

# Olive Health & Travel Ltd

## Inspection report

23A Seven Ways Parade  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

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 Olive Health and Travel Ltd on 5 June 2019 as part of our inspection programme.

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

The service is a private health and travel clinic located in Ilford, Essex.

The lead nurse is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- 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.
- 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.
- Each patient received individualised travel health information including additional health risks related to their destinations and a written immunisation plan specific to them.
- The service organised and delivered services to meet patients' needs.
- 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.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

## Background to Olive Health & Travel Ltd

We carried out a comprehensive inspection of Olive Health and Travel Clinic at 23A Seven Ways Parade, Woodford Avenue, Ilford, Essex IG2 6JX which is a nurse led clinic providing travel health and immunisations, blood and DNA sampling, ear irrigation and weight management services. The service has been running under its current registration since June 2017. It is still in the start-up phase with part time clinic hours, but growing steadily. Further information can be found at [www.olivehealthandtravel.co.uk](http://www.olivehealthandtravel.co.uk)

The service is registered for the following regulated activities: Diagnostic and screening procedures and Treatment of disease, disorder or injury.

The practice manager was the director of the service. The service employs four nurses an HCA and three receptionists. Three members of staff, a GP, a pharmacist and a specialist nurse were subcontracted to provide patient group directive authorisation and clinical oversight for the service. The service is open 9am – 7pm Monday to Thursday, 9am – 2pm Fridays and 9am – 5pm Saturdays. Currently appointments were available 9a-12pm Wednesdays, 4pm- 7pm Thursdays and 9am – 5pm on Saturdays.

How we inspected this service

During the visit we:

- Spoke with staff, including the CQC nominated individual and registered manager and a receptionist 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?

We rated safe as Good because:

- There were clear systems to keep people safe and safeguarded from abuse.
- Systems assessed, monitored and managed risks to patient safety.
- Staff had the information they needed to deliver safe care and treatment to patients.
- There were reliable systems for appropriate and safe handling of medicines.
- The practice had a good safety record.
- The practice learned and made improvements when things went wrong.

### Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority. When a child attended the service without a parent or legal guardian, the service required written consent and made contact via telephone to confirm consent. The accompanying adult was asked to attend with the child's "red book" (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).
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis for all staff. It was the providers policy to ensure that Disclosure and Barring Service (DBS) checks were undertaken for all

staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). IPC and hand hygiene audits had been carried out in May 2019, where no areas for action had been identified. Appropriate documentation was maintained for regular checks, including water temperature checks for legionella.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which considered the profile of people using the service and those who may be accompanying them.
- The service rented the premises from a landlord and we saw risk assessments had been completed to ensure the premises were safe, for example health and safety risk and fire risk assessments had been completed in March 2019. We saw evidence of fire alarm testing and fire extinguisher checks in April 2019. Staff received health and safety training as part of their induction. Fire drills were undertaken bi-annually.

### 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.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- Emergency equipment, including a defibrillator and oxygen, were kept on site and documentation showed that these were regularly checked.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

## Are services safe?

- There were appropriate indemnity arrangements in place to cover all potential liabilities
- All clinical staff had their registration checked annually and all had appropriate professional medical indemnity in place.

### 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. Patients were asked to bring a record of previous immunisations to the appointment. If these was not available at the appointment contact would either be made with the patients NHS GP or they would need to rebook once this information had been obtained.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. All patients were asked for consent to share the treatments received with their own NHS GP.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance if they cease trading.
- Safe and appropriate use of medicines
- The service had reliable systems for appropriate and safe handling of medicines.
- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks.
- The service administered medicines and vaccines via Patient Group Directives (PGD) and patient Specific Directives (PSD). (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSDs) from a prescriber. PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.) The authorisation of purchased PGDs was

obtained via three subcontracted members of staff who were suitably qualified to do so. PSDs were obtained via written authorisation for specific patients prior to administration and scanned onto the patient record.

- Staff administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.

### Track record on safety and incidents

#### The service had a good safety record.

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

### Lessons learned, and improvements made

#### The service learned/did not learn and made/make 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 acted to improve safety in the service. For example, a nurse noticed that a vaccine in a prefilled syringe appeared to have a white lump in it. The service recognised that there was a risk that this could have been administered if careful checking had not taken place. Action was taken to report the fault to the manufacturer. All staff were informed of the incident to ensure they were clear on the checking processes.
- The provider was aware of and complied 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

When there were unexpected or unintended safety incidents:

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

## Are services safe?

- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including

sessional. For example, we saw that an alert relating to blood collection bottles had been cascaded and that a search on all patients who may have been affected had been performed and appropriate actions had been completed and documented.

# Are services effective?

We rated effective as Good because:

- Clinicians kept up to date with current evidence-based practice.
- The practice was actively involved in quality improvement activity.
- Staff had the skills, knowledge and experience to carry out their roles.
- Staff worked together, and with other organisations, to deliver effective care and treatment.
- Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.
- The practice obtained consent to care and treatment in line with legislation and guidance.

## Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Patients received a travel health assessment which provided an individualised travel risk assessment, health information including additional health risks related to their destination(s) and a written immunisation plan specific to them.
- A comprehensive assessment was undertaken which included an up to date medical history.
- Additional clinical support was readily available from the sub-contracted GP advisor who also authorised patient group/specific directives.
- Latest travel health alerts such as outbreaks of infectious diseases were available.
- Staff advised patients where to seek further help and support if required.
- We saw no evidence of discrimination when making care and treatment decisions.

## Monitoring care and treatment

**The service was involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. For example, the service monitored demand by treatment type in order that enough focus was being given to those areas' patients most wanted consultations for.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, an audit had been done to identify patients who were declining to take antimalarials despite being advised otherwise; putting their own health at risk and raising the risk of importing malaria to the UK. During the first audit cycle, 39% of patients were identified who this applied to. Following, improvement in travel health promotion and additional time to cover this in greater depth during consultations, the follow up audit demonstrated that 14% now fell into this category, a 25% improvement.

## Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, a nurse at the service was undertaking the non-medical prescribers' qualification.
- Staff whose role included immunisation and weight loss management had received specific training and could demonstrate how they stayed up to date.
- 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.

## Are services effective?

- The practice manager had been trained in blood taking and as well as taking blood at the clinic premises, was also able to do home visits. Policies were in place to support lone working.

### **Coordinating patient care and information sharing**

#### **Staff worked together to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, the legal sector when undertaking DNA sampling.
- Before providing treatment, clinicians ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- Patients being screened for sexually transmitted infections were informed how they would receive their results and prior to screening clinicians explored their understanding of a positive result.

### **Supporting patients to live healthier lives**

#### **Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

- Staff 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.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

#### **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff 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?

We rated caring as Good because:

- We were assured that staff treated patients with kindness and respect and maintained patient and information confidentiality.
- The practice could evidence patient feedback from surveys undertaken and compliments received. All the surveys we saw and comments cards we received, reported positive experiences and outcomes.
- The practice respected patients' dignity and privacy.

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- We saw from the service's patient survey and CQC comment cards that feedback from patients was positive about the way staff treat people. We also saw complementary letters from patients confirming that the clinic had treated them and those close to them in a respectful, appropriate and considerate manner.
- All 31 comment cards received, were positive regarding the service they had received. Comments included that staff were warm, friendly, welcoming and professional and how efficient the service was.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

## **Involvement in decisions about care and treatment**

### **Staff helped patients to be involved in decisions about care and treatment.**

- Interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff ensured that all clients were fully aware of the advice and treatment options and encouraged them to ask questions and ensure that they wanted to proceed with the vaccinations.

## **Privacy and Dignity**

### **The service respected respect patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

We rated responsive as Good because:

- The service met patients' needs and took account of their needs and preferences.
- Patients were able to access care and treatment from the practice within an appropriate timescale for their needs.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

## 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.**

- The provider understood the needs of their patients and improved services in response to those needs. For example, appointment times were organised to support working people and at times when there was the most demand. If a patient had difficulty getting to the clinic during pre-arranged clinic times staff would try to arrange an appointment for when it was convenient for them.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- 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 appropriate timescale for their needs.
- Patients had timely access to initial assessment, test results, recommendations and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use. Appointments could be made by telephone, in person or via the website.

## 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 service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. Processes were in place to ensure the service put into practice any learns from complaints and that complaints were a standing agenda item at staff meetings. At the time of the inspection no complaints had been received. We were told that any minor concerns, delivered verbally by a patient would also be logged.

# Are services well-led?

We rated well-led as Good because:

- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- There was a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
- The practice had a culture of high-quality sustainable care.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- There were clear and effective processes for managing risks, issues and performance. The practice acted on appropriate and accurate information.
- The practice involved patients, the public, staff and external partners to support high-quality sustainable practices.
- There were systems and processes for learning, continuous improvement.

## 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. For example, most of the work undertaken by the service was travel health and it was recognised that to be sustainable in the long term, other services needed to be offered for which there was a demand.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. For example, the lead nurse was leaving by the end of the year and plans had been put in place for her successor.

## Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.

- The clinic encouraged a holistic care approach where appropriate advice and immunisation was delivered according to national guidance, but where the physical, psychological and social aspects of the care of each patient was also considered.
- The service developed its vision, values and strategy jointly with staff.
- 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 felt respected, supported and valued. Staff we spoke with were happy working at the service and were supported both clinically and personally.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. For example, when there had been a breach of security appropriate actions had been taken with the support of a specialist human resources company with whom the service had a contract with.
- 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 told us they could 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. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

# Are services well-led?

- There were positive relationships between staff and teams.

## Governance arrangements

### There were/ was no 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 governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Staff were clear as to their roles. There were defined lead roles and a registered manager in post who understood their responsibilities.

## Managing risks, issues and performance

### There were clear and effective clarity around processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

### The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. For example, a

decision had been taken to stop offering the weight management service as the uptake had been so low and consideration of offering cervical cytology screening was being progressed.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- 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.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, the clinic took referrals from GPs, to deliver services that NHS GPs chose not to, or were unable to offer, such as ear syringing and travel immunisations unavailable on the NHS. Eighty-five referrals had been consulted with over the past year.
- There was a transparent and collaborative approach by the staff and company director.
- All staff were encouraged to attend learning events and to share their knowledge both internally and externally.
- The service offered discounts to those travelling abroad to support charitable work and fundraising.

## Continuous improvement and innovation

### There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents
- Learning was shared and used to make improvements.

## Are services well-led?

- There were systems to support improvement and innovation work. For example, introducing a mobile phlebotomy service for housebound clients.
- There was a team vision to improve and increase the service offering such as cytology screening.
- The practice manager was an accredited trainer and assessor and plans were being made to provide training opportunities for the local and wider health community.
- Plans were in place to provide non-clinical work experience and apprenticeship programmes for young people.