients stated they were listened to and had their questions answered, and described staff as informative.
- In the service's annual patient survey, 100% of 29 respondents rated the service as 'very good' for feeling able to ask questions and being listened to.

#### Privacy and Dignity

Staff recognised the importance of patients' privacy and dignity.

- The service complied with the General Data Protection Regulation (GDPR) and all staff had completed up to date GDPR training.
- Staff had signed non-disclosure confidentiality agreements.
- Patient information and records were held securely and were not visible to other patients in the reception area. Staff told us any paper correspondence containing patient information would be locked away and, once uploaded to the computer system, would be shredded. Any paper records (such as the yellow fever consent log book) were kept securely.
- Staff told us that if patients wanted to discuss sensitive issues or appeared distressed they would take them to the consultation room to discuss their needs.
- The service used an encrypted cloud-based computer record system.
- We saw that doors were closed during appointments and that conversations taking place in the treatment room could not be overheard.
- Public or private notes could be written on patients' care records, to ensure that only those staff members who needed to see sensitive information (such as patients' current medicines or health conditions) would have access to this.
- In the CQC comment cards patients described being treated with dignity and respect.
- In the service's annual patient survey, 100% of 29 respondents stated their treating clinician was 'very good' at respecting their privacy and dignity.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### We rated responsive as Good.

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

The service organised and delivered services to meet patients' needs.

- The facilities and premises were appropriate for the services delivered.
- At the time of booking an appointment, patients are asked if they require additional time for their appointment because of a complex medical history, disability, or a phobia to needles.
- The service made reasonable adjustments when patients found it hard to access services. Staff told us any additional information about patients' specific needs were recorded on the appointment booking entry; this was then available for store staff to view so they could prepare for the patient's arrival and make any necessary adjustments.
- The service carried out off site visits, for example to schools or companies to administer vaccines. There were processes, specific policies regarding the cold chain and risk assessments in place for off site visits.
- Information about prices and treatment options were available on the service's website.

#### Timely access to the service

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

- The service is open on Tuesdays and Thursdays from 11.30am to 8pm and Wednesdays from 9am to 5.30pm.
- The provider has another four Nomad travel clinics in London which patients could also attend, three of which are open six days per week and the other five days per week.
- The appointment system was easy to use. Patients could book appointments online or by telephone via the provider's customer service booking team. The

service also accepts walk-in patients although this was dependent on appointment availability. Staff told us telephone consultations are available, but only if specifically requested by patients.

- We were told certain appointments were prioritised, for example patients booking an appointment for a post-exposure Rabies consultation or treatment.
- In the service's annual patient survey from 2018, 90% of 29 respondents rated the availability of appointments at the service as 'good' or 'very good' (the remaining 10% responded 'does not apply').

#### Listening and learning from concerns and complaints

The service had a complaints policy in place.

- The complaints policy was available in the waiting area, which detailed how patients could make a complaint, along with copies of complaints forms for completion.
- Patients who wished to make a complaint were provided with copies of the complaint form and complaint policy, either in hard copy or sent by email.
- Complaints were reviewed and dealt with by the lead nurse, if clinical in nature, or the provider's Customer Services Manager, and some would also be passed on to the provider's General Manager.
- The service had received one complaint in the last year, which related to prices. We reviewed the complaint and found that it had been handled appropriately and in a timely way. We saw evidence that the patient, who said they had not been informed of the price of the vaccines, was provided with a written apology and was offered a full refund. The service reminded all staff to discuss prices prior to administration of any vaccines, and copies of the price list were added to the consultation room and in the waiting area to make it easier for patients to see.
- The service had a complaints log which was stored on the service's shared encrypted 'Dropbox' account, in which complaints and learning was documented.
- Where incidents had occurred at other Nomad travel clinics, learning and outcomes were shared across all sites.

# Are services well-led?

Good 

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

## Our findings

### We rated well-led as Good.

#### Leadership capacity and capability

There was a clear leadership structure in place.

- Leaders at all levels were visible, approachable, and inclusive, working closely with staff.
- The provider's head office is based in London and the clinical operations manager for all the Nomad travel clinics works as a nurse at the Canary Wharf location.
- The lead nurse at the service, who was also the registered manager, was responsible for the day to day running of it, and the senior management team were responsible for the organisational direction of all the Nomad travel clinics across the country.
- Leaders were knowledgeable about issues, challenges and priorities relating to the quality and future of services offered. For example, staff were aware of national vaccine shortages and disease outbreaks and recognised and responded to the potential impact upon the service.
- We saw evidence of staff and clinical governance meetings being held on a regular basis. These meetings discussed operational developments, governance issues, staffing, training, significant events, complaints and any travel health updates or news.
- The service also kept a communication folder which included meeting minutes, performance data, alerts and any updates or changes to policies, processes or the service. We saw nurses were required to sign and date information in this folder to demonstrate they had read it.

#### Vision and strategy

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

- Staff told us that the service prides itself on providing specialist travel health advice and treatment.
- The service had a realistic strategy and supporting business plans to achieve its priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

#### Culture

Staff stated they felt respected, supported and valued.

- Leaders had a shared purpose and strove to deliver and motivate staff to succeed.
- Staff told us they felt able to raise concerns and were confident that these would be addressed. Staff described the culture of the service as open and supportive, and said there was good teamwork amongst staff.
- The service was aware of the requirements of the duty of candour. The 'Accident, Incident, Near Miss' policy stated that, if a serious incident occurred, the service would provide the affected patients with support and information, and an apology or expression of regret.
- There were processes for providing all staff with the development they need. This included annual appraisals, regular reviews for new nursing staff, observed consultations, and specific training in travel health.
- Staff had access to an employee assistance service which provided confidential counselling and support.

#### Governance arrangements

The service had a governance framework in place, which supported the delivery of quality care.

- Governance arrangements were proactively reviewed through regular clinical and governance meetings and annual risk assessments and reviews.
- There was a clear staffing structure in place. Staff understood their roles and responsibilities, including in respect of safeguarding, infection control and medicines management.
- Service specific policies and processes had been developed and implemented and were accessible to staff through a shared encrypted 'Dropbox' account. These included policies in relation to safeguarding, infection control, chaperones, clinical waste, needle stick injuries, the cold chain, and medicines management. Although we saw the policies were version-controlled and dated, they did not contain a date for next review.
- All staff were given an Employee Handbook which contained a whistleblowing policy, an equal opportunities policy, and a personal harassment policy, as well as the service's grievance, disciplinary and capability procedures.

#### Managing risks, issues and performance

# Are services well-led?

Good 

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

The service had established processes for managing risks, issues and performance.

- The service had processes to manage current and future performance. Performance and oversight of clinical staff could be demonstrated through consultation notes audits and observed practice which were carried out on a three to six monthly basis.
- The provider's Pharmacist and senior clinical team had oversight of medicines and safety alerts, and the senior management team had oversight of serious incidents, significant events and complaints.
- We saw evidence that staff completed various daily, weekly and monthly checks to monitor the safe and effective running of the service.
- Any issues at the service were identified and addressed promptly and openly.
- The service had a business continuity plan and had advised staff of the processes in the event of any major incidents. The plan could be accessed on the shared encrypted 'Dropbox' account from outside of the clinic and there was also a hard copy stored in reception. Contact telephone numbers for all staff and key contacts were also recorded and available.
- Appropriate risk assessments and checks were carried out to ensure the premises were safe.

## Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service adhered to data security standards to ensure the availability, integrity and confidentiality of patient identifiable data and records.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data and notifications to external bodies as required. For example, the service completed an annual yellow fever audit as part of their Yellow Fever vaccine licence from NaTHNaC.

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

The service involved patients and staff to support the service they offered.

- The service carried out annual patient surveys to seek patients' views about the care they were receiving.
- We saw there were comment cards and a box in reception for patients to provide feedback.
- We also saw evidence that the service checked and logged its 'Google' reviews.
- Staff told us they felt able to raise concerns and provide feedback to management about the service.
- Nurses told us they were supported to develop their skills and knowledge through training courses and learning.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- The service provided off site visits, for example to schools to give travel health information and vaccinations to pupils attending school trips abroad. In October 2018, the service had attended the Fresher's Fair at Greenwich University to provide travel vaccines and health information, such as promoting the MMR catch-up vaccine, and free contraception. In November 2018, the service had attended an office in the City of London to administer flu vaccines to approximately 200 staff members.
- We saw evidence the service made changes and improvements as a result of significant events, complaints and patient feedback. For example, in response to a number of patients telling staff they found it difficult to find the service, a process was implemented whereby patients are contacted in advance of their appointment with specific directions about how to find the location.
- There was a focus on continuous learning and improvement within the service. Learning was shared between staff at all the Nomad travel clinics. Nurses shared learning and information from attending conferences and training with the other nurses working across the Nomad travel clinics.