

Well Travelled Clinics Limited

Well Travelled Clinics - Liverpool

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 17 November 2017 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.

Well Travelled Clinics is a limited company which is a subsidiary of the Liverpool School of Tropical Medicine (LSTM). All profits go back into the research and development work of LSTM. The service provides a private pre-travel advice, vaccination and malaria prophylaxis service to the travelling public of the northwest of the UK and a number of UK based corporate clients. In addition GPs sometimes referred patients who had complex medical issues and the service worked alongside consultants from local hospitals for additional support.

The service is also involved in education for example providing annual vaccination and immunisation updates for a local commissioning body. The service is located in Liverpool city centre, close to all major transport links.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from

Summary of findings

regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Those occupational health related services provided to clients under a contractual arrangement through their employer or government department are exempt by law from CQC regulation. Therefore, they did not fall into the scope of our inspection.

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection visit. We received 44 comment cards, all of which were positive about the standard of care received.

Our key findings with respect to the regulations were:

- Systems were in place to protect people from avoidable harm and abuse. When mistakes occurred lessons were learned.
- There were effective arrangements in place for the management of vaccines and medicines.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The service took part in audit and research.
- Care Quality Commission (CQC) comment cards reviewed indicated that patients were very satisfied

with the service they received. Patients commented that they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

- Information about services and how to complain was available.
- There was a clear leadership structure and staff felt supported by management and worked very well together as a team.
- The service had introduced a system whereby the patient's computerised medical record had a box to tick for verbal consent given. If the consent was not recorded the computer system would not allow the clinician to move from the record on the computer until this was actioned.
- There were additional systems in place to keep vaccinations stored at optimal temperatures by having an alarm that was sent to another office overnight if the fridge temperatures deviated from the optimal temperature range.
- Non clinical staff had been trained to identify early signs of allergic reactions post vaccination.

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

- Review the monitoring system for incoming medicine safety alerts.
- Have a cleaning schedule in place for any medical equipment.

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 providing safe care in accordance with the relevant regulations.

- The service had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the service. When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- The service was clean and the service carried out infection control audits. Equipment was cleaned however there was no cleaning schedule in place.
- There were effective arrangements in place for the management of vaccines and medicines. The service did act on medicines alerts but the monitoring system was unclear.
- The service had arrangements in place to respond to medical emergencies.

Are services effective?

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

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There were arrangements in place for working with other health professionals to ensure quality of care and treatment for the patient.
- Staff informed us that they had regular appraisals and personal development plans for all staff were completed annually.
- Clinical audits demonstrated quality improvement.
- Verbal consent was recorded on clinical notes.

Are services caring?

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

- CQC comment cards indicated patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- Staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

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

- The service had introduced an online appointment request system on their website to try and reduce the number of calls received into the clinic.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

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

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management.
- The service had a number of policies and procedures to govern activity and held regular governance meetings.
- The service had systems in place for knowing about notifiable safety incidents and acted upon them.
- There was a strong focus on continuous learning and improvement at all levels.
- The service proactively sought feedback from staff and patients, which it acted on.

Well Travelled Clinics - Liverpool

Detailed findings

Background to this inspection

Well Travelled Clinics Limited is a company of the Liverpool School of Tropical Medicine (LSTM). It provides a non-NHS, fee paying pre-travel advice, vaccination and malaria prophylaxis service to the travelling public of the northwest of the UK and a number of UK based corporate clients. It also provides non-NHS, fee paying post travel screening for corporate clients. In addition GPs sometimes referred patients who had complex medical issues and the service worked alongside consultants from local hospitals for additional support. The service is also involved in education for example providing annual vaccination and immunisation updates for a local commissioning body. The service is located in Liverpool city centre, close to all major transport links. The service sees 500 to 850 patients per month.

The service has two doctors and eight nurses and also contracts a part-time consultant pharmacist for specific advice and support in relation to medicines management and patient group directives.

The service has a drop-in pre-travel clinic Monday to Friday 8:45am to 12:00 pm. In addition to this, pre-travel appointments are available afternoons, evenings and Saturday mornings. Appointments for post-travel advice are by appointment only in the mornings or afternoons.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

How we carried out the inspection

Our inspection team was led by a CQC Lead Inspector and a Nurse Specialist Advisor.

We inspected this service on 17 November 2017. During our visit we:

- Spoke with a range of staff (including the registered manager, clinical lead nurse, nursing staff members and administration staff members).
- Reviewed documents and policies.
- Reviewed the personal care or treatment records of patients.

• The service provided background information which was reviewed prior to the inspection. We did not receive any information of concern from other organisations.

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?

Our findings

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

Safety systems and processes

The service had considered relevant health and safety and fire safety legislation and best practice guidelines and had clear policies and protocols which were regularly reviewed. Any changes in safety procedures were communicated to staff.

The service had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse:

- The service had recruitment procedures that assured them that staff were suitable for the role and to protect the public. We looked at three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks were applicable through the Disclosure and Barring Service (DBS) (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). Nursing staff had their professional registration checked annually and all had appropriate indemnity insurance.
- We were informed on the day of the inspection that some of the reception staff were occasionally requested to act as a chaperone. The staff had received additional training and had DBS checks.
- The service had safeguarding policies. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff had recently received additional training around female genital mutilation and the safeguarding policies had been updated to alert staff. Staff demonstrated they understood their responsibilities and had received training relevant to their role.
- The service maintained appropriate standards of cleanliness and hygiene. There were cleaning schedules and monitoring systems in place. Equipment was cleaned however there was no cleaning schedule in

place for this. There were infection prevention and control protocols and staff had received up to date training. There had been an annual audit and actions taken as a result. Clinical waste was appropriately disposed of.

- The premises were suitable for the service provided. There was an overarching health and safety policy which all staff received. The service displayed a health and safety poster with contact details of health and safety representatives that staff could contact if they had any concerns. Health and safety risk assessments for the premises and materials and equipment had been carried out including a Legionella risk assessment. Fire safety equipment was regularly tested.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different nursing staff to ensure that enough staff were able to administer the travel vaccines. In times of staff sickness, staff agreed to provide cover to ensure work was completed.

Risks to patients

The service had adequate arrangements in place to respond to emergencies and major incidents. The service was not intended for use by patients with either long term conditions or as an emergency service. In the event an emergency did occur, the provider had systems in place so emergency services could be called. In addition:-

- Staff received annual basic life support training and all clinical staff received intermediate life support and paediatric life support training.
- Anaphylaxis kits were available in all consultation rooms. Non clinical staff had been trained to identify early signs of allergic reactions post vaccination. The service had an oxygen cylinder with adult and children's masks, a defibrillator and there was also a first aid kit available.
- Emergency medicines were easily accessible to staff in a secure area of the service and all staff knew of their

Are services safe?

location. Medicines were checked on a regular basis. All the medicines we checked were in date and fit for use based on the treatment provided, including for anaphylaxis.

- Clinicians had appropriate professional indemnity cover to carry out their role.

Information to deliver safe care and treatment

On registering with the service, and at each consultation patient identity was verified and the clinicians had access to the patient's previous records held by the service.

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.

Patient records incorporated consent recorded, treatment, the name and batch numbers and expiry dates for any vaccination given and site of injection.

Safe and appropriate use of medicines

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the service kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- The service carried out regular medicines audits to ensure administration was in line with best practice guidelines for safe prescribing, such as fridge temperature monitoring, safe security of medicines and monthly update checks against a recognised travel information website.
- Patient Group Directions (PGDs) had been adopted by the service to allow nurses to administer travel medicines in line with legislation. They were in-date and properly authorised.

- The fridge temperatures were appropriately monitored on a daily basis, and we saw evidence of the cold chain being maintained.

Track record on safety

We reviewed the service's records relating to any serious events that had previously occurred over the past two years.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. Staff told us they would inform the clinical lead of any incidents and there was a recording form available in the clinic. All complaints received by the clinic were entered onto the computer system. The service held regular meetings to discuss and analyse significant events.

Lessons learned and improvements made

The service held regular meetings to discuss and analyse significant events.

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 notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

The service received safety alerts and these were actioned appropriately. For example, we were shown action taken in response to an alert about a batch of vaccinations and patients were duly recalled to be seen. However it was not clear how the service monitored alerts.

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.

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 Public Health England's (PHE) best practice guidelines.

The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from a recognised NHS travel information website and used this information to deliver care and treatment that met peoples' needs.

- A comprehensive travel assessment was undertaken prior to recommending or administering treatments.
- The service used the facility of a diagnostic laboratory in the Liverpool School of Tropical Medicine.

There were arrangements to be able to refer patients who required additional support if they were experiencing poor mental health.

Monitoring care and treatment

The service monitored that guidelines were followed through risk assessments, audits and random sample checks of patient records. This included an up-to-date medical history, a clinical assessment and recording of consent to treatment.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The service had an induction programme for newly appointed members of staff that covered such topics as Patient Group Directions for the authorisation of immunisations (PGDs), infection prevention and control, fire safety, health and safety and confidentiality.
- The service could demonstrate how they ensured role-specific training and updated training for relevant staff. The learning needs of staff were identified through

a system of appraisals, meetings and reviews of clinic development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of nurses. All staff received annual appraisals and the appraisal system had been recently updated.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included care and risk assessments, details about the destinations patients travelled to, medical records, investigations and test results.
- The service shared relevant information with other services in a timely way such as Public Health England.
- The clinic sought the consent of patients if they wanted their GP to be contacted with the relevant treatment that was provided to them.

Supporting patients to live healthier lives

The service had information available on their website and travel leaflets were also available.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

The service had introduced a system whereby the patient's medical record had a box to tick for verbal consent given, if the consent was not recorded the computer system would not allow the clinician to move away from the record until this was actioned.

Are services caring?

Our findings

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

Kindness, respect and compassion

We observed that members of staff were courteous and very helpful to patients and treated people with dignity and respect.

The provider carried out surveys and gathered patient feedback. We received 44 CQC comment cards. All of the feedback we saw was positive about the service experienced. Patients said they felt the clinic offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Involvement in decisions about care and treatment

There was clear information on the service's website with regards to how the service worked and what costs applied including a set of frequently asked questions for further supporting information. The website had a set of terms and conditions and details on how the patient could contact them with any enquiries.

Information from CQC comment cards indicated that patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We reviewed one record whereby the patient had been supported to make an informed choice.

Staff told us that translation services were available for patients who did not have English as a first language. Foreign language patient information leaflets produced by the vaccine companies were available.

Privacy and Dignity

Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The provider made it clear to patients what the limitations of the service were. The premises were suitable for the service being delivered.

- The service reviewed the needs of its target population and engaged with the Public Health England (PHE) Area Team to secure improvements to services where these were identified. For example, through working with PHE to develop care pathways and best practice around rabies treatment post exposure.
- The service is designated as a yellow fever centre, which meant it was able to accommodate people's needs around the demand for this vaccine.
- Same day appointments were available for those with urgent travel needs.

Timely access to the service

The service had a drop-in pre-travel clinic Monday to Friday 8:45am to 12:00 pm. In addition to this, pre-travel appointments were available afternoons, evenings and Saturday mornings. Appointments for post-travel advice were by appointment only in the mornings or afternoons.

There was an on call service provided by the Royal Liverpool on call ID registrar.

Listening and learning from concerns and complaints

Information about how to make a complaint was available on the service's web site. The provider had developed a complaints policy and procedure. The policy contained appropriate timescales for dealing with the complaint. There was escalation guidance within the policy. A specific form for the recording of complaints has been developed and introduced for use.

The provider was able to demonstrate that the complaints we reviewed were handled correctly and patients received a satisfactory response. There was evidence of learning as a result of complaints, changes to the service had been made following complaints, and these had been communicated to staff. For example, the provider had improved access by introducing an online appointment request system.

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.

Leadership capacity and capability;

Well Travelled Clinics had a governing body which met on a regular basis. The service was part of the Liverpool School of Tropical Medicine and therefore had access to HR department in addition to a network of other health care professionals for support and advice.

Vision and strategy

The provider had a clear vision to work together to provide a 'seamless evidence based travel health service of acknowledged excellence'. Aims and objectives for the service had been discussed with staff. These covered quality, communication, team work, staff value and professional development. Team values were displayed on staff communication boards. The service had business plans in place for the sustainability of the service.

Culture

The service had an open and transparent culture. Staff told us they could raise concerns and would be listened to.

There was a strong emphasis on education and all staff were encouraged, including administration staff, to further their skills.

We saw evidence from incidents which demonstrated the provider was aware of and complied with the requirements of the Duty of Candour by explaining to the patient what went wrong, offering an apology and advising them of any action taken. They kept written records of verbal interactions as well as written correspondence.

The provider had a whistleblowing policy in place. A whistleblower is someone who can raise concerns about practice or staff within the organisation.

Governance arrangements

Governance arrangements included:-

- A clear organisational structure and staff were aware of their own roles and responsibilities.
- A range of service specific policies which were available to all staff. These were reviewed every two years or updated when necessary.

- There were a range of staff meetings including monthly whole staff team meetings. There was also a communication whiteboard and noticeboards for any important issues.

Managing risks, issues and performance

- A variety of daily, weekly and monthly checks were in place to monitor the performance of the service. These included random spot checks for consultations. The information from these checks was used to produce a clinical weekly team report that was discussed at weekly team meetings. This ensured a comprehensive understanding of the performance of the service was maintained.
- Arrangements were in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Appropriate and accurate information

- The service was registered with the Information Commissioner's Office and had its own information governance policies to ensure patient information security. Patient records were stored securely.

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. It had gathered feedback from complaints received. These were then analysed and appropriate actions implemented. The service also carried out an annual patient survey and had a comments box for complaints or comments in the waiting room.

Continuous improvement and innovation

All staff were involved in discussions about how to run and develop the service, and were encouraged to identify opportunities to improve the service delivered.

We saw from minutes of staff meetings that previous interactions and consultations were discussed.

Staff told us that the monthly team meetings were one of the places where they could raise concerns and discuss areas of improvement.