

Sussex Travel Clinic Limited

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Inspection report

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Overall summary

Sussex Travel Clinic was previously inspected on 8 & 9 March 2017 where we found in some areas the service was not providing safe, effective or well led care. We carried out an announced focused inspection on 25 October 2018 to check if the areas of concern had been addressed for the following key questions; Are services safe, effective, 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 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.

Our key findings were:

- Medicines were administered in accordance with guidelines.
- Processes were in place to safeguard clients from abuse.
- There was an effective system to manage infection prevention and control.
- There were comprehensive risk assessments in relation to safety issues, with clear action plans to ensure mitigating actions were completed.
- The provider ensured that all staff had completed training appropriate for their role.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service had introduced an updated consent form for treatment of minors, which included a statement regarding parental authority.
- The service was offered on a private, fee paying basis only.

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

- Review Legionella risk assessment and the actions required.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Sussex Travel Clinic

Detailed findings

Background to this inspection

Sussex Travel Clinic provides independent travel health advice, travel and non-travel vaccinations, and blood tests for antibody screening. People of all ages intending to travel abroad can seek advice regarding health risks and receive both information and necessary vaccinations and medicines. The clinic is also a registered yellow fever vaccination centre.

The service is provided by seven nurses with a GP, microbiologist and nurse prescriber who work remotely to provide medical support to the clinic. The registered manager held the International Society of Travel Medicine Certificate (ISTM) in Travel Health and was a member and an examiner for the membership exam of the Faculty of Travel Medicine at the Royal College of Physicians and Surgeons Glasgow.

The provider is registered with the Care Quality Commission to provide the following regulated activity: Treatment of disease, disorder or injury.

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

Further details about the service, including opening hours, can be found by visiting their website: www.sussextravelclinic.com.

We carried out an announced focused inspection on 25 October 2018 to follow up on areas of concerns which were found during our last inspection on 8 & 9 March 2018. Our inspection team was led by a CQC lead inspector and the team included a nurse practitioner specialist adviser. During the inspection the following methods were used; interviewing staff, observations and the reviewing of documents.

Are services safe?

Our findings

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

At our previous inspection on 8 & 9 March 2017, we found in some areas this clinic was not providing safe services in accordance with the relevant regulations. This was due to the administration of medicines that require patient specific direction (PSD) prior to the PSD being signed, not completing mitigating actions identified in risk assessments, not ensuring that all premises risk assessments and safety checks were completed, not ensuring that all staff were trained to an appropriate level of safeguarding children for their job role and not having clear policies or training in place to prevent the spread of infection.

These arrangements had significantly improved when we undertook a follow up inspection on 25 October 2018. However, the risk assessment for Legionella was not clear and the provider should review this.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. Policies were up to date and were accessible to all staff. They outlined clearly who to go to for further guidance.
- 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.
- There was a Legionella risk assessment in place. However, it was complex and the monitoring actions that were required were not clear. Records demonstrated that the provider was carrying out monitoring and they told us they would ask the company who carried out the risk assessment for clarification of what was required. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.)
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

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 and emergency medicines minimised risks.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- 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.
- There was a clear system that ensured a patient specific direction (PSD), signed by an appropriate prescriber, was in place prior to supplying medicines or vaccines administered.
- Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety

The service had have a good safety record.

Are services safe?

- There were comprehensive risk assessments in relation to safety issues. The risk assessments included clear action plans for ensuring mitigating actions that had been identified were completed and who was responsible for each action.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

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

At our previous inspection on 8 & 9 March 2017, we found in some areas this clinic was not providing effective services in accordance with the relevant regulations. This was due to the provider not ensuring that staff had received training appropriate to their job role.

These arrangements had significantly improved when we undertook a follow up inspection on 25 October 2018.

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.
- Relevant professionals (nursing) 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.
- Staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.

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 services in accordance with the relevant regulations.

At our previous inspection on 8 & 9 March 2017, we found in some areas this clinic was not providing well-led services in accordance with the relevant regulations. This was due to the provider not ensuring that appropriate policies and protocols were available and used and not managing risk effectively.

These arrangements had significantly improved when we undertook a follow up inspection on 25 October 2018.

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 governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.