

Global Express Travel Health Clinic Ltd

Global Express Travel Health Clinic

Inspection report

Lowford Clinic, 20 Hamble Lodge,
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Overall summary

We carried out an announced comprehensive inspection on 21 September 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. This was the first inspection of this service.

This location is registered with CQC, under the location name Global Express Travel Health Clinic Ltd, 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. It is a private clinic providing travel health advice, travel and non-travel vaccines, blood tests for antibody screening and travel medicines such as anti-malarial medicines to children and adults. In addition, the clinic holds a licence to administer yellow fever vaccines.

The lead nurse and owner of the business 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

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The organisation was in the start-up phase and had been operating for three months at the time of the inspection. The provider had a vision to deliver high quality travel healthcare and to develop the service further.
- The provider had carried out a quality assurance and risk assessment that incorporated a variety of aspects of safety. However, the provider did not have oversight of risk assessments in relation to health and safety for the premises.
- There was an effective system to manage infection prevention and control and the safe management of medicines.
- Patients received an individualised travel risk assessment and health information including additional health risks related to their destinations.
- Patients were treated with kindness, respect and compassion. Patient feedback was proactively sought using a variety of methods, which were positive about the service.
- The provider understood the needs of its population and tailored services in response to those needs.
- There were some structures, processes and systems in place to support good governance. However, we found that these were not always implemented and embedded effectively.

There were areas where the provider **should** make improvements:

- Inform patients that a chaperone may be requested.
- Achieve oversight of health and safety in relation to the premises.
- Undertake comprehensive risk assessments had been undertaken for all areas of business activity.
- Establish a complaints policy that is easily accessible to patients.
- Establish non-clinical governance processes that cover all areas of the business.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- The provider had carried out a quality assurance and risk assessment that incorporated a variety of aspects of safety. However, the provider did not have oversight of risk assessments and completion of buildings safety checks.
- The provider had systems to safeguard children and vulnerable adults from abuse.
- There was an effective system to manage infection prevention and control and the management of healthcare waste.
- The systems for managing medicines, including vaccines and emergency medicines minimised risks.
- The provider was aware of and understood how to comply with the requirements of the Duty of Candour.

Are services effective?

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

- The clinician had the skills, knowledge and experience to deliver effective care and treatment. Client needs were assessed and care delivered in line with current evidence based guidance.
- Patients received an individualised travel risk assessment, health information including additional health risks related to their destinations. At the time of the inspection this was either done by the patient when booking an appointment online or with the nurse during the consultation.
- Nursing staff understood the requirements of legislation and guidance when considering consent including parental consent.
- Clinical support was available to the nurse from an external clinical supervisor via telephone or email.

Are services caring?

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

- Patients were treated with kindness, respect and compassion.
- Patient feedback was proactively sought using a variety of methods.
- All the 21 Care Quality Commission comment cards we received were positive about the service experienced.
- The importance of dignity and respect was recognised by those delivering care.

Are services responsive to people's needs?

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

- The provider understood the needs of its population and tailored services in response to those needs. For example, the provider had recognised that patients wanted appointments later in the day and had changed clinic times to accommodate this.
- Patients accessed the service through the providers website. Patients had timely access to an initial assessment and consultations.
- Waiting times, delays and cancellations were minimal and managed appropriately. Feedback from the CQC comment cards demonstrated that appointments were easily available and ran to time.
- The provider's website and social media page provided a links to the NHS Fit for Travel website ensuring all advice accessible to patients, was up to date and accurate.

Summary of findings

- At the time of the inspection no complaints had been received by the provider. There was no detailed complaint policy in place which was accessible to patients.

Are services well-led?

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

- The organisation was in the start-up phase and had been operating for three months at the time of the inspection. The owner of Global ExpressTravel Health Ltd was also the registered manager and clinician delivering care and the organisation had no other employees.
- Capacity and skills to deliver high-quality, travel health services were demonstrated.
- The provider rented a room to deliver travel health services to patients. However, there was no oversight of the buildings health and safety and security procedures, which were maintained by the owner.
- There were limited policies in place and those in place did not provide detailed operating procedures.
- The provider had procedures in place for the security of personal identifiable information. However, the provider was unaware of the need to assess whether the organisation should be registered with the information commissioner's office (ICO). We raised this with the provider on the day of the inspection. The provider told us post inspection that the organisation had now been registered with the ICO.

Global Express Travel Health Clinic

Detailed findings

Background to this inspection

Global Express Travel Health Clinic Ltd is located at Lowford Clinic, 20 Hamble Lodge, Hamble Lane, Bursledon, Southampton. SO13 8BR. The service was launched in February 2018 and provides travel health services primarily to the population of Southampton and surrounding areas. The provider shares premises with other businesses but operates independently.

The clinic offers travel health consultations, travel and non-travel vaccines, blood tests for antibody screening and travel medicines such as anti-malarial medicines to children and adults. They also provide travel related retail items. Appointments are available Monday to Friday 09:00 – 18:00 and by appointment on Saturdays. The clinic employs one nurse who is also the owner and registered manager. The clinic shares a receptionist with other businesses within the building and it consults with approximately 150 patients per month. Virtual support for the travel nurses is provided by the medical team who are based at the head office in London.

We inspected the clinic on 21 September 2018. The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

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

- Spoke with the lead nurse who was also the registered manager
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the clinic.

To get to the heart of 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 effective care in accordance with the relevant regulations.

Safety systems and processes

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

- The provider had carried out a quality assurance and risk assessment that incorporated a variety of aspects of safety. For example, cold chain, data management and incident management. However, these were not detailed and the provider did not have oversight of risk assessments and completion of buildings safety, for example fire risk and equipment maintenance.
- There was a system in place to check professional registration on an annual basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The nurse undertook three yearly professional revalidation to maintain registered nurse status.
- The provider had systems to safeguard children and vulnerable adults from abuse. Up-to-date safeguarding and safety training had been undertaken by the nurse delivering care appropriate to the role. For example, specific training to recognise and report suspected female genital mutilation. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- As the nurse worked independently and as a lone worker the opportunity to offer chaperoning to patients was limited. (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). Due to the nature of services offered by the provider medical examinations were not offered and procedures were limited to administration of injections, blood tests and ear checks. If a patient were to require a chaperone they would be either signposted to an alternative service or asked to return when a suitable chaperone could be asked to attend. We were told that

a chaperone had never been requested by a patient. There were no visible signs offering patients a chaperone and there was not a chaperone policy in place.

- There was an effective system to manage infection prevention and control. An audit was due to be undertaken six months post inception of the business. We saw a log that evidenced the completion of cleaning schedules.
- The provider ensured that equipment was safe and maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- Clinical staff had appropriate indemnity insurance in place.
- In the event an emergency did occur, the provider had systems in place to respond appropriately.
- The clinical member of 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. Members of staff working for other organisations within the premises were available and aware of the need to assist if an emergency occurred
- There was a first aid kit available within the travel clinic and the nurse had received training in its usage.

Information to deliver safe care and treatment

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

Safe and appropriate use of medicines

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

Are services safe?

- The systems for managing medicines, including vaccines and emergency medicines minimised risks.
- Staff supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- We checked medicines 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.
- The nurse used Patient Group Directions (PGDs) to administer vaccines to some patients in line with legal requirements. (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.) In other cases Patient Specific Directions (PSDs) written by the clinical pharmacist prescriber were used (for example, when administering specific vaccines if patients had an allergy to a vaccine component. PGDs and PSDs had been produced in line with legal requirements and national guidance. We saw evidence that the nurse 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 an appropriate prescriber. Malaria prophylaxis medicines were supplied via an approved PGD and ordered from the supplier on a named patient basis and with appropriate dispensing labels in place.

Track record on safety

The provider prioritised safety and used a range of information to identify risks and improve patient safety. For example, reported incidents and national infectious disease outbreak alerts as well as comments received from patients. At the time of the inspection the provider had been in business only three months and there had been no incidents to report but there was a system in place to do so. The nurse we spoke with was aware of responsibilities to raise concerns, and knew how to report incidents and near misses.

There were some processes in place and risk assessments in relation to safety issues. However, these were not detailed. For example, incident investigation. The provider monitored and reviewed activity and discussed any issues that had arisen with the external clinical supervisor. This assisted in understanding risks and gave a clear, accurate and current picture that would lead to safety improvements where identified.

Lessons learned and improvements made

The provider was aware of and understood how to comply with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents. At the time of the inspection there had been no instances which required the provider to implement Duty of Candour requirements.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

Monitoring care and treatment

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

Effective staffing

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

- Up to date records of skills, qualifications and training were maintained. We saw that opportunities to develop were undertaken. For example, the non-medical prescriber course was being undertaken by the lead nurse.
- A clinical supervisor was available whose role was also to undertake regular audits. A full audit was planned for

six months post start-up which would include a notes audit, infection control and clinical decision making and annually following that. At the time of the inspection no audits had been carried out.

Coordinating patient care and information sharing

The provider worked together and when necessary with other health professionals to deliver effective care and treatment. When patients were referred to another professional or service, all information that was needed to deliver their ongoing care was appropriately shared in a timely way. Patients were given written information to share with their own GP regarding vaccines that had been administered.

The provider had the knowledge to share relevant information with other services such as Public Health England in a timely way.

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

Supporting patients to live healthier lives

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

Consent to care and treatment

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

- The provider 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 requested. If a parent was unable to attend, following assurance as to their identity, written consent by a parent or legal guardian was obtained.
- Staff had received specific training relevant to travelling abroad for cultural or religious reasons.

Are services effective?

(for example, treatment is effective)

- The service had an appropriate process for seeking consent.

Are services caring?

Our findings

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

Kindness, respect and compassion

Patients were treated with kindness, respect and compassion.

- Staff understood patient's personal, cultural, social and religious needs.
- The clinic gave patients timely support and information.
- All the 21 Care Quality Commission comment cards we received were positive about the service experienced. These told us that the nurse they consulted with, was polite, professional and explained things very clearly.

Involvement in decisions about care and treatment

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

- Following consultation an email was sent to patients requesting feedback. At the time of the inspection the service had not received any feedback from this method.
- Paper feedback following consultation had recently been introduced and the service was looking at ways of introducing anonymous feedback. A social media page where patients could post feedback about the provider was also available.

Privacy and Dignity

The clinic respected and promoted patients' privacy and dignity.

- The importance of dignity and respect was recognised by those delivering care.
- The consultation room provided privacy and conversations could not be heard from the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. For example, the provider had recognised that patients wanted appointments later in the day and had changed clinic times to accommodate this.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when patients found it hard to access services. For example, if a client was unable to climb the stairs, arrangements were made to consult in a downstairs consulting room.
- The clinic provided off site visits to deliver travel health care. For example, a visit to a charity had been arranged to administer the yellow fever vaccine to workers

travelling abroad. Appropriate processes were in place to ensure the preservation of the cold chain and also NaTHNac (National Travel Health Network and Centre) approval to move licensed vaccines off site.

- The providers website and social media page provided a link to the Fit for Travel website ensuring all advice accessible to patients, was up to date and accurate.

Timely access to the service

- Patients accessed the service through the providers website. The website clearly showed what times appointments could be booked. Appointments were available Monday to Friday 09:00 – 18:00 and some Saturdays. Patients had timely access to initial assessment and consultations.
- Waiting times, delays and cancellations were minimal and managed appropriately. Feedback from the CQC comment cards demonstrated that appointments were easily available and ran to time.

Listening and learning from concerns and complaints

- At the time of the inspection no complaints had been received by the provider. There was no detailed complaint policy in place which was easily accessible to patients and which demonstrated procedures to be followed were in line with requirements[SM1][JT2].

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 services in accordance with the relevant regulations.

Leadership capacity and capability;

The assessment made during the inspection was proportionate to the fact that the owner of Global Express Travel Health Ltd was also the registered manager and clinician delivering care and the organisation had no other employees. Capacity and skills to deliver high-quality clinical care in relation to travel health was demonstrated and there was knowledge about issues and priorities relating to the quality and future of services. Challenges were understood and they were being addressed. For example, adapting appointment availability to suit the needs of patients. However, the provider did not have the knowledge to ensure all aspects of governance were addressed appropriately. For example, the provider was unaware of the need to maintain oversight of building safety.

Vision and strategy

The organisation was in the start-up phase and had been operating for three months at the time of the inspection. We saw that the provider had a clear vision and strategy to deliver high quality travel healthcare and promote good outcomes for travellers and to develop the service further.

Culture

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

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing the clinical staff member with developmental needs and updates This included appraisal, provision of travel health courses and attendance at conferences.
- The provider recognised that as a lone worker, engagement with peers was advantageous in ensuring best practice was maintained and as a mechanism for support. For example, the provider had been proactive in joining online travel health forums and maintaining regular contact with colleagues from the Travel Medicine diploma which had been undertaken with the Royal College of Physicians and Surgeons in Glasgow.

- A clinical supervisor had been appointed to ensure there was oversight of the care being delivered.

Governance arrangements

- There were some structures, processes and systems in place to support good governance. However, we found that these were not always implemented and embedded effectively due to the newness of the service. The provider rented a consulting room within the building. We found that the provider had no oversight of the buildings health and safety and security. Post inspection we were told that confirmation had been sought that these were in place.
- Policies were not comprehensive and were not always specific to the organisation. For example, there was an overarching document that was to be used as a quick reference management policy and procedures which covered, quality of service to patients, health and safety and welfare of service users and data storage. However, there were no policies, other than information governance, which provided detailed operating procedures. For example, there was not a complaints policy in place to ensure any concerns or complaints were dealt with in an appropriate and timely way and which would support patients to report concerns.

Managing risks, issues and performance

- There were some processes in place to manage risks. For example, there were clear processes for managing the cold chain. However, there was no evidence that comprehensive risk assessments had been undertaken for other areas. For example, in relation to managing emergency situations.

Appropriate and accurate information

- There were effective systems in place which dealt with the security of personal identifiable information (PII). However, the provider was not fully conversant with all requirements necessary for data protection. For example, registration with the information commissioner's office (ICO), a requirement under the General Data Protection Regulations. We raised this with the provider on the day of the inspection. We received evidence post inspection which demonstrated that the organisation had now been registered with the ICO.

Engagement with patients, the public and external partners

Are services well-led?

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

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

- The clinic proactively sought patient feedback via a comment card after every consultation. In addition, patient feedback surveys were undertaken.
- The organisation utilised its own website and social media to ensure patients could access up to date travel health information.

Continuous improvement

- The organisation had signed up to a variety of information sources to ensure clinical practice was continually updated according to emerging advice. For example, the faculty of travel medicine and vaccine updates.