

Olive Health & Travel Ltd

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Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 15 February 2018 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.

Background

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.

Olive Health & Travel Clinic is a Nurse led private health and travel clinic in the North of Ilford offering a range of services including travel vaccinations, health immunisations, blood testing, ear irrigation, DNA swab collections, pregnancy testing, weight management and general health checks.

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

On the day of the inspection we received 42 comment cards from clients of the clinic. All the cards were positive and most commented on the friendliness, efficiency and the professionalism of the staff. Several mentioned that they would recommend the clinic to a friend.

Summary of findings

Our key findings were:

- The clinic had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the clinic learned from them and improved processes.
- Staff involved clients with their procedures and treated them with kindness, dignity and respect.
- Clients found it easy to get an appointment at a time that was convenient to them.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The clinic was well managed with supportive leadership.

- Policies and procedures had been thoroughly reviewed and applied.
- Staff were valued and appropriately trained for their roles.
- There was an increasing customer demand for the clinic from an increasing geographical area.

Patient Group Directions (PGDs) had been adopted by the clinic to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

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 clinic had clear and comprehensive policies and employed well trained and competent staff. Medicines and patient information were all securely stored and used, and there was a clear line of responsibility.

The clinic was clean and tidy and there were clear processes for all risks, emergency scenarios or significant events.

We examined several PGDs and found that they had not been correctly signed but this was corrected on the day of the inspection.

Are services effective?

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

The clinic demonstrated that staff were up to date with all current safety alerts and recent travel health knowledge. The clinic had yet to implement quality improvement activities such as clinical audits to improve outcomes for clients however, the clinic undertook several non-clinical audits and was starting to look into systems of clinical quality improvement.

The clinic gave co-ordinated and tailored care and treatment and aimed for best practice and increasing levels of disease prevention activity.

Are services caring?

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

The clinic had received positive feedback through its own feedback surveys, and this was further evidenced by patient responses to CQC comment cards on the inspection. Clients felt that they were treated with respect and courtesy.

Are services responsive to people's needs?

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

The clinic had been started to provide travel health services to the local population with the location being chosen as, at the time, no other specialist travel clinic, or nurse-led health clinic existed there or nearby.

It was found to be efficiently run and the directors were investing further in the clinic, particularly with regard to further services e.g. a mobile phlebotomy service and the recruitment of more staff.

No complaints had been received since the clinic started but we saw clear and concise policies and leaflets should they be needed.

Are services well-led?

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

The clinic had competent and knowledgeable staff and there was a clearly laid out vision for the clinic. All staff were aware of the vision and were aware of the values and team ethos.

Staff were demonstrably well trained and knowledgeable. The governance structure was clear and staff were engaged with the leadership.

Olive Health & Travel Ltd

Detailed findings

Background to this inspection

Olive Health & Travel Clinic is the only location for Olive Health & Travel Ltd and has been registered since 2015 to provide treatment of disease, disorder or injury, and diagnostic and screening procedures. This also includes travel advice, immunisations and health protection.

The clinic operates from premises in Ilford, Essex and has access to emergency equipment including a defibrillator, oxygen and emergency medications. Clients attend the clinic through the clinic reception area and use the clinic waiting room until called for their appointment.

There is one director of Olive Health and Travel Ltd. The clinic currently has a Clinic Manager, two travel nurses and two receptionists. The opening times of the clinic are as follows:

Monday to Thursday - 9am until 7pm

Friday and Saturday – 9am until 2pm

The name and address of the registered provider is:

Olive Health and Travel Ltd, 23a Seven Ways Parade,
Woodford Avenue, Ilford, Essex, IG2 6JX.

The inspection took place over one day on the 15 February 2018. The inspection team consisted of a lead CQC inspector and a nurse specialist advisor.

The provider sent information regarding the management of the clinic beforehand which was reviewed before the inspection. There were no concerns given to the Care Quality Commission from community groups, clients or other stakeholders before the inspection was undertaken.

On the day of the inspection the team interviewed staff, undertook observations in the clinic and reviewed documents.

To get to the heart of clients' 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

Safety systems and processes

All safety and safeguarding processes had a clear and clinic specific policy and were adhered to.

All clinical staff were trained to the required safeguarding standard for adults and children, and were aware of the policy and the safeguarding lead. All policies were accessible and had a date for review. When asked, staff were able to identify an example of a safeguarding concern. The clinic has not encountered any safeguarding concerns to date, but informed us they would discuss any concerns at staff meetings and escalate as required.

Children needed the signed consent of the parents for vaccinations and we were told that these would not be undertaken without signed parental consent.

All clinical staff had received an enhanced Disclosure and Barring Services (DBS) check, according to clinical policy (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).

Clinical staff had been trained to undertake chaperone duties and all clients were made aware that they could request a chaperone. There were clear notices in the waiting room and in the consulting room advising of this as well.

All staff were correctly registered and were confident with ongoing professional revalidation processes. All staff were able to cover the absences for each other and therefore there was no need for agency staff at this present time. We were told, however, that an agency nurse might be needed to cover extended holiday absence and we were given assurance that checks for agency staff needed to provide future absence/holiday cover would be completed before they commenced employment.

The clinic had a comprehensive building risk assessment and undertook the relevant checks for the waterborne infection Legionella.

The clinic was clean and tidy, including all storage areas, with evidence of frequent cleaning confirmed by a cleaning schedule and checklist. There were regular meetings where infection control and cleaning regimes were discussed to ensure best practice was maintained.

Equipment, such as syringes, were single use and were all within their use by date.

Staff immunity status was monitored and non-clinical staff were offered the opportunity to have a course of HEP B vaccinations. All staff were up to date with their own immunisations.

Risks to clients

Staffing levels were sufficient for the demands of the clinic. All sickness and absences were covered by the staff themselves with plans in place for an agency nurse to cover extended holiday absences should it be required.

Staff spoken to on the day were familiar with the emergency procedures regarding the safety of the building and also any medical emergencies. They were aware of the location of emergency equipment and emergency medicines. All the medicines and equipment were appropriate, accessible and fit for use. The clinic also had its own stock of emergency drugs for anaphylaxis or severe allergic reactions. These were all in date and clearly marked.

The clinic had all the appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

All clients to the clinic had to undertake an initial assessment in order to ensure that their medical history and needs were completely understood and noted. All clients were required to present identification so as to verify parental authority where the client was a child. All notes and records were securely accessed and stored.

Safe and appropriate use of medicines

The clinic kept an amount of vaccine stock, and was able to order other vaccines on demand. All were stored appropriately and securely in vaccine fridges that were constantly and consistently monitored for temperature. We saw evidence that the cold chain for all vaccines was adhered to at all times. In the event of a fridge malfunction or an issue with the cold chain, all staff were aware of the policy and procedures with regard to the vaccines.

All the nurses worked to Patient Group Directions (PGD) but during the course of our inspection we discovered that the PGDs had not been correctly authorised by a doctor. This was due to a misunderstanding of the requirements but was immediately rectified on the day and we saw evidence of all PGDs countersigned appropriately.

Are services safe?

We saw evidence that the clinic was aware of all the national guidelines regarding safe administration of medicines and adhered to all reporting requirements. Any relevant information was sent to all staff or discussed at staff meetings. All stock levels were evidenced to be checked weekly and all batch numbers recorded. We saw that all stock was rotated and expiry dates routinely checked.

All clients were made aware of the potential risks and side effects of each vaccine that they were offered.

Track record on safety

There had been no significant incident for the clinic in the last 12 months but there were easily accessible processes and policies in place should there be the need to report any in the future. All staff were aware of what constituted a significant event and the need to report, discuss and action such incidents.

The clinic had thorough health and safety policies, which were all followed. These included a fire policy for the clinic that outlined the evacuation procedure in detail for staff and clients. The evacuation procedure was practiced and clearly accessible to all people in the building.

All concerns or issues within the clinic were communicated via electronic means or through person to person conversations. There was a good administration system in place that ensured that all such information was logged accordingly.

Lessons learned and improvements made

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 investigating and sharing outcomes of notifiable safety incidents.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Staff were aware of relevant and current evidence based guidance and standards.

- The clinic had systems to keep all clinical staff up to date. Staff had access to guidelines from a variety of sources, and used this information to deliver care and treatment that met customer needs. We were told how these sources were used during discussions with clients who were travelling to several countries at a time.
- The clinic was a subscriber to a tropical medicine society in order to access new research articles and keep up to date with new advances in disease prevention.
- Customer outcomes were monitored using personalised treatment programmes, in-depth information and after care advice.
- Any medical alerts would be sent through the clinic intranet and this would include any potential or actual shortages of supply for a particular vaccine.

Monitoring care and treatment

Due to the recent commencement of business the clinic had yet to implement a full programme of clinical audit or monitoring of trends. However they had recently undertaken an audit on the uptake of antimalarials and further audits/quality improvement measures were planned for the upcoming year now that there was an increasing number of clients attending the clinic. The lead nurse had overall clinical governance for the travel clinic.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example all the nursing staff had received, or were receiving, additional training in immunisation and travel health.

- The clinic understood the learning needs of its staff and provided time for the staff to undertake the training required. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The clinic provided support to all staff and both directors were easily accessible at all times when the clinic was open. There was an up to date appraisal system in place and staff felt that there were managed well and were content with the running of the clinic.

- Staff attended external forums and conferences whenever possible. In 2017 staff had attended four such conferences.
- All medical staff had current registrations and all staff had received training in basic life support, anaphylaxis, infection control, safeguarding vulnerable adults and mental capacity within the last 12 months. Anaphylaxis is a severe allergic reaction which needs immediate medical treatment.

Coordinating patient care and information sharing

Staff worked together to deliver effective care and treatment.

- We saw records that showed that all appropriate staff were involved in the assessing, planning and delivery of treatment to clients.
- Clients received specific care options appropriate to their needs.
- The clinic co-ordinated care where applicable in order to ensure that the vaccinations were relevant to the needs of the customer and also in line with their underlying medical needs.
- We were told that where relevant, and after consent had been obtained, details of treatment were shared with the clients own GP.

Supporting clients to live healthier lives

The staff ensured that all the treatment and advice offered was in accordance to national guidelines and that all health advice was aimed towards ensuring that the clients were safe and aware of the best practice and prevention advice.

Consent to care and treatment

The clinic operated a practice of implied consent, after the procedures and advice had been given to the customer. This consent was registered on the customer record.

The staff supported the clients with regard to the immunisations on offer and advised the customer if they could obtain the vaccine free at an NHS provider, rather than pay to have the vaccine privately at the clinic.

Staff supported clients to make decisions. Where appropriate, they assessed and recorded a client's mental capacity to make a decision.

The charges for the treatments available were clearly advertised in the clinic, on all literature given to the clients, and on the website.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated clients with kindness, patience and respect.

- Staff understood clients' personal, cultural, social and religious needs.
- The clinic gave the clients tailored and considered advice.
- All 42 Care Quality Commission comment cards that were received were positive regarding the service experienced. The adjectives most commonly used to describe the clinic were that it was friendly, helpful, informative and efficient.
- The clinic collected their own feedback and comments and we saw that these were all positive with all respondents stating that they with dignity and respect.
- The environment was conducive to supporting people's privacy. There was a well-appointed consulting room and we saw that staff supported clients' privacy.
- Staff took time to interact with clients and we saw numerous compliment letters from clients confirming that the clinic had treated them and those close to them in a respectful, appropriate and considerate manner.

Involvement in decisions about care and treatment

Staff helped clients to be involved in the treatment that they were offered. Staff were aware of the Accessible Information Standard (a requirement to make sure that people and their carers, where applicable, can access and understand the information that they are given).

- Interpretation services were available for clients that did not have English as a first language.
- Staff communicated with clients in a way that they could understand, and had a range of communication aids and easy read materials.
- Staff ensured that all clients were fully aware of the advice and treatment options and encouraged them to ask questions and ensure that they wanted to proceed with the vaccinations.

Privacy and Dignity

The clinic respected and promoted customer privacy and dignity.

- Staff recognised the importance of customer dignity and respect.
- The clinic complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The clinic organised and delivered services to meet a specific patient need.

- The clinic understood that the local population required tailored and accessible travel advice and vaccinations that many NHS GP providers were not providing.
- The clinic also supplied some non-travel vaccinations in order to allow clients the full range of immunisations for preventable diseases that were not always provided by local GP practices.
- The facilities and premises were appropriate for the services delivered.
- Appointment times were scheduled to ensure clients' needs and preferences (where appropriate) were met. The provider made reasonable adjustments to the environment or treatment options to enable clients to receive care and treatment.
- The provider took into account the needs of different clients on the grounds of age, disability, sex, gender reassignment, race, religion or belief, sexual orientation, pregnancy and maternity.

- There was evidence that the provider gathered the views of clients when planning and delivering services. We saw client survey results which showed clients were extremely happy with the services provided.

Timely access to the service

Clients were able to access treatment from the clinic within an acceptable timescale for their needs.

- Clients had good access to an initial consultation and then the follow on treatment where applicable, as the clinic had varying opening times including availability at weekends which they could book at their convenience.
- Appointments could be made through the reception desk as well as via the website.

Listening and learning from concerns and complaints

The clinic took complaints and concerns seriously and responded to them appropriately.

- Information about how to make a complaint or raise concerns was available.
- There was a complaints policy easily accessible in the clinic.
- The clinic had received no complaints in the last two years but we saw that the complaints policy and procedures were in line with recognised guidance.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The provider had the experience to deliver the treatment that was offered and to address and manage any risks associated to it.
- The provider had the capacity to deal with the increasing demand on the service.
- All staff were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were able to address them.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Clinic specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There were appropriate arrangements for identifying, recording and managing risks through regular meetings.

Vision and strategy

The clinic had a clear vision and strategy to deliver high quality treatment and advice to clients.

- There was a clear vision and set of values. The vision of the clinic was the provision of an excellent, efficient immunisation service to the general public.
- The clinic has a business plan which included realistic targets and objectives and demonstrated sound financial management
- The clinic encouraged an holistic care approach where appropriate advice and immunisation was delivered according to national guidance, but where the physical, psychological and social aspects of the care of each customer was also considered.
- All staff understood and practiced the values of professionalism and efficiency.

Culture

The clinic had a culture of high quality care.

- Staff felt respected and valued. All staff enjoyed working at the clinic and were supported both clinically and personally.
- Leaders were knowledgeable and led by example. For example they acted on behaviour and performance inconsistent with the vision and values

- There was a culture of openness and honest. All issues were openly discussed at regular minuted staff meetings or ad hoc meetings. The provider was aware of and had systems in place to ensure it complied with the requirements of the duty of candour.
- All clinical staff had a training schedule and were valued for the expertise that they had, and were gaining, through continuous development.
- There was a culture of equality and diversity, and all staff and clients felt they were treated equally and respectfully.
- The clinic operated safely, with particular consideration given to potential emergency scenarios and how staff would deal with them.
- Clients were encouraged to be involved in their own care and were given the appropriate choices and options in the clinic in order to make an informed decision

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- The clinic was managed well, with governance systems to support an effective and safe service.
- Staff were clear as to their roles. There were defined lead roles and a registered manager in post who understood their responsibilities.
- There was continuous review of policies and objectives, which were communicated to all staff.

Managing risks, issues and performance

There was a clear and effective process for managing risks, issues and performance.

- Risks were managed and monitored, although due to the recent opening of the clinic, there was no programme of second cycle clinical audit. This was planned to take place during 2018.
- There were financial management processes in place to keep an oversight of the performance and sustainability of the clinic for the future.
- The clinic was able to deal with incidents, with staff trained and aware of what to do – for example for spillages or a customer being unwell. This was in addition to training in fire evacuation and life support.

Appropriate and accurate information

The clinic acted on appropriate and accurate information.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- The clinic kept up to date with all medicine alerts.
- Performance of the clinic was discussed at meetings.
- Staff were kept up to date with information and business objectives.
- There were arrangements in place to deal with data security and the integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with clients, the public, staff and external partners

The clinic involved the staff and the clients to support ongoing sustainable treatment.

- There were feedback processes and the clinic used its own feedback form to measure customer opinions.

- There was a transparent and collaborative approach by the staff and company directors.
- All staff were encouraged to attend learning events and to share their knowledge both internally and externally.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Learning was shared where applicable.
- Leaders encouraged staff to take time for revalidation, training and career development.
- There was a team vision to improve and increase the service offering, including plans to branch develop a mobile phlebotomy service for housebound clients.