

# Sussex Travel Clinic Limited

## Inspection report

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Worthing  
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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?

Requires improvement 

# Overall summary

**This service is rated as Good overall.** The service was previously inspected but not rated in March 2018. The service was found to be providing caring and responsive services. We identified breaches of regulations in relation to providing safe care and treatment, the provision of training and good governance arrangements. A follow up inspection took place in October 2018 where we found that the provider had addressed the areas of concern.

We carried out an announced comprehensive inspection at The Sussex Travel Clinic, Worthing on 24 May 2019 as part of our routine inspection programme to rate services.

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? – Requires improvement

The Sussex Travel Clinic Limited is a private clinic which is part of the Vaccination UK group, that provide a similar service through a range of clinics. It provides independent travel health advice, travel and non-travel vaccinations, and blood tests for antibody screening. People of all ages intending to travel abroad can seek advice regarding health risks and receive both information and necessary vaccinations and medicines. In addition, the clinic holds a licence to administer yellow fever vaccines. The clinic also provides a vaccination service for occupational health service providers, a phlebotomy service and flu vaccinations.

The clinic is registered with the Care Quality Commission under the Health and Social Care Act 2008 to provide the following regulated activities:

- Treatment of disease, disorder or injury.

At the time of the inspection, the clinic manager was 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. The registered manager held the International Society

of Travel Medicine Certificate (ISTM) in Travel Health and was a member and an examiner for the membership exam of the Faculty of Travel Medicine at the Royal College of Physicians and Surgeons Glasgow.

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 22 completed comment cards which were consistently positive about the standard of care received. Patients reported staff were kind, knowledgeable, professional and informative. There were several comments relating to how clean and safe the environment was.

## Our key findings were:

- The service had systems to safeguard children and vulnerable adults from abuse.
- The clinic had good facilities and was well equipped to treat clients and meet their needs.
- Assessments of a client's treatment plan were thorough and followed national guidance.
- Clients received full and detailed explanations of any treatment options.
- The clinic had systems in place to identify, investigate and learn from safety incidents and complaints. However, action points from significant events were not always implemented and followed up.
- There were effective arrangements in place to prevent and control infection and the premises were observed to be clean and hygienic
- There was an induction programme for all newly appointed staff. All staff had the training they required to undertake their roles effectively
- Staff we spoke with told us they felt valued members of the staff team and enjoyed working at the clinic

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP** Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team included a CQC lead inspector and a nurse specialist advisor.

## Background to Sussex Travel Clinic Limited

The Sussex Travel Clinic is in a converted building in Worthing with two consulting rooms. The building does not have wheelchair access but clients with limited mobility can be

seen at the Sussex Travel Clinic in Hove.

Sussex Travel Clinic is registered with the Care Quality Commission under the Health and Social Care Act 2008 to provide the following regulated activities:

- Treatment of disease, disorder or injury.

The service offers travel vaccination and related health care advice.

The clinic manager was the registered manager at the time of inspection. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

Opening times are:

Monday 9am-7pm

Tuesday 9am-7pm

Wednesday 9am-7pm

Thursday 9am-7pm

Friday 9am-4pm

Saturday 9am-1pm

### How we inspected this service

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 registered manager.
- Spoke to one travel nurse and the receptionist/administrator.
- Reviewed a sample of the personal care or treatment records of patients.
- 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?

## 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. 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's safeguarding policy was personalised for the service and detailed concerns which were relevant to the type of service offered.
- The service had systems in place to assure that an adult accompanying a child had parental authority. The service offered vaccinations for both adults and children.
- All staff were aware of the high-risk destinations for female genital mutilation (FGM) and alert to the possibilities for girls attending for travel health. There was an alert built in to the patient information system that popped up if a patient was visiting a high risk FGM country.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. 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).
- 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. The lead nurse for infection control an annual infection prevention control audit. We saw evidence to show that issues identified had been addressed.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- The provider carried out appropriate environmental risk assessments.

## Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Following a recent incident where a patient fainted after receiving a vaccination we saw that appropriate procedures had been followed.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

## 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. We reviewed three care records and they showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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, emergency medicines and equipment minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.

# Are services safe?

- There were effective protocols for verifying the identity of patients including children when it was necessary to do so.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues for example, fire safety and health and safety.
- 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 when things went wrong.

#### However, improvements were not always implemented and followed up.

- 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. Learning from

events was shared at a location and with other locations which were part of the Vaccination UK group, ensuring lessons learned were shared and actions were taken at all locations.

- However, for one incident we found that the actions identified had not been implemented. Following a significant event relating to a patient that fainted after receiving their vaccination, it was agreed that details of the next of kin or contact details in case of emergency should be taken for all clients at the time of booking. However, when we looked at the records of patients who had attended since the incident, only two out of six had the contact details.
- 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.
- The service gave affected people reasonable support, truthful information and a verbal or written apology.
- 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 medicines and safety alerts to all members of the team. For example, we saw that in response to a recent safety alert about the yellow fever vaccine, the clinic had added a 'pop up' alert to its patient information system that provided all the contraindications to vaccination.

# Are services effective?

## 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)**

- A patient's first consultation was a minimum of 30 minutes long, during which a comprehensive pre-travel risk assessment was undertaken. This included details of the trip, including any stopovers, any previous medical history, current medicines being taken and previous treatments relating to travel.
- The clinic provided them with a booklet of what vaccinations they had received, which also contained information relating to vaccines. During consultation, the nurse provided a comprehensive individualised travel risk assessment, health information related to their destinations and an immunisation plan tailored to their specific travel needs.
- We saw no evidence of discrimination when making care and treatment decisions.
- Latest travel health alerts such as outbreaks of infectious diseases were circulated to all staff.

## Monitoring care and treatment

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

- The service used information about care and treatment to make improvements. This included regular surveys of patient views, record keeping audits, infection control audits and clinical audits. For example, the clinic manager had undertaken an audit to ensure the latest guidelines for the use of the yellow fever vaccine were being followed and exemption certificates were being issued appropriately.
- The results of quality improvement activity were shared across all locations with regular provider group meetings of clinic managers.
- Improvements were made as a result of audit activity, for example, increasing the initial consultation appointment from 20 minutes to 30 minutes.
- Batch numbers of all vaccinations given were recorded in patient notes. The clinic had implemented a system of emailing outcomes of consultations to the patients GP, with their consent

and vaccine records were emailed to the patient after each consultation. A printed copy could also be supplied to the patient, should they want this.

## 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. New nurses received a tailored induction course depending on their previous travel health experience. This included meetings to discuss progress, core competencies which had to be completed prior to signing off induction and clinical practice assessments.
- Relevant professionals were registered with the Nursing and Midwifery Council and were up to date with revalidation
- The provider had identified the essential learning needs of staff and provided protected time and training to meet them. We saw that there was an annual training day for staff which covered essential areas such as basic life support, fire safety, infection prevention and control, moving and handling, safeguarding, information governance and equality and diversity. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

## Coordinating patient care and information sharing

**Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Before providing treatment, nurses at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- The clinic directly informed patients' GPs of their treatment with the patients consent. However, if patients did not consent to this, they provided patients with a printed copy of their vaccinations, including blood test results to share with their GP or practice nurse.
- The clinic clearly displayed consultation and vaccine fees in the waiting area and on their website. We observed telephone enquiry calls where the member of staff handling the call clearly identified how patients could access fee information.

# Are services effective?

## 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.

- Where appropriate, staff gave people advice, so they could self-care. Staff told us they supplied patients with travel health information and advice on when to seek further help.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients' need could not be met by the service, staff redirected them to the appropriate service for their needs.

- The clinic was part of the c-card scheme that provide free condoms to travellers under the age of 26.
- There was a TV screen in the waiting area that provided patients with up to date travel health advice.

## 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. From the patient records we reviewed, we found consent had been appropriately gained.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

# Are services caring?

## Kindness, respect and compassion

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

- We received 22 completed comment cards which were consistently positive about the standard of care received. Patients reported staff were, knowledgeable and informative as well as friendly, professional and caring.
- 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. The service provided travel information in various formats such as in leaflet form or via email, so the patient was able to take the information abroad with them.

## Involvement in decisions about care and treatment

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

- Written and verbal information and advice was given to clients about health treatments available to them.

- Information leaflets were available to clients and following their consultation clients were provided with
- personalised treatment plans.
- Patients told us through comment cards and through consultations on the day of the inspection, that they felt staff were knowledgeable and informative and that they had enough time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, medication instructions were provided in braille if required.

## Privacy and Dignity

### The service respected 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 would take them away from the main waiting area to somewhere more discreet or the consulting room if available.



# Are services responsive to people's needs?

## 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, initial consultation appointments had been increased from 20 minutes to 30 minutes to ensure that clinics didn't run late.
- The facilities and premises were appropriate for the services delivered.
- There were regular surveys of patient views. We noted that the results of these were positive.

## 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 and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Patients reported that the appointment system was easy to use.
- Patients were able to book online, over the telephone or walk into the clinic during the opening hours.
- Patients were able to be seen at any of the locations which were part of the Vaccination UK group.

## 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 in the waiting area.
- The service had a complaint policy and procedure in place. We saw that complaints and learning from them was shared across all of the provider's locations.
- In the previous 12 months, the service had received three complaints. We reviewed all these complaints and found they had been appropriately acted upon and responded to. However, patients were not always informed of any further action that may be available to them should they not be satisfied with the response to their complaint.

# Are services well-led?

The practice was rated as requires improvement for providing well led services. This was because:

- Whilst there was evidence of systems and processes for learning, continuous improvement and innovation, learning from significant events was not always acted on to make improvements.

## 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. The clinic manager regularly met with the head office team and was provided with ongoing support for governance.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Vision and strategy

### The service had clear aims and objectives to deliver high quality care and promote good outcomes for patients.

- There was a clear set of aims and objectives.
- The service's aims were:
- to provide a consistent and high-quality service to clients seeking travel vaccinations and health advice prior to travelling abroad
- provide a professional, friendly and welcoming environment to all our clients and staff at its clinics
- help clients make informed choices when it comes to protecting themselves from illnesses acquired through travelling overseas'
- Staff were aware of and understood the aims and objectives and their role in achieving them

## Culture

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

- Staff we spoke with told us they felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients, the service regularly reviewed the vaccinations offered.
- 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. We saw examples of incidents and complaints where the provider had accepted responsibility and put things right whenever they went wrong.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed and could provide examples of ideas the provider had implemented which they had raised.
- The provider had an induction programme for all newly appointed staff. New nurses received a tailored induction course depending on their previous travel health experience. This included meetings to discuss progress, core competencies which had to be completed prior to signing off induction and clinical practice assessments. All new staff were appointed a mentor within their clinic.
- All staff received regular annual appraisals in the last year and this included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary. Nurses were given protected time for professional time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- The service promoted equality and diversity. Staff had received equality and diversity training and they told us they felt they were treated equally.
- We observed on the day of the inspection, there were positive relationships between staff and teams.

## Governance arrangements

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

# Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The provider had a management and leadership structure with a clear escalation process.
- Responsibilities and accountabilities were clearly set out in structure charts on the staff notice board.
- Staff we spoke with 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. Policies were created at head office and distributed to all locations. Staff were able to access both hard copies and electronic copies of policies and procedures.

## Managing risks, issues and performance

### There were clear and effective 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 regular supervision and appraisals.
- Leaders had oversight of safety alerts, incidents, and complaints. Management meeting agendas included discussion of alerts, incidents and complaints. However, whilst systems for reporting, recording, discussing and sharing significant events were in place, actions identified in had not always been implemented or been followed up. There was no review process in place to ensure actions had been completed.
- 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. The provider had a clear business continuity plan with contact details of all key individuals.

## Appropriate and accurate information

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

- The provider was registered with the Information Commissioner's Office and had its own information

governance policies. There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

- The provider used information technology systems to monitor and improve the quality of care. For example, each vaccine name and batch number were recorded on to each patient record before being administered. This enabled safety alerts to 'pop up' on the system to reduce the risk of vaccine errors or incorrect dosage.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses. For example, record keeping had recently been audited across all locations that were part of the Vaccination UK group.
- 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.
- There were regular surveys of patient views.
- Staff told us they were able to provide feedback through staff meetings and informal conversations with leaders.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement, the provider had an audit schedule which reviewed processes, systems, quality of care and performance.
- The clinic supported local schools and gave advice in relation to overseas school trips and health advice.

## Are services well-led?

- The clinic ran an annual travel health training event for internal staff and invited local practice nurses attend at no cost. They also produced a newsletter for general practice with updates on the latest travel health advice.
- The clinic manager was invited to shared learning events organised by the Vaccination UK group.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The provide did not have effective systems and processes to ensure compliance with requirements and to demonstrate good governance.</b></p> <p><b>In particular we found:</b></p> <ul style="list-style-type: none"><li>• Systems for assessing, monitoring and improving the quality and safety of the services because of significant events were not effective</li><li>• The provider was unable to demonstrate that they used the information from significant events to make identified improvements.</li></ul> <p><b>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>