Announced Inspection Report: Independent Healthcare

Service: TrExMed Travel Clinic, Edinburgh
Service Provider: TrExMed Travel Clinic

21 July 2021
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 his.contactpublicinvolvement@nhs.scot
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 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 TrExMed Travel Clinic on Wednesday 21 July 2021. We spoke with the two practitioner members of staff during the inspection. We telephoned five patients and a further three who had received treatment at the clinic were able to respond after our inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a satisfactory self-evaluation.

What we found and inspection grades awarded

For TrExMed Travel Clinic, the following grades have been applied to two key quality indicators.

<table>
<thead>
<tr>
<th>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</th>
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<td>5.1 - Safe delivery of care</td>
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<td>9.4 - Leadership of improvement and change</td>
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The following additional quality indicator was inspected against during this inspection.

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<td>5.2 - Assessment and management of people experiencing care</td>
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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 TrExMed Travel Clinic to take after our inspection**

This inspection resulted in two recommendations. See Appendix 1 for a full list of the 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

TrExMed Travel Clinic, the provider, must make the necessary improvements as a matter of priority.

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

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 service followed updated guidance on travel medicine. Each patient was informed of any risks. Aftercare advice included what to do if side effects are experienced.

The practitioners told us that, at the time of our inspection their focus was still on taking infection prevention and control measures for COVID-19. This meant that Public Health Scotland provided additional infection prevention and control support and advice, including:

- removal of unnecessary items and clutter, such as reducing the number of chairs in waiting areas
- increased cleaning of ‘high-touch’ areas, such as door handles and chairs
- personal protective equipment (PPE), including aprons, gloves, goggles and face shields, as well as face masks for both patients and practitioners, and
- increased appointment times to allow for cleaning procedures and minimise the risks of patients meeting.

A process had been introduced to manage the flow of patients accessing the service and the door to the clinic was kept locked at all times. To gain access, patients rang the doorbell and a practitioner would let them in.

Gloves and aprons were stored in dedicated dispensers located near the point of care. We observed good compliance from the practitioners with the use of face masks. Staff told us they had good access to PPE and this was disposed of in clinical waste bins.
Clinical wash hand basins with liquid soap, hand towels and waste bins were available. Alcohol-based hand rub dispensers were also located throughout the service. We observed that practitioners carried out hand hygiene appropriately.

The clinic was clean and well organised with child-friendly facilities. Contracts were in place for maintenance of the premises as well as the safe disposal of medical sharps and waste. Portable appliance testing had been carried out.

Patients receiving treatment at the clinic were sent an online form to fill out before attending. Questions in the form included where patients were visiting and for how long, which allowed the service to comprehensively assess the treatment or vaccination required.

We saw that the service kept up to date with best practice and developments in travel medicine vaccines and vaccination procedures.

Practitioners working in TrExMed Travel Clinic were trained in travel medicine, adult life support and had their registrations and qualifications checked every year. This included accreditation to deliver Yellow Fever vaccinations. All equipment we saw was in a good state of repair and emergency medication was in-date.

The service recorded all risk factors associated with the vaccinations and treatments it carried out in the patient care records. Each patient was given written aftercare advice. A letter to the patient’s general practitioner was generated after the course of treatment had been administered. Patients had the right to request that this was not sent.

The service’s medication policy covered all aspects of safe and secure administration of medicines. We saw that medicines were appropriately stored in a refrigerator, the temperature was recorded daily and all of the stock was checked on a weekly basis to ensure that it was in date. Any travel medicines guidance was checked to ensure that it complied with the most up to date guidance. There are no controlled drugs stored in the service.

We saw that, where any risks were identified from a proposed treatment patients were informed of the risks and any actions they should take. At the time of our inspection, the service had not experienced any adverse events.

The practitioners regularly completed training and refresher sessions in travel medicine and had access to the Medicines and Healthcare Products regulatory Agency updates on travel medicines.
The service had an adult and children protection policy. The practitioners were knowledgeable about how this would be activated in the service.

The patients that we spoke with were very positive about the service that they received. They reported that they felt very safe and that the service had taken a lot of COVID-19 protection measures. They commented on the time that the service took in answering questions and explaining the different treatments available. Some comments included:

- ‘I had a lot of anxiety but the staff put me at ease. They showed me websites and dispelled some myths.’
- ‘I am not sure that anything could be done differently.’
- ‘Reassured that there was a very thorough assessment.’

**What needs to improve**

While the practitioners explained how, why and when cleaning took place, cleaning was not recorded (recommendation a).

- No requirements.

**Recommendation a**

- The service should develop cleaning schedules and should include details on cleaning products, processes and records of completion of cleaning.

**Our findings**

**Quality indicator 5.2 - Assessment and management of people experiencing care**

Comprehensive patient care records included risks associated with a treatment and aftercare advice. Recent records were longer because of the anxiety which international travel is causing.

Patient care records were in an electronic format. Patient care records we reviewed documented comprehensive consultations and assessments carried out before treatment, which included a full medical history.

Risks and benefits of treatments had been explained to patients and documented in patient care records. Treatment plans were developed and agreed with the individual. We saw very good evidence of person-centred care.
planning where the service took extra time to reassure a patient if they were anxious.

Records of each treatment session were kept and patients’ initial assessments were reviewed and updated each time a patient visited the service. Patients also consented for further treatment at the treatment sessions and were given verbal and written aftercare advice.

■ No requirements.
■ 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 has made improvements. The practitioners kept up to date with changes in travel medicine, legislation and best practice guidance through membership with national groups and training events. A formal quality improvement plan would help support continuous improvement.

The service is owned and managed by two experienced healthcare professionals, registered with the General Medical Council and the Nursing and Midwifery Council. Regular continuing professional development was managed through the registration and revalidation process, as well as yearly appraisals. The service had a system of peer-review in place. Other professional development activities included:

- attending industry events
- maintaining connections with other travel medicine colleagues, and
- subscriptions to journals to raise awareness of the best evidence-based care for patients.

The service is an active member of a variety of industry-specific and national organisations, including the International Society of Travel Medicine. The service kept up to date with changes in the travel medicine sector, legislation and best practice through subscribing to online forums and attending a variety of conferences and training days. Although the practitioners reported that, during the current pandemic these had been cancelled.

The practitioners reported that they had made a deliberate decision to limit the staff who work in the service to themselves. They told us this made communication easier and actions required could be made quickly. The practitioners had a very good knowledge of continuous quality improvement and how this affected the delivery of care. They gave examples of how they had
amended their practice to take account of contemporary practice and safe delivery of treatments. This includes the most up to date treatments for some tropical diseases.

**What needs to improve**

Improvements had been made to how the service was delivered. However, the service did not have a formal quality improvement plan which included a system of audits in place to help structure and record service improvement processes and outcomes. This would allow the service to measure the impact of change and demonstrate a culture of continuous improvement (recommendation b).

- No requirements.

**Recommendation b**

- The service should further develop its quality improvement plan to ensure that service improvement objectives are informed by a robust programme of clinical audit, including clinical effectiveness.
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 5 – Delivery of safe, effective, compassionate and person-centred care

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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 4.14
## 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: his.ihcregulation@nhs.scot