Announced Inspection Report: Independent Healthcare

Service: The Travel Clinic (Glasgow) LLP, Paisley
Service Provider: The Travel Clinic (Glasgow) LLP

24 January 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 The Travel Clinic (Glasgow) LLP on Thursday 24 January 2019. We spoke with the manager, received some email feedback from patients, and telephoned four patients who had received treatment at 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 The Travel Clinic (Glasgow) LLP, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td>Quality indicator</td>
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<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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**Key quality indicators inspected**

| Domain 9 – Quality improvement-focused leadership |
|-----------------------------|-----------------------------------------------|
| **Quality indicator**       | **Summary findings**                           | **Grade awarded** |
| 9.4 - Leadership of improvement and change | The service aimed to provide high quality care by delivering advice and treatment based on current best practice. A quality improvement plan should be developed. | ✓ Satisfactory |

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

**Additional quality indicators inspected (ungraded)**

| Domain 5 – Delivery of safe, effective, compassionate and person-centred care |
|-----------------------------|-----------------------------------------------|
| **Quality indicator**       | **Summary findings**                           |
| 5.2 - Assessment and management of people experiencing care | An assessment was carried out on all patients before discussing treatment options. Patient care records were audited every month to make sure they were fully completed. Additional consent should be recorded for sharing information. |

| Domain 7 – Workforce management and support |
|-----------------------------|-----------------------------------------------|
| **Quality indicator**       | **Summary findings**                           |
| 7.1 - Staff recruitment, training and development | A recruitment policy and procedure was in place to ensure staff were recruited safely. Staff had access to training suitable to their role. Staff appraisals must be carried out. |

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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)
What action we expect The Travel Clinic (Glasgow) LLP to take after our inspection

This inspection resulted in three requirements and five 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

The Travel Clinic (Glasgow) LLP, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at The Travel Clinic (Glasgow) LLP for their assistance during the inspection.
3 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’ personal travel requirements were fully discussed and the service was tailored to meet individual needs. A patient engagement strategy should be developed to allow better engagement with patients. The service’s complaints procedure should be made readily available to patients.

The service’s website contained information about the service provided and treatment costs. Information was also available on social media. We noted that a feedback questionnaire was used to collect feedback from patients. The service also collected website testimonials from patients. While this information was useful, it was difficult for the service to draw any conclusions that could be used to drive improvement.

All patients are required to attend for a one-to-one consultation. This includes discussion of travel plans and specific requirements needed. We spoke with four patients who confirmed that their initial consultation was thorough and tailored to meet their individual needs and expectations.

Comments included:

- ‘We were provided with good information which allowed us to make informed decision about what we wanted, very professional and knowledgeable.’
- ‘Individual tailored services, clear information and follow up advice, very happy, told us lots of information about how to be safe on our trip.’

All patients told us that they were treated with dignity and respect.
What needs to improve

Although the service had a comprehensive complaints policy, this was not readily available to patients either in the service itself or on the website. We discussed this with the manager who told us they planned to include this on patient information forms and add to the website (recommendation a).

The service was unable to show where improvements had been made as a result of patient feedback. The service told us it plans to review and look at ways to improve how it gathers patient feedback. A documented approach will give structure as part of the service’s quality assurance system (recommendation b).

■ No requirements.

Recommendation a

■ We recommend that the service should ensure that information about how to make a complaint about the service is available to patients.

Recommendation b

■ We recommend that the service should develop and implement a patient engagement strategy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement.
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 was clean and well maintained. Appropriate policies and procedures were in place to manage safety. Patients were assessed to ensure any risks were identified before receiving treatment.

Before any treatment, patients provide information about their medical history and travel plans. Treatments would not proceed if clinical risk was indicated, for example where a patient has low immunity.

The service uses NHS Travax, an NHS website which provides up-to-date information about travel associated health risks. The service uses this to provide patients with current travel and outbreak information, and to support effective and personalised risk assessments for patients.

The clinic was well maintained and clean. Arrangements for maintenance and fire safety were in place with the landlord. Clinical waste was well managed. Single use patient equipment was used.

Policies and procedures were in place to manage medicines safely. This included regular stock audits and daily temperature readings to ensure medication was stored within accepted temperature ranges. Patient Group Directives (PGDs) were used to prescribe medication. These allow healthcare professionals to supply and administer specified medicines without patients having to see a prescriber. The PGDs were reviewed every year by the medical director, manager and a pharmacist.

A system was in place to ensure emergency equipment was checked regularly. Staff records showed that they had carried out training in cardiopulmonary resuscitation (CPR) and anaphylaxis.
Appropriate safeguarding policies were in place. The service’s assessment processes also checked for indicators which may flag concerns about young people when travelling abroad. For example, young girls at risk of female genital mutilation.

What needs to improve
The clinic room is fully carpeted which is not appropriate in a clinical setting. The manager confirmed this would be replaced with a washable flooring (requirement 1).

The service’s infection prevention and control policy was adequate. However, it should be developed to include reference to Healthcare Improvement Scotland’s Healthcare Associated Infection (HAI) Standards (February 2015) (recommendation c).

Requirement 1 – Timescale: by 1 January 2020
- The service must replace carpets in clinical areas with appropriate coverings.

Recommendation c
- We recommend that the service should update its infection prevention and control policy to reference best practice guidance.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

An assessment was carried out on all patients before discussing treatment options. Patient care records were audited every month to make sure they were fully completed. Additional consent should be recorded for sharing information.

All patients are assessed by a nurse. We looked at five patient care records and saw that all patients had completed a travel questionnaire. This included travel arrangements, vaccine history, health and allergies. Consent to treatment was recorded. Progress notes are used to record consultations. Patients are asked to consent to vaccination reminders and to receive further information about the service.

Patient care records are audited every month to make sure they are fully completed. Any areas for improvement are actioned.
We saw that patient care records were stored securely. Data protection policies and procedures had been updated in line with recent changes in legislation.

**What needs to improve**
The travel questionnaire had a very small box for consent to be signed by the patient. The service should expand this and provide clear explanations about what patients are consenting to. This should also include consent about sharing information with other appropriate healthcare professionals when required (recommendation d).

- No requirements.

**Recommendation d**
- We recommend that the service should review documentation to ensure consent is clearly recorded for treatment and information sharing.

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**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.

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**Our findings**

**Quality indicator 7.1 - Staff recruitment, training and development**

A recruitment policy and procedure was in place to ensure staff were recruited safely. Staff had access to training suitable to their role. Staff appraisals must be carried out.

The service has a very small staff group. Recruitment, induction and training polices were in place. We saw from clinical staff files that safe and effective recruitment was carried out.

We saw that staff were able to carry out a range of training and updates suitable for their job. This helped to make sure they kept their skills and knowledge up to date. All nursing staff had completed appropriate training for their role. The manager had completed a Diploma in Travel Medicine and is actively involved in the delivery of travel medicine education. The registered nurse had completed a foundation course in travel medicine. The service states that it is an essential requirement that nurses employed in the service have received training in travel medicine.
The service has access to secure additional human resources support if it requires.

**What needs to improve**
Staff do not receive an annual appraisal. Regular review of staff performance must take place (requirement 2).

One member of non-clinical staff did not have a disclosure check in place following previous advice the service had received that this was not required. However, non-clinical staff in the service access sensitive and personal information about patients. The manager told us they planned to pursue this with Disclosure Scotland (requirement 3).

**Requirement 2 – Timescale: by 1 June 2019**
- The provider must ensure all staff receive regular performance reviews and appraisals to make sure that their job performance is documented and evaluated.

**Requirement 3 – Timescale: by 1 April 2019**
- The provider must ensure that all staff roles are risk assessed and relevant prospective employees are not included on the adults’ list in the Protection of Vulnerable Groups (Scotland) Act 2007.
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 aimed to provide high quality care by delivering advice and treatment based on current best practice. A quality improvement plan should be developed.

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 trainer in travel health. This ensures they have current knowledge of best practice when delivering the service. Patients we spoke with confirmed they were provided high quality advice and care.

Systems were in place to provide some assurance about the quality of care. These included policies and procedures, audits, standard operating procedures, complaints and testimonials.

The service had a peer support arrangement with another travel clinic and was planning to develop a system of peer review to improve quality assurance processes.

What needs to improve

While the service had some processes in place for quality assurance, there was no overall structured approach. The development of an overarching quality improvement plan would help to provide a structured process to capture improvement processes and outcomes. This would allow the service to demonstrate a continuous improvement cycle and measure the impact of any changes implemented (recommendation e).

■ No requirements.
**Recommendation e**

- We recommend that the service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.
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.

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

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| **a** We recommend that the service should ensure that information about how to make a complaint about the service is available to patients (see page 8).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.20 | |
| **b** We recommend that the service should develop and implement a patient engagement strategy to formalise and direct the way it engages with its patients and uses their feedback to drive improvement (see page 8).  
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.6 | |
# Domain 5 – Delivery of safe, effective, compassionate and person-centred care

## Requirement

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| 1 | The service must replace carpets in clinical areas with appropriate coverings (see page 10).  
   | Timescale – by 1 January 2020  
   | Regulation 3(a)(d)(i)  
   | The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011 |

## Recommendations

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| c | We recommend that the service should update its infection prevention and control policy to reference best practice guidance (see page 10).  
   | Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |
| d | We recommend that the service should review documentation to ensure consent is clearly recorded for treatment and information sharing (see page 11).  
   | Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14 |

# Domain 7 – Workforce management and support

## Requirements

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| 2 | The provider must ensure all staff receive regular performance reviews and appraisals to make sure that their job performance is documented and evaluated (see page 12).  
   | Timescale – by 1 June 2019  
   | Regulation 12(c)(i)  
   | The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011 |
## Domain 7 – Workforce management and support (continued)

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*Regulation 9(2)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*

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## Domain 9 – Quality improvement-focused leadership

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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](http://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](http://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: comments.his@nhs.net