

The Globe Travel Health Centre

Inspection report

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Date of inspection visit: 22 May 2019
Date of publication: 10/06/2019

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. The service was previously inspected but not rated in May 2018. The service was found to be providing safe, effective, caring, responsive and well led services.

We carried out an announced comprehensive inspection at The Globe Travel Health Centre on 22 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? – Good

The Globe Travel Health Centre is a private clinic providing travel health advice, travel and non-travel vaccines, blood tests for antibody screening and travel medicines such as anti-malarial medicines to children and adults. In addition, the clinic holds a licence to administer yellow fever vaccines.

This location is registered with CQC in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of travel health. The clinic is registered with the Care Quality Commission under the Health and Social Care Act 2008 to provide the following regulated activities:

- Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.

At the time of the inspection, the Clinical Director 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.

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 23 completed comment cards which were mainly positive about the standard of care received. Patients reported staff were kind, knowledgeable, friendly, professional and caring. There were several comments relating to how informative the consultation process was. One negative comment card was already being dealt with as a complaint by the service.

Our key findings were:

- The service had systems to safeguard children and vulnerable adults from abuse.
- The provider completed regular clinical and non-clinical audits to assess and monitor performance.
- Patients we spoke with told us they were treated with care and compassion and satisfied with the service offered.
- We received 23 CQC patient comment cards, 22 of those were wholly positive and one card was negative.
- 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 provider's locations.
- 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.
- Staff we spoke with told us they felt valued members of the staff team and were happy to work for the provider.

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

- Embed new arrangements for managing clinical waste.

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, a second CQC inspector and a GP specialist adviser.

Background to The Globe Travel Health Centre

The head office for the provider Vaccination UK Limited is based in Hertfordshire. The management team and Clinical Director are based there. The Globe Travel Health Centre is located at 26 Cattle Market Street, Norwich, Norfolk, NR1 3DY. The building consists of a waiting room, toilet and consultation room where the vaccinations are undertaken.

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

- Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.

The service offers travel vaccination and related health care advice.

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

The service is predominantly open between Monday and Friday each week and two Saturdays per month. The clinic times are dependent on need and the opening hours were discussed and changed each month. The clinics were flexible and adapted to patient needs and would often open earlier or stay open later to fit with patient's work patterns.

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 Clinical Director.
- Spoke to one travel nurse and the administration manager.
- 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.
- Spoke to patients following their consultations.

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. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse. The service'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.
- 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 service completed an annual infection prevention control audit as well as a number of additional monthly or six-monthly audits.
- There were systems for safely managing healthcare waste, however we observed the service did not have separate sharps waste bin specifically for cytotoxic medicines despite administering the measles, mumps and rubella vaccine. The service told us they believed this could not be disposed of in the waste bins they had on site, however, this was not the case. When this was raised with the service, they immediately ordered the appropriate waste containers on the day of the inspection.

- 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, which took into account the profile of people using the service and those who may be accompanying them. The service's Clinical Director completed regular health and safety spot checks to ensure compliance with the provider's policies and procedures.

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. The service was without a nurse for a short period prior to the inspection, due to the resignation of one nurse and the recruitment of another. During this period the service implemented an action plan to ensure the service could continue and utilised nurses from the provider's other locations.
- 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's health deteriorated at the location, the service reviewed the arrangements for emergency equipment and oxygen and ensured these were available on site, as they previously had an agreement to share some equipment with a nearby shopping centre.
- 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 five care records and they showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Are services safe?

- The service had their own patient record system which was used across all of the provider's locations. This enable patients to be seen at any of the locations and their previous vaccination records would be available for staff.
- 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 in the event that 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were effective protocols for verifying the identity of patients including children.

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 and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, and shared lessons identified themes and took action to improve safety in the service. Learning from events was shared at a location and provider level, ensuring lessons learned were shared and actions were taken at all of the provider's locations and trends could be analysed.
- For example, following a significant event relating to the storage of vaccines, the service implemented a new system for managing cold chain breaches at provider level.
- 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 alerts to all members of the team.

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 20 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. Nurses showed clear knowledge about the potential concerns about children being taken abroad for a medical procedure such as female genital mutilation. They could demonstrate where concerns about this had been raised within the organisation and reported through the appropriate channels.
- The clinic provided them with a booklet of what vaccinations they had received, and 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 available.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, we saw the Clinical Director had recently undertaken a record keeping audit and feedback was provided to staff where necessary. We saw this was also discussed during team meetings.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. The service had an audit schedule which detailed the audits and how often they should be completed.

- 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. 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. All new staff were appointed a mentor within their clinic.
- Relevant professionals were registered with the Nursing and Midwifery Council and were up to date with revalidation
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

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.

Supporting patients to live healthier lives

Are services effective?

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 supply 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 needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

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

- Feedback from patients we spoke with on the day of the inspection was wholly positive about the way staff treat people.
- We received 23 completed comment cards which were mainly positive about the standard of care received. Patients reported staff were kind, knowledgeable, friendly, professional and caring. There were several comments relating to how informative the consultation process was. One negative comment card was already being dealt with as a complaint by the service.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. The service displayed a notice in the waiting room advising patients to inform them of any personal, cultural, social and religious needs so the service could appropriately cater for them.
- 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.

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, informing patients this service was available.
- Patients told us through comment cards and through consultations on the day of the inspection, that they felt listened to and supported by staff and 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, communication aids were available.

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. Due to the size of the location, it was not necessarily possible to utilise a private room; however, staff told us they would speak to patients outside or in the consulting room if it was 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, the opening times of the service were discussed and reviewed each month to ensure patient demand was met. The service put on two Saturday clinics per month as they were aware patients may need to be seen out of working hours.
- The facilities and premises were appropriate for the services delivered.

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 provider's locations including those outside England.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff we spoke with told us they treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. We found the provider had a clear escalation process for complaints.
- In the previous 12 months, the service had received five complaints. We reviewed all of these complaints and found they had been appropriately acted upon and responded to.
- The service had a complaint policy and procedure in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. Complaints and learning from them was shared across all of the provider's locations.
- For example, following a patient complaint the service reviewed how they produce invoices to better document the services which had been received.

Are services well-led?

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. Members of the team from head office regularly met with the team at the service to provide support and mentoring.
- 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:
- Provide a consistent, high quality service to all service users seeking travel health advice and relevant vaccinations prior to travelling abroad.
- Take pride in supporting and developing staff to achieve the above.
- 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.

- 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.
- The provider had a 'Travel governance tiers and processes' chart which identified the leadership team and their responsibilities and accountabilities.
- Staff we spoke with were clear on their roles and accountabilities

Are services well-led?

- 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 audit of their consultations and regular supervisions and appraisals.
- Leaders had oversight of safety alerts, incidents, and complaints. Management meeting agendas included discussion of alerts, incidents and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents. 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 was recorded on to each patient record once administered.
- 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, the Clinical Director had recently audited record keeping across the provider.

- 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. The provider was in the process of reviewing their processes for receiving feedback from patients and were considering additional measures to encourage feedback.
- Feedback from patients was collated and displayed in the waiting room.
- Staff told us they were able to provide feedback through staff meetings and informal conversations with leaders. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- 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 service made use of internal and external reviews of incidents and complaints. Learning was shared through team meetings and via email and were used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance. The provider encouraged shared learning and conversations between all of their locations and arranged specific nurse meetings to undertake these conversations.