

Trailfinders Limited

# Trailfinders Travel Clinic

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection of Trailfinders Travel Clinic on 3 July 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 not 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.

Trailfinders Travel Clinic provides private travel health services including travel immunisations in the Royal Borough of Kensington and Chelsea in London. Services are provided to both adults and children. This service is registered with CQC under the Health and Social Care Act 2008 in respect of the provision of advice or treatment by a medical practitioner, including the prescribing of medicines.

We received feedback from 44 people about the service, including comment cards, all of which were positive about the service and indicated that patients were treated with kindness and respect. Staff were described as empathetic, caring, thorough and professional.

### Our key findings were:

- There were arrangements in place to keep patients safeguarded from abuse.
- Some health and safety and premises risks had not been assessed and managed effectively.
- The premises were clean and hygienic; however infection control systems were not appropriately monitored.
- There were safe systems for the management of medicines.

# Summary of findings

- Staff knew how to deal with medical emergencies. Appropriate medicines and equipment were available.
- The service had systems for recording, acting on and improving when things went wrong.
- Travel health assessments and treatments were carried out in line with relevant and current evidence based guidance and standards.
- There was evidence of some quality improvement measures.
- Staff had the specialist skills and knowledge to deliver the service.
- Staff treated patients with kindness, respect, dignity and professionalism.
- The appointment system was flexible and patients were able to access appointments when they needed them.
- The service had a clear procedure for managing complaints. They took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- The leaders had the skills and capacity to deliver the service and provide high quality care.
- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- There were clear governance arrangements for the running of the service, however some systems to assess risk were not in place.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The service asked staff and patients for feedback about the services they provided.

- There was evidence that the service had contributed to external publications within the field of travel health.

## Notable practice:

- Two clinical staff were fellows and one clinical staff was a member of the Faculty of Travel Medicine, part of the Royal College of Physicians and Surgeons of Glasgow. There was evidence that one of the doctors and the lead nurse were involved in setting examination questions for the Faculty of Travel Medicine.
- The lead nurse, lead doctor and a second nurse had been directly involved with contributing to the Royal College of Nursing, Female Genital Mutilation guidance for travel health services which was published in 2016.

We identified regulations that were not being met and the provider **must:**

- Ensure care and treatment is provided in a safe way to patients.

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

- Monitor the systems for obtaining, recording and auditing consent for care and treatment provided.
- Review and improve the use of induction checklists to ensure an effective induction process for staff.
- Review and improve the business continuity plan for the service.
- Review and improve the systems for communicating with a patient's GP and verifying a patient's identity.
- Review the provision of a whistleblowing policy for staff.

# 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 not providing safe care in accordance with the relevant regulations.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. 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 service had clear and detailed policies and procedures in place to keep people safeguarded from abuse.
- Staff were qualified for their roles and the provider completed essential recruitment checks.
- Health and safety and premises risks had not been clearly assessed; there had been no legionella or fire risk assessment for the premises.
- Some risks related to the control of substances hazardous to health (COSHH) had been assessed, however there was no clear COSHH policy or procedure in place.
- Some systems were in place to manage risks relating to infection control; however, some staff training and infection control audits had not been carried out.
- The service had suitable arrangements for dealing with medical emergencies.
- The management of medicines including the administration of vaccines and dispensing of medicines was safe.
- The service had thorough systems for recording, acting on and improving when things went wrong.
- There were no clear systems for communicating with a patient's GP and the service did not verify patients' identity details taken at registration or verify identity for those providing consent for children.

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### **Are services effective?**

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

- Travel health assessments, treatments and advice were carried out in line with relevant and current evidence based guidance and standards.
- We found evidence of quality improvement measures.
- The service obtained consent to care and treatment in line with legislation and guidance, although verbal or informed consent was not always recorded.
- Staff were experts in their field and there was evidence that doctors and nurses had acquired skills and knowledge to contribute to external publications, as well as to deliver the service.
- There was no clear system for monitoring safety training that was required for staff. There was evidence that clinical staff had received appraisals, however appraisals for non-clinical staff were not consistently recorded.

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### **Are services caring?**

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

- We received feedback from 44 patients including Care Quality Commission comment cards. Patients were positive about the service provided.
- Patients reported staff were empathetic, caring, reassuring and professional. They said that they were given helpful explanations and information about their travel health needs and said the staff listened to them.
- We saw that staff protected patients' privacy and were aware of the importance of confidentiality.
- Patients said staff treated them with dignity and respect.

# Summary of findings

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## **Are services responsive to people's needs?**

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

- The facilities and premises were appropriate for the services delivered.
- Appointment length was flexible in order to accommodate a range of needs.
- Patients were able to get appointments when they needed them, although patients were aware there could be delays depending on demand for the service.
- The service took patients views seriously. They responded to concerns and complaints quickly and constructively to improve the quality of care.

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## **Are services well-led?**

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

- There was an organisational structure and staff were aware of their roles and responsibilities.
  - The service had arrangements to ensure the smooth running of the service, however some systems to assess risk were not in place.
  - There was evidence of clear communications with all staff including via email and staff meetings.
  - 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.
  - There was evidence of processes for managing most issues and performance.
  - There was evidence of some quality improvement measures.
  - The service encouraged feedback from patients and staff and this was used to monitor performance.
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# Trailfinders Travel Clinic

## Detailed findings

### Background to this inspection

Trailfinders Travel Clinic provides private travel health services including travel immunisations in the Royal Borough of Kensington and Chelsea in London. Services are provided to both adults and children. The address of the registered provider is Trailfinders Limited, 42-50 Earls Court Road, London, W8 6FT. Trailfinders Limited is registered with the Care Quality Commission to provide the regulated activity: Treatment of disease, disorder or injury. Regulated activities are provided at one location, 194 Kensington High Street.

The travel clinic is managed by the nominated individual and the lead doctor who is also the registered manager for the service. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service housed within a Trailfinders Limited travel agency and is accessed via stairs at lower ground floor level. The premises are leased. The premises used by patients visiting the clinic consist of a patient waiting area, one consultation room and one patient toilet. The clinic also has use of a meeting room on the ground floor for patients with restricted mobility and access to a toilet with disabled facilities. The service is open for walk-in travel health consultations Monday to Friday from 9am to 5pm and Saturday from 10am to 5.15pm.

Trailfinders Travel Clinic aims to provide a comprehensive travel vaccination and health advice service. Regulated

services offered at Trailfinders Travel Clinic include travel health consultations and treatment. Treatments may include the dispensing of medicines and immunisations in relation to travel health.

Trailfinders Travel Clinic has been operating for 31 years. The service treats on average 9500 patients per annum, with seasonal variation in demand.

The staff consist of one part time lead doctor who is the registered manager of the service and six part-time doctors; one full-time lead nurse and five part-time nurses. The clinical team are supported by nine reception staff members and the operations director. The service is operated by one doctor and one nurse each day, with support from two reception staff.

#### **How we inspected the service:**

Our inspection team on 3 July 2018 was led by a CQC Lead Inspector and included a nurse Specialist Advisor and an advisor from the CQC medicines management team.

Before visiting, we reviewed a range of information we hold about the service.

During our visit we:

- Spoke with the lead doctor.
- Spoke with the lead nurse.
- Spoke with the operations director.
- Spoke with one reception staff member.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.
- Explored how clinical decisions were made.
- Made observations of the environment.
- Reviewed feedback from 44 patients including CQC comment cards.

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

# Detailed findings

- 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 the service was not providing safe care in accordance with all the relevant regulations.

### Safety systems and processes

The service had systems to keep patients safeguarded from abuse, however some systems to ensure safety of patients required a review.

- The service had systems to safeguard children and vulnerable adults from abuse. A policy was available for safeguarding both children and adults; these were accessible to all staff and contained contact numbers for local safeguarding teams. The provider had ensured the policies were specifically tailored to the travel health service as they contained appropriate information regarding Prevent, Female Genital Mutilation (FGM), trafficking and forced marriages.
- The lead nurse, lead doctor and a second nurse had been directly involved with contributing to the Royal College of Nursing, Female Genital Mutilation guidance for travel health services which was published in 2016.
- Staff were aware of safeguarding procedures for the service and they knew how to identify and report concerns. All staff had received up-to-date safeguarding childrens and adults training to the appropriate level.
- The service carried out staff checks, including checks of professional registration and indemnity where relevant, on recruitment and ongoing.
- Disclosure and Barring Service (DBS) checks were undertaken for all clinical staff in line with the service's policy (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The service did not require a chaperone procedure as all consultations were jointly provided with both a nurse and a doctor present.
- The service conducted an annual health and safety risk assessments for the premises, the last undertaken in April 2017. There was evidence of concerns being actioned, including loose cabling being secured. The risk assessment also found that some improvements were required for the management of the control of substances hazardous to health (COSHH), and we saw

that hazardous substances were now locked away. The service did not keep updated data sheets for hazardous substances kept on the premises and there was no COSHH policy for the service.

- The premises were leased. The company employed a premises director who oversaw all properties used by Trailfinders Limited in relation to safety and maintenance. The operations director who oversaw Trailfinders Travel Clinic service was in regular contact with the premises director. There was evidence that electrical installation checks of the premises had been conducted, however, some systems to ensure safety of the premises were not operating effectively. The provider told us that the premises had been through a refurbishment in 2016 which included structural changes; there was no evidence that legionella risk had been assessed and managed and a fire risk assessment had not been undertaken.
- The service had a system in place to ensure equipment was suitably maintained. There was evidence that a range of portable electrical equipment had been tested for safety and medical equipment had been calibrated to ensure accuracy.
- There were some arrangements to manage infection prevention and control, although improvements were required. There was an infection control policy in place and there were systems for safely managing healthcare waste, including sharps. The clinic appeared clean and hygienic and there were robust systems for monitoring and recording cleaning of the environment clinical equipment. However, the provider had never undertaken an infection control audit for the service and staff had not received formal infection control training. Immediately after the inspection the lead nurse and doctor undertook training in infection control.

### 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. There were suitable numbers of bank nurses and doctors. The service did not employ agency staff; cover was arranged using existing staff members.
- Staff told us there was an effective and thorough induction system for all new staff, however induction checklists were not completed. Inductions were tailored



# Are services safe?

to roles and this included a two-week training period for reception staff. Clinical staff always worked jointly with both a doctor and a nurse in each consultation; this ensured that risks were minimised. There were hand books available for both clinical and reception staff containing required policies and procedures.

- The service had a lone working policy in place. Staff confirmed they were never working alone.
- The service had evidence of professional indemnity for clinical staff and employers and public liability insurance.
- Although a fire risk assessment had not been undertaken, there were some arrangements for managing fire risk in the premises. A fire procedure outlined the arrangements in place. There was evidence of fire drills, although the last fire drill had been in September 2017. There were records of regular testing of fire equipment including fire alarms, extinguishers and emergency lighting. The fire procedure was discussed during the induction process for new staff, but the staff did not receive update training for fire safety.
- There was a clear procedure in place for managing medical emergencies. All clinical staff had completed training in basic or advanced life support which included treatment of anaphylaxis. Staff told us that occasionally patients could feel unwell after receiving immunisations.
- Emergency equipment including oxygen and a defibrillator was available, as described in recognised guidance.
- Appropriate emergency medicines were kept. We saw that emergency medicines and equipment were checked weekly and comprehensive records of these checks were kept. We found on the inspection day that all emergency medicines and equipment were within their expiry dates, and in working order.
- When there were changes to services or staff, the provider assessed and monitored the impact on safety. There was evidence of some arrangements to manage major incidents in relation to the premises. Staff had received Ebola training and Ebola kits were kept. The provider had some systems to maintain business continuity which were documented in their 'fitness of premises and equipment maintenance' policy, however there was no separate business continuity plan to provide assurance that potential risks to the service and resulting actions had been fully considered.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients, however information sharing systems were not fully established.

- Individual care records were written, managed and stored in a way that kept patients safe. The electronic care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- Patient details were taken at registration, but there were no formal policies and processes for verifying a patients' identity.
- The service ensured they had consent from parents/guardians for child patients who attended for immunisations, however they did not verify the identity for those with a legal authority to provide consent.
- GP contact details were consistently asked for at registration. If GP details were provided, the service did not routinely communicate with a patient's GP regarding the travel health advice and treatment provided, although patients were encouraged to inform their GPs.
- The service did not send off samples for testing and rarely required onward referrals to be made.

## Safe and appropriate use of medicines

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

- There were effective systems for managing medicines, including dispensing and storing of medicines. Appropriate checks were undertaken for vaccines, medical gases, emergency medicines and emergency equipment to minimise risks.
- There were six medicine refrigerators which housed vaccines used daily by the service. We found that the systems for managing the cold chain were safe.
- As the service provided joint consultations with both a doctor and a nurse present, the service had safe systems to ensure vaccines were checked by both clinicians before they were administered by the nurse. The service used a body chart on the electronic record system to record the site of the immunisation.
- The service administered and dispensed medicines and vaccines in line with legal requirements and current national guidance, for example, Patient Group Directions were available to allow nurses to administer



# Are services safe?

vaccines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

- There were safe systems in place for the administration of the rabies vaccine. The service also provided post-exposure rabies prophylaxis treatment.
- The service provided patient information leaflets for all dispensed medicines including side effects and dose instructions and information leaflets post-immunisation were provided.
- Where 'off-label' medicines were prescribed, patients were fully informed about benefits and risks. ('Off-label' means the medicine is being used in a way that is different to that described in the product licence.)
- The provider reported there were rare circumstances where private prescriptions would be required. The service did not prescribe high risk medicines or controlled drugs that required close monitoring.

## Track record on safety

- Legionella, fire and infection control risk assessments for the premises had not been conducted to ensure the premises were safe.
- The service monitored and reviewed activity through governance meetings and staff meetings. This helped it to understand risks and led to safety improvements.

## Lessons learned and improvements made

There was evidence that the service learned and made improvements when things went wrong.

- There was an incident and accident reporting policy for the service. There were incident reporting forms for all staff to complete. Staff told us they would complete the forms and report any concerns to the lead doctor or lead nurse, who supported them when they did so.

- There was evidence that the provider was taking action and making improvements when things went wrong. There were processes to ensure learning points were shared with staff to improve safety; incidents and resulting improvements made were discussed informally and emailed to team members but were additionally discussed in staff meetings. Where incidents involved a particular team member this was discussed and reflected on with them. For example, following a consultation record being written for the wrong patient, an email was sent to staff to ensure that two forms of identity information were checked to confirm the patient in attendance.
- The lead doctor and lead nurse undertook an annual audit of incidents and checked actions had been taken.
- The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents. The provider was aware of and complied with the requirements of the Duty of Candour.
- When there were unexpected or unintended safety incidents the service gave affected people reasonable support, truthful information and a verbal and written apology.
- The service had a robust system for receiving and acting on safety alerts, with clear evidence that all alerts were reviewed and they were actioned where relevant. The service received approximately 25 alerts, updates or notifications per day including those from TRAVAX (a Scottish government organisation which provides up to date travel health information for health care professionals), the National Travel Health Network and Centre (NaTHNaC) and the Medicines and Healthcare products Regulatory Agency (MHRA). Where safety alerts were relevant, incident forms were completed and they were shared with staff via emails and staff meetings.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

The service provided travel health consultations and treatment including immunisations and dispensed medicines. Patients completed a registration form and medical history questionnaire ahead of the consultation. Joint consultations were provided; patients were seen both by a doctor and a nurse together in the same consultation to ensure that holistic advice and treatment was provided.

We spoke with the lead doctor, the lead nurse and reviewed three records. From evidence we saw, the service carried out assessments and treatment in line with the most relevant and current evidence based guidance and standards for travel health. The provider had well-established systems in place to ensure latest guidance and alerts from a range of travel health organisations such as Travax and NaTHNaC (National Travel Health Network and Centre) were received. They updated the travel agency's intranet site with the most up to date travel advice so clinic staff and the travel agency's advisors nationally were giving the latest advice to patients and the public.

The service used an electronic record system with templates for each consultation to ensure records were clear, accurate and contained adequate information regarding assessments and treatments. The doctors advised patients what to do if their condition got worse and where to seek further help and support. We saw no evidence of discrimination when making care and treatment decisions.

### **Monitoring care and treatment**

The provider had evidence of some quality improvement activity to monitor the services provided.

The service conducted annual yellow fever audits using a NaTHNaC (National Travel Health Network and Centre) self-assessment tool. The last audit was in 2017/18 and showed that the service had systems that were fully in line with guidance for a yellow-fever centre.

The service conducted medical records audits three times a year to monitor quality of medical records. These were carried out by the lead doctor.

The service also monitored quality of care and treatment through a review of incidents, case discussions, written and verbal complaints and feedback.

Although a number of procedural audits were undertaken to monitor the service, no clinical audits had been carried out to demonstrate that treatments provided were in line with evidence based practice.

### **Effective staffing**

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment, although there was no clear system for monitoring safety training.

- The service had an induction programme and detailed staff handbooks for all staff containing comprehensive details about the service's systems and processes. Induction arrangements included topics such as fire safety, confidentiality and health and safety. However, induction checklists were not kept.
- There was evidence that all clinical staff had undertaken basic or advanced life support training.
- All clinical and non-clinical staff had received both safeguarding adults and children's training.
- The provider had not considered whether refresher training such as fire safety and information governance training was required for staff and no staff had received training in infection prevention and control. Reception staff had received training in information governance, however there was no evidence that the clinical staff had undertaken formal training in this. Following the inspection, the lead nurse and lead doctor provided evidence that they had undertaken training in infection control and information governance along with a number of other safety topics.
- The doctors' appraisals were up to date and they had been revalidated by the General Medical Council (GMC). The nurses received a structured biennial appraisal in addition to their annual appraisal from their main employer. Staff told us that reception staff received regular supervision and six-monthly reviews, however these were not always recorded.
- There was evidence that the doctors and nurses were highly skilled. Staff had experience and qualifications in sexual health, cruise and dive medicine, travel health and infectious diseases. Clinical staff had attended a number of conferences and training courses.

# Are services effective?

## (for example, treatment is effective)

- Two clinical staff were fellows and one clinical staff was a member of the Faculty of Travel Medicine, part of the Royal College of Physicians and Surgeons of Glasgow. There was evidence that one of the doctors and the lead nurse were involved in setting examination questions for the Faculty of Travel Medicine.
- The lead nurse, lead doctor and a second nurse had been directly involved with writing the Royal College of Nursing, Female Genital Mutilation guidance for travel health services, published in 2016.

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

We found that the service had some systems in place for coordinating patient care and sharing information as and when required.

- There was no effective system in place for communicating with a patient's GP; the service did routinely record GP details at registration, however they did not inform a patient's GP of any immunisations given or medicines dispensed. The service reported they encouraged patients to let their GP know they had attended the clinic.
- There was evidence that as part of the post-exposure rabies prophylaxis treatment programme, Public Health England were kept informed of patients receiving treatment and patients were provided with a copy of the letter to share with their GP.
- The circumstances requiring referrals to be made to other services were infrequent; there were no examples of where referrals had been required.
- The service did not handle test results or take samples for testing.
- The service conducted a medical meeting twice biannually. There was evidence that complex cases were discussed between all members of the clinical team.

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

The lead doctor and nurse told us that lifestyle advice and management in relation to travel health was a central approach utilised by the service. There was evidence of comprehensive travel health advice in patient records.

The clinical staff held responsibility for updating the travel agency's nationally accessed intranet site, with the most up to date travel advice for the organisation's staff to refer to. The Trailfinders' smart phone application (app) was also updated with the latest travel health and immunisation advice for patients.

The clinic provided access to free post-exposure rabies prophylaxis treatment, in conjunction with Public Health England. Public Health England were kept informed of patients receiving treatment and patients were provided with a copy of the letter to share with their GP.

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

The service obtained consent to care and treatment in line with legislation and guidance, although this was not always recorded.

- Doctors understood the requirements of legislation and guidance when considering consent and decision making.
- The service had updated and detailed consent processes and supporting policies.
- Staff were aware of the consent requirements when treating young people under 16. We saw evidence that for those under 16, immunisations were only provided with parental/guardian consent which was recorded, however they did not verify the identity for those with the legal authority to provide consent.
- The doctors understood the importance of obtaining and recording patients' consent to treatment, information about treatment options and the risks and benefits of these so they could make informed decisions. However, from records seen, verbal consent was not always recorded. The provider shared with us on the inspection day an email to all clinical staff detailing a system for ensuring verbal consent was recorded for all future consultations.
- Records audits were undertaken but this did not monitor the process for seeking consent. The provider reported this would be included in future records audits following the inspection.

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect, dignity and professionalism.

- Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- Patients commented positively that staff were empathetic, caring and kind.
- We saw that staff treated patients respectfully in the waiting area and over the telephone.
- Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy. Staff told us that if more privacy was required they would take patients into another room.
- We observed treatment rooms to be spacious, clean and private.
- We received feedback from 44 patients including Care Quality Commission comment cards. All comments were positive about the service experienced. Patients described the service as exceptional, professional and caring. Patients felt that they were given time and listened to.
- We received comments from patients reporting that the service had made them feel relaxed and reassured in relation to receiving immunisations. The service shared positive feedback from a parent praising the clinic for their treatment and methods used to support their child with a phobia.
- Patient feedback from the comments box was analysed monthly, the majority of which were positive. A patient survey was conducted annually, the last in September 2017 involving 100 patients. This showed that 100% of patients would recommend the service to friends and family.
- The service also reviewed online feedback. The majority of comments were very positive; the travel organisation as a whole had received 2604 reviews, it was 5 star rated and scored 93% for satisfaction on one online platform.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their treatment.

- The clinic provided dual consultations so that both a doctor and a nurse were present during each consultation, to ensure patients were fully informed about their travel health needs.
- Clear pricing information was provided and the clinic did not charge patients for consultations; they were charged for vaccinations and dispensed medicines.
- Patients reported that staff listened to them, did not rush them and discussed advice and treatment in detail. The annual survey found that 99% of patients felt they were given enough information and were involved in decision-making.
- The service had procedures in place to ensure patients could be involved in decisions about their care and treatment:
  - If needed, patients were able to access an interpreter service.
  - Staff used diagrams to ensure patients knew how to take medicines correctly.
  - The clinic were able to treat families together, providing longer appointments.
  - The clinic were able to provide flexible appointments to accommodate those with additional needs, for example, children with learning disabilities.
  - Reception staff had helped patients with visual impairments complete registration forms.
  - Patients with restricted mobility were able to receive services via use of a private room at ground floor level of the travel agent.

### Privacy and Dignity

The staff respected and promoted patients' privacy and dignity.

- The clinic provided patient gowns if these were required.
- Staff recognised the importance of patients' privacy and dignity when taking telephone calls or speaking with patients.
- Staff could offer patients a private room to discuss their needs.
- The service had a clear privacy policy requesting consent and explaining how patients' information was used.
- From our observations during the inspection, there was evidence that the service stored and used patient data in a way that maintained its security, complying with the General Data Protection Regulation.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting patients' needs

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

- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments for patients with disabilities. The service was located at lower ground floor level, they were able to treat patients with restricted mobility by using a private room at ground floor level.
- Where required, patients were able to access an interpreting service.
- Appointments were flexible; longer visits were accommodated where required, for example those with additional needs or where families visited the clinic together.
- The service treated patients from a wide range of backgrounds and with a wide range of needs including children planning school trips, migrants, business workers, aid workers and those in vulnerable circumstances as well as holidaymakers. As such, the service offered a walk-in appointment system and length of appointment was flexible depending on the presenting needs.
- The service provided a joint consultation with both a doctor and nurse present. This ensured that patients' needs were met holistically using a team approach and ensured safety, particularly for vulnerable patients, as a chaperone was always present.
- Consultations including travel health assessments and advice were provided with no fee; the service charged patients for immunisations and dispensed medicines only. Existing customers of the Trailfinders travel agency received a discount on services from Trailfinders Travel Clinic.
- The clinic provided access to free post-exposure rabies prophylaxis treatment, in conjunction with Public Health England.
- The website contained information about the service and the patients were able to use a Trailfinders

application (app) to view their booking and travel itinerary. The app also listed the most up to date travel health and immunisation advice for patients depending on their destination country.

### Timely access to the service

The appointment system was able to respond to patients' needs.

- The service was available Monday to Friday from 9am to 5pm and on Saturday from 10am to 5.15pm.
- Patients were able to self-refer and other services frequently signposted patients to the travel clinic. The last annual survey from September 2017 showed that 21% of patients visited the clinic after being signposted by their GP.
- All appointments were provided on a walk-in basis and each appointment length could vary between 10 and 50 minutes. Patients were advised of the approximate waiting time and were able to stay in the clinic or make use of local shops and facilities. Reception staff then contacted patients by telephone to advise when their appointment was due to commence. On the inspection day, we saw that the next available appointment was in approximately one hour.
- Staff told us that patients who wished to see the clinic staff urgently were usually accommodated on the same day, for example those travelling abroad the following day.
- Out of hours, patients were directed to their GP and the NHS 111 services if this was indicated.
- Feedback from 44 patients including CQC comment cards showed on the whole, patients were satisfied with access to appointments. There were two comments in relation to appointment delays.
- The provider recognised that waiting times were the main challenge to providing the service; this was due to higher demand particularly on Saturdays and the clinic only had one treatment room available. Staff told us that they ensured three people were available on reception on a Saturday in order to respond to queries and to assist in managing patients' expectations about the waiting times.

### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

The service had a clear procedure for managing complaints. They took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The service had a detailed complaints policy providing guidance to staff on how to handle a complaint and complaints information was available for patients.
- Complaints were usually received via the travel agency customer care service and these were forwarded onto the clinic. The lead nurse and lead doctor were responsible for receiving and handling complaints.
- Written complaints were recorded onto a central log. The service had received nine written complaints over the previous 12 months.
- We looked at two complaints received. This showed the service responded appropriately and in a timely way and there was evidence they discussed the outcome with staff to share learning and improve the service. For

example, following a complaint about the costings not being communicated clearly, the provider gave the patient a full refund and apology and ensured price lists were available in the consultation room as well as in the reception area.

- Information was available about organisations patients could contact if not satisfied with the way the service dealt with their concerns.
- The provider also captured verbal complaints. Where verbal concerns or complaints were made, an incident form was completed. We saw that all verbal concerns had been dealt with as an incident.
- The provider also gathered information relating to concerns from patient feedback which was analysed monthly. They had identified some customer service concerns from this system and had addressed the issues raised.



# 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 the service was providing well-led care in accordance with all the relevant regulations.

### Leadership capacity and capability

Leaders had the skills and capacity to deliver the service and provide high quality care.

- Leadership was provided by the lead doctor, who was the registered manager of the clinic, the lead nurse and the operations director who was the nominated individual for the provider.
- Day to day management of the service was provided by the lead nurse and lead doctor.
- The lead clinicians and operations director provided effective leadership which prioritised high quality care. They worked cohesively with staff to address the business challenges in relation to performance of the service and oversight of risks.
- All staff in leadership roles were visible and approachable.

### Vision and strategy

The service had a clear vision to deliver high quality and accessible care and treatment.

- The service aims and objectives and staff were aware of these.
- The service aimed to provide an expert travel health service as part of a 'one stop travel shop'. There was a large emphasis on excellent customer care and customer satisfaction.
- The provider did not have a documented business plan for the clinic, however the operations director provided a monthly report to the board of directors which incorporated business challenges and risks.

### Culture

The service had a transparent culture that promoted high-quality care.

- Staff told us that the leaders were focussed on patient care and satisfaction.
- The provider prioritised high quality care; there were no financial targets that had to be achieved as the provider wanted to ensure they had a unique position within the travel service industry including a respected comprehensive travel clinic service.

- Travel health consultations were free; patients paid for treatments received such as immunisations and dispensed medicines.
- Staff stated they felt highly respected, supported and valued. They were proud to work in the service. The majority of staff had worked at the service for a number of years.
- Staff told us there was an open, no blame culture at the service. They said that those in lead roles encouraged them to raise any issues and felt confident they could do this. However, there was no whistleblowing procedure for staff to follow.
- There was evidence that staff worked as a team and dealt with issues professionally.
- Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong. This was demonstrated when responding to incidents and complaints.
- Leaders and managers challenged behaviour and performance that were inconsistent with the vision and values of the service.
- There were processes for providing staff with the development they needed. This included one to one meetings and appraisals, however these were not always recorded for reception staff.
- Staff were supported to meet the requirements of professional revalidation where necessary.

### Governance arrangements

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

- Staff knew the management and governance arrangements and their roles and responsibilities.
- The service had policies and procedures to support the management of the service and to protect patients and staff. Staff had access to procedures in accessible staff handbooks and via the shared intranet site. However, some procedures had not been fully considered including those for communicating with GPs and verifying patients' identity.
- Governance arrangements included systems to monitor the quality of the service and make improvements.
- Governance of the organisation was monitored and addressed daily and during weekly meetings with the



# Are services well-led?

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lead doctor, lead nurse and operations director. Formal minutes were not kept, however there was evidence of emails capturing what had been discussed and planned to improve how the service was run.

- Changes were communicated to staff mostly via email on a regular basis and via informal verbal feedback and evidence was seen of this. Changes were also cascaded via a six-weekly reception meeting and a medical meeting for clinicians biannually.
- All communication systems allowed for clear dissemination of information including complaints, patient feedback and changes to systems and processes.
- The service had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

## Managing risks, issues and performance

There was evidence of processes for managing some risks, issues and performance, however there were areas where risk had not been assessed.

- There were systems to identify, understand, monitor and address health and safety risks; however, some risk systems were not fully developed including those for infection control and the control of substances hazardous to health.
- There was a premises director with a responsibility for management of the premises used by Trailfinders Limited. There was regular communication links between the service leaders and the premises director regarding risks. However, we found that the provider did not have effective oversight of risks relating to the premises; there had been no fire risk assessment or assessment of legionella risk since the premises were refurbished in 2016.
- The provider had some systems to maintain business continuity which were documented in their 'fitness of premises and equipment maintenance' policy, however there was no separate business continuity plan to provide assurance that potential risks to the service and resulting actions had been fully considered.
- Incidents, concerns and complaints were well-managed; there were clear systems for acting on issues, making changes and sharing these with staff.

- There were thorough systems for recruitment and induction; however, staff had not always received appropriate safety training for fire safety and infection control.
- There was evidence of procedural audits to improve and address quality, although clinical audits had not been undertaken. Quality was also monitored via incidents, complaints, concerns and patient feedback.

## Appropriate and accurate information

The service had process in place to act on appropriate and accurate information.

- The service had systems in place which ensured patients' data remained confidential and secured at all times and policies had been updated.
- Data protection training had been discussed during staff meetings; however, not all staff had undertaken training. The lead doctor and lead nurse completed training in information governance immediately following the inspection.
- The service used information from a range of sources including incidents, safety alerts, concerns, complaints and patient feedback to ensure and improve performance.
- The provider submitted data or notifications to external organisations as required.

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

The provider had systems to involve patients, the public, staff and external partners to improve the service delivered.

- The service encouraged feedback from patients. Feedback was gathered during an annual survey of 100 patients. This was analysed and shared with staff.
- Patient feedback from September 2017 showed that 100% of patients would recommend the service to friends and family. 99% felt fully involved in their care, 100% found the doctors and nurses friendly and 91% were given a realistic waiting time.
- The service also reviewed the patient comments box monthly. The majority of comments were highly positive.
- Improvements made from feedback included changes made from complaints.

# Are services well-led?

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

- The service also acted on staff feedback. Reception staff requested a change in the format of patient registration forms and nursing staff suggested the use of patient gowns to improve dignity. Both suggestions had been implemented by the provider.

## **Continuous improvement and innovation**

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

- The provider showed a commitment to learning and improving the service and valued the contributions made to the team by individual members of staff.
- There was evidence that the doctors and nurses had attended a number of conferences and training courses in order to ensure a high quality travel health service was maintained.
- Two clinical staff were fellows and one clinical staff was a member of the Faculty of Travel Medicine, part of the Royal College of Physicians and Surgeons of Glasgow. There was evidence that one of the doctors and the lead nurse were involved in setting examination questions for the Faculty of Travel Medicine.
- The lead nurse, lead doctor and a second nurse had been directly involved with contributing to the Royal College of Nursing, Female Genital Mutilation guidance for travel health services which was published in 2016.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <ul style="list-style-type: none"><li>• There was no legionella risk assessment for the premises.</li><li>• There had been no fire risk assessment since the premises were refurbished in 2016.</li></ul> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• The service did not keep updated data sheets for hazardous substances kept on the premises and there was no COSHH policy for the service.</li><li>• Staff did not receive refresher training for fire safety.</li></ul> <p>There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none"><li>• Infection control audits had not been undertaken by the provider.</li><li>• Training in infection control for staff had not been considered; most staff had not received infection control training.</li></ul> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>