

TMB Trading Limited

Bond Street

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 20 June 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 providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The provider offers face to face consultations for immunisations including childhood, travel vaccinations and travel medical advice.

We received feedback from 17 patients who used the service; most were positive about the service experienced. Many patients reported that the service provided high quality care.

Our key findings were:

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment is delivered according to evidence based guidelines.
- Staff treated patients with compassion, kindness, dignity and respect.
- Services were provided to meet the needs of patients.
- Patient feedback for the services offered were consistently positive.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.

Summary of findings

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

- Review procedures in place in relation to infection prevention and control and monitoring of ambient temperature of rooms where medicines are stored.
- Review service procedures for staff training.
- Improve access for patients whose first language is not English.

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.

- There was an effective system for reporting and recording significant events and sharing lessons to make sure action would be taken to improve safety.
- There were systems in place to identify, report, investigate, learn and inform patients when things went wrong with care and treatment.
- The service had clearly defined and embedded systems, processes and practices to minimise risks to patient safety; however, arrangements in relation to infection control required improvement.
- Staff demonstrated that they understood their responsibilities and all had received training in safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements to respond to emergencies. The provider did not have a business continuity plan in place; however, they put a plan in place immediately following the inspection.

Are services effective?

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

- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Staff had the skills and knowledge to deliver effective care and treatment; however, we found that staff had not undertaken infection prevention and control, fire safety and information governance training.
- There was evidence of appraisals and personal development plans for all staff.
- The service had effective arrangements in place for working with other health professionals to ensure quality of care for the patient.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.
- Audits of staff consultations were used to demonstrate the quality of care provided.

Are services caring?

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

- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw systems, processes and practices allowing for patients to be treated with kindness and respect, which maintained patient and information confidentiality.
- Feedback we received from patients was wholly positive and this aligned with the views of patients collected by the service.

Are services responsive to people's needs?

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

- The service had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain and provide feedback was available and there was evidence that systems were in place to respond appropriately and in a timely way.

Summary of findings

- Treatment costs were clearly laid out and explained in detail before treatment commenced.

Are services well-led?

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

- The service had a clear vision to deliver quality care for patients.
- There was a clear leadership structure and staff felt supported.
- The service had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of high quality care. This included arrangements to monitor and improve quality.
- Staff had received inductions, performance reviews; however, staff had not received some necessary training.
- The provider was aware of and had systems in place to meet the requirements of the duty of candour.
- There was a culture of openness and honesty. The service had systems for being aware of notifiable safety incidents, sharing the information with staff and ensuring appropriate action was taken.
- The service had systems and processes in place to collect and analyse feedback from staff and patients.

Bond Street

Detailed findings

Background to this inspection

Bond Street Travel Clinic provides travel health services including vaccinations, medicines and advice on travel related issues to both adults and children travelling for business or leisure. The service is a designated yellow fever vaccination centre. Services are available to any fee-paying patients.

The provider of this service has nine locations across the country of which four are based in London. The Bond Street location operates in the first floor of a converted premises and has limited access to service users who have mobility problems and wheelchair users. The service informed us that services users with limited mobility are offered an appointment in one of the other locations in London which are fully accessible.

Services are available to people on a pre-booked appointment basis on Monday, Tuesday, Wednesday, Friday and Saturday between 10am and 6:30pm and on Thursday between 11:30am and 8pm. The service informed us that they see approximately between 200 to 500 patients a month. The service also informed us that they also offer a walk-in service.

The clinic has a waiting area with a reception desk, a store room and two consulting rooms.

Bond Street is registered with the Care Quality Commission to provide the regulated activities diagnostic and screening procedures, transport services, triage and medical advice provided remotely and treatment of disease, disorder or injury.

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

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

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

Safety systems and processes

- The service had systems to keep patients safe and safeguarded from abuse.
- The service conducted safety risk assessments and had policies which were regularly reviewed and communicated to staff.
- The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance and how to report safeguarding concerns to relevant external agencies. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- All staff received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. Nursing staff were trained to safeguarding children level 2, and non-clinical staff to level 1 and safeguarding leads were trained to level 3.
- Staff checks, including checks of professional registration where relevant, were carried out at the recruitment stage and on an ongoing basis.
- Disclosure and Barring Service (DBS) checks were undertaken for all staff in line with service policy. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The premises appeared clean and the provider undertook monthly infection control audits; however, the provider did not have an effective system to manage infection prevention and control. There was no cleaning schedule in place and staff had not received infection prevention and control training; however, the day following the inspection the provider had put a cleaning schedule in place and booked clinical staff for infection control training on the 29 June 2018 and sent us evidence of completion of this training. The infection

control policy did not include details such as waste disposal and cleaning frequency; however, the day following the inspection they updated the policy to include these details and sent us evidence to support this.

- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The clinic only had sharps containers for waste disposal and the provider used this container to dispose all clinical waste; however, sharp bins were appropriately disposed. The provider did not have clinical waste disposal bins; the provider informed us that they usually had a small amount of clinical waste. After we raised this issue the provider had set up a contract for the management of clinical waste and sent us evidence to support this.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for staff tailored to their role.
- The service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Emergency equipment and medicines available were in line with recognised guidance. The clinic had medical oxygen; however, they did not have a defibrillator in place. The provider had completed a risk assessment to ascertain the need for a defibrillator which indicated moderate risk and prompted the service to locate the nearest defibrillator to the service which was in a dental practice in the same building. The provider informed us that staff had been trained to call for an ambulance in case of an emergency and staff we spoke to confirmed this.
- There was a poster available for staff indicating what to do in an emergency. The service informed us that they role play emergency scenarios with staff to ensure staff are comfortable when dealing with emergencies.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in

Are services safe?

need of urgent medical attention. Service policy included patients waiting after vaccination appointment to ensure any adverse reactions could be identified and managed safely.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The service had systems for sharing information with staff and other agencies, including patients' NHS GPs and public health to enable them to deliver safe care and treatment. The provider informed that they would inform the patients' NHS GPs on patients' consent.
- The service did not check and verify patient identity; however, staff confirmed patient details prior to treatment. The service also carried out checks to ensure those accompanying children had the legal authority to consent to treatment.
- Clinicians made timely referrals in line with protocols.

Safe and appropriate use of medicines

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

- The provider had a central travel health pharmacist who oversaw policies and procedures in relation to medicines management. The pharmacist and a on call doctor were available for advice regarding medicines.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks; there was a process for monitoring cold chain. However the provider stored some travel medicines on the premises that does not require refrigeration and we found that the provider was not monitoring ambient storage temperature for these medicines (usually these medicines were required to be stored under 25 degrees); however, after we raised this issue with the provider they put a system in place to monitor temperatures of stored medicines that do not require refrigeration and updated their medicines management policy with these details and sent us evidence to support this the day following the inspection.

- Clinical staff supplied medicines to patients and gave advice on medicines in line with current national guidance.
- Arrangements for dispensing travel medicines at the service kept patients safe. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to prescribe and dispense travel medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

Track record on safety

- There were comprehensive risk assessments in relation to safety issues. However, we found that staff had not undertaken fire safety training; after we raised this issue the provider booked clinical staff for fire safety training for staff on the 29 June 2018 and sent us evidence of completion of this training.
- The service monitored and reviewed safety using information from a range of sources.
- The service did not have a business continuity plan in place; they only had a plan in place to ensure running of the service in the event of a IT failure. After we raised this issue with the provider the provider put a detailed plan in place and sent us a comprehensive plan following the inspection which even included details of what to do in case of a terrorist attack.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong.
- The service learned and shared lessons, identified themes and took action to improve safety in the service. The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The 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.

- Patients' immediate needs were fully assessed through a pre-appointment health questionnaire.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if they became unwell whilst travelling and provided bespoke travel health advice to service users.

Monitoring care and treatment

The service had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The service undertook regular audits of staff consultations and audits of medical records to ensure diagnosis and treatment were in line with national guidelines and service protocol.

Effective staffing

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

- The service understood the learning needs of staff in relation to travel medicine and provided them protected time and training to meet them. Staff were encouraged and given opportunities to develop. All nurses were up to date with the required immunisations training. However, we found that staff had not received training appropriate to their role including infection control, fire safety and information governance. After we raised this issue with the provider the provider updated their policy to include these training for staff, booked these training for clinical staff for 29 June 2018 and sent us evidence of completion of these training. Non-clinical staff we spoke

to were aware of the procedures in relation to fire safety, information governance and infection control; non-clinical staff had received a briefing in relation to these as part of their induction. The provider informed us that they were in the process of introducing these training to all non-clinical staff across all locations in their organisation and sent us evidence of purchase of online training units to cover all non-clinical staff.

- The service provided staff with ongoing support. There was a comprehensive clinical training programme for new nurses who were trained in house by the provider.
- All staff had received an appraisal within the last 12 months. New staff also received three and six-monthly reviews.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

- The service had arrangements in place for working with other health professionals to ensure quality of care for the patient. For example, the service communicated the patients' NHS GPs on patients' consent as required.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live health while travelling.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The service provided bespoke travel advice for patients depending on their destination.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

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.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information. The service had a range of information leaflets for patients in relation to travel medicine.
- Most of the seventeen patient Care Quality Commission comment cards we received were wholly positive about the service experienced. This is in line with feedback received by the service.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, staff knew how to access communication aids and easy read materials where necessary.
- The service's website and other sources provided patients with information about the range of services available including costs.

Privacy and dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Patients' electronic care records were securely stored and accessed electronically.
- The service had performed a client survey in February 2018 and received 24 responses. The service provided results which indicated the patients were positive about the service experienced.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- Patients could be seen outside of normal working hours with evening and weekend appointments and could be seen on any of the provider's four locations around London.
- The premises had limited access to service users with mobility problems and wheelchair users. The service informed us that service users with limited mobility were offered an appointment in one of the other locations in London which were fully accessible.
- The patients had access to information leaflets in other languages including Arabic, French, Spanish and Somali in topics such as female genital mutilation, Japanese encephalitis, hand washing and food hygiene. The provider also informed us that they had produced information leaflets for patients going to Hajj and Umrah.
- The service informed us that for non-English speaking patients they usually ask them to bring someone who can speak English. They informed us that they were in the process of rolling out a translation service for patients.
- The service was a designated yellow fever vaccination centre; patients could receive all their required vaccinations from the same service.

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 was open between 10am and 6:30pm Monday to Saturday except Thursday during which they are open between 11:30am and 8pm. Opening hours were displayed on the service website.
- Patients had timely access to appointments.
- The service also offered a walk-in service for clients; the clients were asked to complete a health questionnaire once they register and they were assisted by the reception staff if needed.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service also informed patients about vaccines that could be obtained free from the NHS.
- Patient feedback showed that patients were satisfied with how they could access care and treatment.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The clinical operations manager was responsible for dealing with complaints and the service had a complaint policy and procedures were in line with recognised guidance.
- The service had not received a complaint in the last 12 months; however, we were shown examples of complaints received on other locations. We found that the service learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

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

Our findings

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

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Staff told us leaders were visible and approachable.

Vision and strategy

The service had a clear vision and strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values with realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were happy and proud to work in the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and

career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- There was a focus on the safety and well-being of all staff. Staff had access to a health scheme which offered counselling services. The provider informed us that staff were given breaks during work including a lunch break.
- There were positive relationships between staff groups. Staff confirmed that communication with management is good.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- The provider had a clear governance structure with a Head of Medical and a Medical Director supported by clinical and non-clinical members of staff.
- The service held regular clinical and governance meetings.
- Staff were clear on their roles and accountabilities including in respect of safeguarding; however, arrangements in place in relation to infection prevention and control; staff training and business continuity plan required improvement.
- Service leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance; however, arrangements in relation to infection prevention and control and medicines management required improvement.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Service leaders had oversight of safety alerts, incidents, and complaints.
- Audits were used to demonstrate improvement in the quality of care provided.
- The service had plans in place and had trained staff for major incidents.

Are services well-led?

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

Appropriate and accurate information

The service acted on appropriate and accurate information.

- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- Patients' and staff views and concerns were encouraged, heard and acted on to shape services.

- The service collated and reviewed patient feedback about the services provided which was consistently positive.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement; the provider had acted on our feedback and had made a number of improvements immediately following our inspection.
- Staff knew about improvement methods and had the skills to use them.
- The provider also obtained feedback from patients which was regularly reviewed.