

Travel Clinic Farnborough Limited

Travel Clinic UK, Farnborough

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 20 September 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

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

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

Travel Clinic UK, Farnborough offers a travel vaccination service for service users living in the Farnborough area. Service users are signposted to the service either by their registered GP or by accessing the service's own website. The service sees both adults and children for the assessment and administration of appropriate vaccines for the purposes of overseas travel as well as some private vaccines.

The service is registered with the Care Quality Commission (CQC) to provide the regulated activity of treatment of disease, disorder or injury. The service registered with the CQC in February 2016 and this is the first CQC inspection of the service.

At the time of our inspection a registered manager was in place. 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.

Summary of findings

As part of our inspection we asked for Care Quality Commission comment cards to be completed by service users prior to our inspection visit. We received 19 comment cards, 17 of which were positive about the standard of care received.

Our key findings were:

- Service users were positive about the service they received.
- Clinicians regularly assessed service users according to appropriate guidance and standards.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.
- Risks to service users were well-managed but the service had not sought assurances from their landlord related systems and processes in place to manage risks, such as Legionella, which the landlord was responsible for.
- Information about how to complain was available and easy to understand.
- There were effective systems to maintain a cold-chain storage of vaccines.
- Staff were up to date with current guidelines and were led by a proactive management team.

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

- Review how formal meetings are arranged with staff and how key points of meetings are communicated to staff.
- Review how audits are used to evaluate whether any changes that have been introduced have improved performance or quality of care by the service.
- Review how staff are kept up to date with relevant information regarding lead roles, for example, infection prevention and control.
- Complete the recommended actions identified in the provider's recent Legionella risk assessment.
- Review oversight of all health and safety risk, for example, Legionella.

Travel Clinic UK, Farnborough

Detailed findings

Background to this inspection

Travel Clinic UK, Farnborough is the only registered location of the registered provider Travel Clinic Farnborough Limited. The service provides a comprehensive travel service which includes travel advice, consultations and travel vaccines. Other vaccines are also available such as flu vaccines. The service has a free consultation option and fees are applied only to the vaccines given. Costs vary depending upon the type of treatment required. The service is also a yellow fever vaccination centre.

Travel Clinic UK, Farnborough is located at Unit 12 Farnborough Business Centre, Eelmore Road, Farnborough, GU14 7XA. The website address is: www.travelclinicuk.co.uk

The premises includes a consulting room, waiting area, warehouse and office space.

The core opening hours for services are 9am-6pm on a Monday and Tuesday, 9am-2.30pm Wednesday to Friday.

We carried out an announced comprehensive inspection at the service on 20 September 2018. Our inspection team was led by a CQC Lead inspector. The inspection team included a practice nurse specialist advisor and a CQC Assistant inspector.

Prior to the inspection, we reviewed a range of information we hold about the service, such as any notifications received, and the information provided from the pre-inspection information request.

During our visit:

- We spoke with the registered manager, the director of the service, clinicians and a member of the administrative team.
- We looked at equipment and the room used for providing consultation and treatment.
- We reviewed the cold-chain storage of vaccines from point of delivery in the warehouse to administration in the consultation room.
- We reviewed records and documents related to the running of the service.

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

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

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

Are services safe?

Our findings

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

Safety systems and processes

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

- The service had a suite of safety standard operating procedures including a combined adult and child safeguarding procedure which was regularly reviewed and communicated to staff. Staff received safety information for the service as part of their induction and refresher training. Standard operating procedures were regularly reviewed and were accessible to all staff. They outlined who to go to for further guidance, however, the service's safeguarding lead had not been identified in the relevant standard operating procedure. The service amended this before the end of the inspection visit.
- There was a system to highlight vulnerable service users on records.
- 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. (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 carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. At the time of inspection, we were informed that a member of staff had been identified as only having a Criminal Records Bureau check, (the predecessor to the DBS check), not an enhanced DBS check, despite the service's own policy stipulating an enhanced DBS check was required for all staff. The service had already taken steps to stop this member of staff seeing service users until the required enhanced DBS check had been returned. We saw evidence of a confirmed submission of the relevant application for the staff member.
- There was an adequate system to manage infection prevention and control. At the time of inspection, the infection prevention and control lead was a trained nurse and was competent to fulfil this role but

additional training and opportunities to link with other infection control leads to promote best practice were being investigated by the service. We did see evidence of completed infection prevention and control audits.

- On the day of inspection, we requested to see a Legionella risk assessment for the premises. This was not available. The service reported that it was the landlord's responsibility to carry out this assessment, but the service had not obtained reassurance from the landlord that suitable systems were in place. The service later told us that they had addressed this issue with their landlord. The landlord said that as the water supply was provided from the mains and no water was stored in tanks, they did not consider a risk assessment was necessary.
- Since inspection, the provider arranged for an independent Legionella risk assessment to be undertaken on 1 November 2018. We were provided with evidence of the completed risk assessment. The risk assessment identified seven recommended actions to be addressed within one month of the risk assessment being completed. A further eight actions had a recommended time frame of three to six months to be completed within. The provider has also provided us with a comprehensive action plan to demonstrate how they will address the recommendations that had been made.
- There were systems for safely managing healthcare waste.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The service offered a chaperone service and we saw clear evidence of this service advertised for service users.

Risks to service users

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.

Are services safe?

- The service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. The service had oxygen and a defibrillator on site. Both were checked on inspection.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate arrangements for professional indemnity insurance in place and we saw documents which confirmed this.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept service users 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.
- The service had systems for sharing information with staff to enable them to deliver safe care and treatment.
- Service users were requested to complete a travel risk assessment prior to attending the service. This assessment form was then assessed by a member of the clinical team to decide which vaccines would be appropriate. An appointment would then be agreed with the service user to attend the service and a full consultation would take place.
- Consultations were fully documented on the service user's electronic record. The travel risk assessment and the service user's consent form would also be scanned and added to the service user's electronic record.

Safe and appropriate use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The service had carried out an appropriate risk assessment to identify medicines that it should stock. One emergency medicine, adrenaline, was held on the premises. (Adrenaline is most commonly used as a first line treatment for anaphylaxis, which is a severe life threatening allergic reaction).

- The cold-chain storage of all vaccines was monitored and comprehensive temperature checks on the vaccine fridges were completed daily. We saw evidence that showed all fridge temperatures were within expected normal limits.
- We were also informed on how vaccines were packaged and stored when a mobile flu clinic was undertaken in order for the cold-chain to be maintained away from the premises.
- Staff prescribed, administered or supplied medicines to service users and gave advice on medicines in line with legal requirements and current national guidance.
- The service had appropriate standard operating procedures for the dispensing of malaria prophylaxis. (A prophylaxis is a medicine that is given to prevent rather than treat a disease).
- The service confirmed they dispensed malaria prophylaxis medicines under a Patient Group Directive (PGD). (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). The service used two types of malaria prophylaxis, Malarone, and very occasionally, Doxycycline. Malarone can be obtained as an over-the-counter medicine, while Doxycycline is a prescription-only medicine. The service had an appropriate system for dispensing these medicines.
- We reviewed the PGD for anti-malaria treatment used by the service and found it contained comprehensive information regarding inclusion and exclusion criteria for its use, common side effects, advice to give to service users when taking Doxycycline. The PGD had also been signed and authorised by appropriate clinicians. The service also provided evidence of their labelling of medicines protocol.
- Written procedures were in place and reviewed regularly to ensure safe practice.

Track record on safety

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

Are services safe?

The service learned and made improvements when things went wrong.

- There was a system and a standard operating procedure for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. The service reported no incidents or near misses in the previous 12 months.
- There was a system for receiving and acting on safety alerts. The service learned from external safety events as well as patient and medicine safety alerts.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Travel Health Network and Centre (NaTHNaC) and Travax. (NaTHNaC is a service commissioned by Public Health England to provide resources to clinicians who administer travel vaccines. Travax is an NHS-funded service providing up to date health information to clinicians about illnesses and staying healthy when travelling).

- Service users' immediate travel needs were fully assessed by the use of a travel risk assessment which was undertaken prior to recommending or administering vaccines.
- The service offered a free-of-charge consultation session to anyone who requested it. We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised service users where to seek further help and support if required.

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided but this was not consistently undertaken to review any changes that had been introduced as a result of audit outcomes.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. The service showed us an audit on record keeping which had been undertaken due to concerns about consistency in documentation. A template had then been created to ensure all clinicians were documenting information consistently. However, at the time of inspection, there was no evidence of a repeat audit to see if any improvements in clinical documentation had been made.

Effective staffing

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

- The service 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.
- The service provided evidence of a catalogue of training certificates for all staff which including confirmation of completed necessary training and travel-specific training courses that clinicians had attended.
- The service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating service users care and information sharing

Staff worked together and with other health professionals to deliver effective care and treatment.

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. This included details about the destinations service users were travelling to and previous medical history.
- Service users received coordinated and person-centred care. This included when they were signposted back to their GP. The service confirmed they signposted back to a service user's GP if they were unable to or refused to vaccinate, for example, if a service user had an identified severe egg allergy.
- Service users were given a completed 'vaccines record card' as evidence of which vaccines they had received so that they could share this with their own GP if they wished. The service confirmed they did not routinely update service users' GP themselves.
- As the service was also a yellow fever centre, service users, if they had received the yellow fever vaccine, were provided with a separate 'International Certificate of Vaccination or Prophylaxis' that is specifically designed for Yellow Fever treatment. (A Yellow Fever vaccination

Are services effective?

(for example, treatment is effective)

certificate is a World Health Organisation standard requirement for travellers entering risk areas as proof of vaccination, and those entering a country from endemic areas).

Supporting service users to live healthier lives

Staff were consistent and proactive in helping service users who planned to travel overseas.

- The service had information available on their website about certain types of illness that could be vaccinated against, such as Yellow Fever, Rabies and Japanese Encephalitis. There was also links to updated guidance available.
- Service users were given a comprehensive travel health passport that contained a record of any vaccines received. Service users were also given travel health information which included advice on safe drinking water and food and what action to take if bitten by animals or insects when overseas.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported service users to make decisions. Where appropriate, they assessed and recorded a service user's mental capacity to make a decision.
- We reviewed four staff personnel files which showed Mental Capacity Act (2005) training had been completed by all four staff in the previous nine months.
- The service monitored the process for seeking consent appropriately.
- We saw evidence of two of consent forms, one for service users aged over 16 years and one for those under the age of 16 years. Service users under the age of 16 years were required to bring proof of identification as were the accompanying adults. Confirmation of this identification was then documented on the consent form and in the service user's electronic record.
- When vaccinating children, the service also requested that a child's immunisation schedule book, or Personal Child Health Record, be brought to the consultation.
- The consent form of service users over the age of 16 years did not contain a similar section for confirming identification. This was achieved by clinicians documenting relevant identification checks in the service users electronic record.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated service users with kindness, respect and compassion.

- Staff understood service users' personal, cultural, social and religious needs.
- The service gave service users timely support and information.
- We received 19 Care Quality Commission comment cards, 17 of those cards were positive about the service experienced. The remaining two comment cards were mixed. This is in line with other feedback received by the service.
- The service provided feedback forms in their packs as well as on the website which service users were encouraged to complete. Examples of feedback received aligned with those from the CQC comment cards.

Involvement in decisions about care and treatment

Staff helped service users be involved in decisions about their care but were not aware of the Accessible Information Standard (a requirement to make sure that service users can access and understand the information they are given):

- The service confirmed they could access interpretation services for service users who did not have English as a first language.

- Staff communicated with service users in a way that they could understand, for example, easy read materials were available. However, the service did not have a hearing loop installed.
- There was clear information on the service's website outlining what types of services were offered and examples of vaccines available. The service website also provided clear guidance about the costs of each vaccine.
- There was a link on the website to frequently asked questions about travel vaccines and accessing the service.
- Comments from the CQC comment cards reflected that service users felt they received appropriate advice and were involved in the decisions about their treatment.

Privacy and Dignity

The service respected service users' privacy and dignity.

- Staff recognised the importance of service users' dignity and respect.
- The consulting room door was closed during all consultations. Conversations could not be heard outside this door.
- The service, due to limited space, did not have a reception area. Instead, service users were greeted at the door after announcing their arrival via a buzzer system. Service users were then directed to a waiting area and called through to the consultation room where identification of the service user was completed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service organised and delivered treatment to meet service users' needs. It took account of service users' needs and preferences.

- The facilities and premises were appropriate for the services delivered. The building was leased from an external landlord and several services were run from the building. Service users were only required to attend the ground floor of the building which had level access throughout.
- The service shared the office space upstairs with an associated company who also shared the warehouse area at the rear of the building.
- The service was a dedicated Yellow Fever centre and was able to accommodate people's needs around the demand for this vaccination.
- The service reported they offered an urgent service for those users who were in need of short notice vaccines.
- The service reported they could offer flexible appointments. We were informed that the service could adapt their clinic hours to allow for service users to attend for treatment or consultation if they were unable to do so in normal opening hours.

Timely access to the service

Service users were able to access care and treatment from the service within an acceptable timescale for their needs.

- Service users had timely access to initial assessment and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Service users reported that the appointment system was easy to use.

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 on the service website and in the service user information pack.
- The standard operating procedure for handling of complaints was in line with recognised guidance. Two complaints were received in the last year. We reviewed both complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, a new light bulb had been installed above the service's main entrance to enhance safety.

Are services well-led?

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

Our findings

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

Leadership capacity and capability;

Leaders had the capacity and skills to deliver sustainable care.

- Both the director of the clinic and registered manager had the experience, capability and integrity to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. However, there were some areas where the provider still required some guidance to ensure a higher quality of care in the future, such as the completion of the recommended actions identified by the provider's Legionella risk assessment.
- Both the director and the registered manager were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service had adequate processes to develop leadership capacity and skills.

Vision and strategy

The service had a clear vision and credible strategy to deliver personalised care for service users.

- The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- The service focused on the needs of service users.
- Leaders and managers acted on behaviour and performance that were inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. However, staff spoken to on the day of inspection reported they had not felt they needed to raise any issues so far.
- There were processes for providing all staff with the necessary training and development they need but opportunities for further development were not always considered. For example, specific infection prevention and control (IP&C) training for the newly identified IP&C lead.
- Staff received 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, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff. The service identified themselves as a small, close-knit team who supported each other.

Governance arrangements

There were adequate 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 including in respect of safeguarding.

Are services well-led?

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

- Service leaders had established procedures and activities to ensure safety and assured themselves that they were operating as intended. We saw evidence of a suite of standard operating procedures that had been reviewed, updated and recorded with a version history.
- Service leaders explained to us how changes to procedures are made with authorisation coming from the director and relevant interested parties. All changes were communicated to staff, however the method of communication was not consistently demonstrated by the service. We were informed a face to face conversation is usually held to discuss changes but there was no formal documentation of these conversations.

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 service user safety.
- The service had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations. Service leaders had oversight of national and local safety alerts, incidents, and complaints.
- Audits undertaken had an impact on quality of care as there was clear evidence of action to change practice. However, changes were not consistently re-audited to ensure an improvement had been achieved.
- The service had plans in place and had trained staff for major incidents.
- The service implemented developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Performance information was combined with the views of service users.
- Quality and sustainability were discussed where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- 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 service users identifiable data, records and data management systems.

Engagement with service users, the public, staff and external partners

The service involved service users and staff to support high-quality sustainable services.

- A full and diverse range of service users', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation but they were not consistently reviewed to monitor their effectiveness.

- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.