Announced Inspection Report: Independent Healthcare

Service: Gecko Travel Clinic
Service Provider: Gecko Travel Clinic Limited

31 October 2019
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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1 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Gecko Travel Clinic on Thursday 31 October 2019. We spoke with both directors during the inspection. Ten patients completed an online survey we had issued to share their experience of using the service. This was our first inspection to this service.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Gecko Travel Clinic, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
<td></td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>Patients were very positive about their experience in the service. They told us they were fully involved and informed about their treatment. Outcomes of feedback and improvements implemented should be shared with patients. Information on how to make a complaint should be given to patients.</td>
<td>✓ Satisfactory</td>
</tr>
</tbody>
</table>
### Key quality indicators inspected (continued)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>The environment and equipment was clean and well maintained. Patients were assessed to ensure any risks were identified before receiving treatment. A regular programme of audits should be introduced to help the service make improvements.</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>The service was knowledgeable in the area of travel health. The service had a visible and supportive leadership team that was open to new ideas and change. Minutes of staff meetings should be recorded. A quality improvement plan should be developed.</td>
<td>Satisfactory</td>
</tr>
</tbody>
</table>

The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Comprehensive assessments were completed with patients before treatment. Patients were provided with detailed information on travel health and aftercare. Consent should be recorded for sharing information with other medical staff in the event of an emergency.</td>
</tr>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Recruitment, training and induction policies were in place. Staff received training in line with their roles. Staff personnel files were incomplete. Protecting Vulnerable Groups (PVG) checks must be completed for all staff undertaking regulated work.</td>
</tr>
</tbody>
</table>

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.
More information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

What action we expect Gecko Travel Clinic Limited to take after our inspection

This inspection resulted in two requirements and seven recommendations. The requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:
www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Gecko Travel Clinic Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Gecko Travel Clinic for their assistance during the inspection.
2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Patients were very positive about their experience in the service. They told us they were fully involved and informed about their treatment. Outcomes of feedback and improvements implemented should be shared with patients. Information on how to make a complaint should be given to patients.

The clinic provided a personal service with many regularly returning patients. All consultations were by appointment only and one patient was treated at a time, maintaining confidentiality. Controlled access to the treatment room and screening of windows helped to maintain patient’s confidentiality. A chaperone could attend appointments with the patient and the service displayed a chaperone statement in the treatment room.

All patients who had completed our online survey agreed they had been treated with dignity and respect and had been provided with information in a format they could understand. Comments included:

- ‘Options were discussed and I was given time to make decisions’.
- ‘Professional, informative and personal service’.

A duty of candour policy was in place. Duty of candour is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong.

The service’s website had information about treatments available, including costs and a summary of the practitioner’s knowledge and skills. Posters and leaflets with information on travel health were displayed in the treatment room. Contact details for the service were on its website and after-care information.
**What needs to improve**

The service had a patient participation policy in place, which described how the service would gather feedback and involve patients in service improvement. Patients could leave reviews on social media, by email and verbally. The service had recently introduced a feedback questionnaire for patients to complete following treatment. Feedback received had been reviewed and analysed to inform improvement. However, the outcomes of feedback and improvements implemented were not shared with patients (recommendation a).

The service’s complaints policy included contact details for Healthcare Improvement Scotland and information about how to make a complaint to us. The service had not received any formal complaints. Although patients were encouraged to verbally discuss any complaints with the service during consultations, no clear information was provided on how to make a complaint. For example, there was no complaints leaflet or information provided on aftercare information or services website about how to make a complaint (recommendation b).

- No requirements.

**Recommendation a**

- The service should consider how it can better communicate outcomes of feedback and improvements implemented, for example through the service’s website.

**Recommendation b**

- The service should provide information for patients on how to make a complaint.
Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

The environment and equipment was clean and well maintained. Patients were assessed to ensure any risks were identified before receiving treatment. A regular programme of audits should be introduced to help the service make improvements.

We saw that all areas of the clinic were clean and well maintained. We saw good compliance with infection prevention and control procedures. This included the safe disposal of clinical waste, medical sharps and single-use patient equipment (used to prevent the risk of cross-infection). All patients who had completed our online survey stated that they were extremely satisfied with the cleanliness of the area in which they had been treated.

Fire safety checks were carried out regularly and contracts were in place for the maintenance of the premises including portable appliance testing.

Medical risks that could have impacted the effect of treatment on patients were identified through a travel risk assessment form. If risks were identified, treatment was not provided until the patient had sought advice from their GP.

The service had a safe system for prescribing, storing and administering medicines. All medicines we looked at were in-date and stored securely. Patient Group Directives (PGDs) were used to prescribe medication. These allow healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription. The PGDs were reviewed every year. Patient care records we reviewed documented the batch numbers of medicines used during treatment, so that medications could be effectively tracked.
The service operated from a medical centre and had access to medical staff and emergency equipment if required. The clinical manager was trained to deal with medical emergencies and first aid at work. While the service had an accident and incident book we were told that there had been no incidents to date.

Staff were trained in adult support and protection procedures and were aware of the service’s policy and procedure for reporting concerns about patients at risk of harm or abuse.

What needs to improve
Although informal daily checks were being undertaken, we found no evidence of audits taking place to review the safe delivery and quality of the service. For example, audits could be carried out on patient care records and medicine management. An audit programme would help the service structure its audit process, and record its findings and improvements made (recommendation c).

The infection prevention and control policies and procedures were adequate and the manager was aware of good practice. However, they did not reference Healthcare Improvement Scotland’s Healthcare Associated Infection (HAI) Standards (February 2015) or Health Protection Scotland’s National Infection Prevention and Control Manual (recommendation d).

- No requirements.

Recommendation c
- The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented.

Recommendation d
- The service should update its infection prevention and control policies to reference current legislation and best practice guidance.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive assessments were completed with patients before treatment. Patients were provided with detailed information on travel health and aftercare. Consent should be recorded for sharing information with other medical staff in the event of an emergency.
The service used the National Travel Health Network and Centre (NaTHNaC) website that promotes clinical standards in travel medicine and NHS Travax, an NHS website which provides up-to-date information about travel associated health risks. The service used these to provide patients with current travel and outbreak information, and to support effective and personalised risk assessments for patients.

We saw from the patient care records reviewed, that a travel risk assessment form was completed and a comprehensive consultation was carried out before treatment. This included:

- an assessment of travel arrangements
- prescribed medications
- allergies
- pregnancy
- vaccination history, and
- a full medical history with details of any health conditions.

A signed consent to treatment form was present in all the patient care records we reviewed.

The risks and benefits of proposed treatments, specialised travel advice and information were discussed with patients during consultation. This helped them make an informed decision. Patients were given verbal and written aftercare advice and a travel vaccination card which detailed their vaccinations history and dates the vaccinations were received. Following consultation, patient’s received an email with travel health information tailored to meet their individual needs.

The service maintained the confidentiality of patients’ information by storing any paper files in a locked filing cabinet. The manager had carried out training in updated general data protection regulations.

**What needs to improve**

The service did not record patient consent for sharing information with their GP and other medical staff in an emergency, if required (recommendation e).

- No requirements.
Recommendation e

We recommend that the service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients’ care records.
Domain 7 – Workforce management and support
High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

Recruitment, training and induction policies were in place. Staff received training in line with their roles. Staff personnel files were incomplete. Protecting Vulnerable Groups (PVG) checks must be completed for all staff undertaking regulated work.

The clinical director/manager is an experienced pharmacist who is registered with the General Pharmaceutical Council (GPhC). Pharmacists are required to submit continuous professional development records to GPhC every year as part of their ongoing professional registration check. As part of the process, they demonstrate that they have kept their professional skills and knowledge up to date and reflect on how they can improve their practice.

The service employed nurses who are registered with Nursing Midwifery Council (NMC). Nurses complete an ongoing professional registration check process with the NMC every 3 years. As part of the process, they demonstrate that they have met the requirements of their professional registration to an appropriate person.

All staff received induction, mentoring support and supervised practice. The induction training included role specific competencies for staff. All staff were trained in travel medicine and the clinical manager monitored completion of training to ensure that all staff were up to date and had the necessary knowledge and skills to do their role.

What needs to improve
The service had a recruitment and training policy in place that detailed the essentials checks that should be carried out before employing an applicant. However, when we reviewed staff files we found that pre-employment checks such as references, qualifications, identify checks and the status of professional registration had not been documented for all staff members. A non-clinical staff member did not have a Protecting Vulnerable Groups (PVG) check carried out (requirement 1).
The clinic engaged the services of registered nurses through a practising privileges arrangement (staff not employed by the provider but given permission to work in the service). There was no documented practising privileges arrangement or employment contract in place between the registered nurse and the service (requirement 2).

**Requirement 1 – Timescale: immediate**
- The provider must ensure that all staff working in a registered healthcare service have appropriate safety checks in place.

**Requirement 2 – Timescale: immediate**
- The provider must ensure that employment or practising privilege contracts are completed to ensure safe delivery of care with individual responsibility and accountability clearly identified.

- No recommendations.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service was knowledgeable in the area of travel health. The service had a visible and supportive leadership team that was open to new ideas and change. Minutes of staff meetings should be recorded. A quality improvement plan should be developed.

The service is co-owned and operated by a clinical director/manager (who is a Pharmacist Independent Prescriber) and a non-clinical financial director. The service had a clear leadership structure with well-defined roles, responsibilities and support arrangements. For example, the financial director was responsible for the day-to-day operational management of the service. The clinical director provided effective clinical leadership for the service team.

Policies, such as data protection and duty of candour had been reviewed and updated to reflect legislative requirements.

The service had a clear commitment to keeping up to date with current travel advice and travel medicine. The manager is a member of the Faculty of Travel Medicine and the British Global Travel Health Association (BGTHA). This ensures they have current knowledge of best practice when delivering the service. The manager is a trainer in travel medicine and also contributed to the webinar series and online book of BGTHA, as well as presenting at several BGTHA meetings.

What needs to improve

The service held formal staff meetings every 6 months. We saw that different aspects of the service were discussed at these meetings, including emerging travel health issues and staff training. However, minutes of staff meetings were not recorded (recommendation f).
Although the service carried out patient experience surveys, it did not have a system for reviewing the quality of the service delivered. Regular reviews of feedback, complaints, incidents or audits of the service will help to ensure the service delivered is of a quality appropriate to meet the needs of patients. A quality improvement plan would help to structure and record service improvement processes and outcomes. This would enable the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation g).

- No requirements.

**Recommendation f**

- The service should record a summary of discussions and any actions arising from staff meetings.

**Recommendation g**

- The service should develop and implement a quality improvement plan.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement**: A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation**: A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

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<thead>
<tr>
<th>Domain 2 – Impact on people experiencing care, carers and families</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td><strong>Recommendations</strong></td>
</tr>
<tr>
<td>a The service should consider how it can better communicate outcomes of feedback and improvements implemented, for example through the service’s website (see page 8).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</td>
</tr>
<tr>
<td>b The service should provide information for patients on how to make a complaint (see page 8).</td>
</tr>
<tr>
<td>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20</td>
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<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<tbody>
<tr>
<td><strong>Requirements</strong></td>
</tr>
<tr>
<td>None</td>
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</tbody>
</table>
### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

<table>
<thead>
<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td><strong>c</strong> The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits should be documented and improvement action plans implemented (see page 10).</td>
</tr>
<tr>
<td><strong>d</strong> The service should update its infection prevention and control policies to reference current legislation and best practice guidance (see page 10).</td>
</tr>
<tr>
<td><strong>e</strong> We recommend that the service should record patient consent for sharing information with their GP and other medical staff in an emergency, if required, in patients' care records (see page 12).</td>
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</table>

### Domain 7 – Workforce management and support

<table>
<thead>
<tr>
<th>Requirements</th>
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</thead>
<tbody>
<tr>
<td><strong>1</strong> The provider must ensure that all staff working in a registered healthcare service have appropriate safety checks in place (see page 14).</td>
</tr>
<tr>
<td><strong>Timescale</strong> – immediate</td>
</tr>
<tr>
<td><strong>Regulation 8(1)</strong> The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</td>
</tr>
</tbody>
</table>
### Domain 7 – Workforce management and support (continued)

<table>
<thead>
<tr>
<th>Requirements</th>
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<tbody>
<tr>
<td>2</td>
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</table>

Timescale – immediate

Regulation 12(d)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

<table>
<thead>
<tr>
<th>Recommendations</th>
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<tbody>
<tr>
<td>None</td>
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### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Requirements</th>
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</thead>
<tbody>
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<td>None</td>
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<table>
<thead>
<tr>
<th>Recommendation</th>
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<tbody>
<tr>
<td><strong>f</strong></td>
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Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.14

| | **g** | The service should develop and implement a quality improvement plan (see page 16). |

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 |
Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

More information about our approach can be found on our website: www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: hcis.ihcregulation@nhs.net
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net