Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Your Travel Clinic

2nd Floor, Akerman Health Centre, 60 Patmos Road, London, SW9 6AF

Tel: 02030496511

Date of Inspection: 20 February 2014

Date of Publication: March 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✗ Action needed
Records	✓ Met this standard

Details about this location

Registered Provider	Akerman Limited
Registered Manager	Dr. Abdul Majid Mukadam
Overview of the service	Your Travel Clinic is a private clinic providing travel health services to both adults and children. The clinic is located in the London borough of Lambeth.
Type of services	Doctors consultation service Doctors treatment service Mobile doctors service
Regulated activities	Diagnostic and screening procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 February 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

Most people that we spoke with told us that they were happy with the treatment provided and that sufficient information had been provided to enable them to give informed consent. One person told us, "the care was really good and notable points were friendly staff, clean clinic and an efficient service. I was given appropriate information including leaflets during my appointment". Another person stated that the "service was really variable between doctors", with the most recent appointment having been an "excellent service". Some people also felt that improvements were required in ensuring effective communication by staff as to when and why the doctor was running late for their appointment.

We found the provider had arrangements in place for obtaining and acting in accordance with people's consent to care and treatment. People's health and travel needs were assessed, and care was planned in a way that ensured their safety and welfare. The provider had systems in place to protect people against the risks associated the unsafe use and management of medicines. People's records were fit for purpose, securely stored and retained for an appropriate period. However, we found that appropriate checks were not always undertaken before staff began to work by the provider.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 26 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external

appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Most people that we spoke with told us they were given enough information about the benefits, side-effects and costs of their treatment before they had agreed to the recommended vaccinations. This was reflected in six out of eight treatment records that we looked at where people had signed and dated forms to declare; "I have received information on risks and benefits of the vaccines and medications administered and have had opportunity to ask questions. I consent to the vaccines listed being administered". The other two records we looked at had not been signed as the individual's had only received information. Clinical staff we spoke with showed an awareness of informed consent, and people told us that both verbal and written consent were obtained by the doctor prior to any vaccinations being administered. We also saw that parental consent had been obtained from a person with parental responsibility before a child received an immunisation.

Staff that we spoke with demonstrated an awareness of the Mental Capacity Act 2005, and implications for this before the delivery of a person's treatment. The registered manager told us that no concerns had been raised to date with regard to the mental capacity of individuals they had provided care and treatment to within the clinic. However, staff records that we looked at did not contain certificates to confirm that all staff had received related training and / or a provider policy was in place to provide staff with guidance. The registered manager explained that clinical staff responsible for seeking people's consent were all qualified doctors and had received training in relation to the Mental Capacity Act 2005 in other courses such as safeguarding vulnerable adults. However, the manager acknowledged that specific Mental Capacity Act training would be considered as part of staff future professional development . As this had not been planned and taken place, we were unable to assess the impact on informing staff practice.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Most people that we spoke with told us they were happy with the treatment they had received, and that the doctor had involved them in the planning and delivery of their care. One person told us that the doctor was "professional and very good". Another person stated that "the doctor was rushed [during the appointment] and did not explain much information at the initial appointment. The eight treatment records that we looked at showed that people received vaccinations, immunisations and / or medical advice after an examination of their needs. This included a review of a person's medical conditions, and travel information in relation to the country of visit and length of stay. However, in some people's records we found that verbal discussions held between the doctor and person using the service were not always recorded to ensure an audit trail was maintained of the treatment planning that took place. We saw that some people were also referred to the clinic by their GP and hospital departments, and a clinical screening assessment was undertaken by the clinical staff to ensure that suitable services could be offered.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. The practice manager told us it was the provider's policy to ensure that people who received treatment were asked to provide written details of their medical history, including their current medication and any allergies; to ensure that the doctor did not recommend and / or deliver treatment that might impact on a person's health. We found people provided this information in a travel risk assessment form which was reviewed with them by the doctor during consultation. One doctor that we spoke with showed us two records to evidence they had worked in co-operation with other health professionals to risk assess the suitability of vaccinations before they were administered to the person's using the service. For example, we saw that the doctor had requested from a consultant written confirmation of a person's recent blood test results and responsiveness to anti-retroviral treatment (ARV) to inform their clinical decision to administer the yellow fever vaccination. In another example, the doctor had liaised with a child's parent, general practitioner (GP) and paediatric respiratory clinical specialist to assess if there were any risks of the child receiving varicella vaccine due to their diagnosis of lung disease. Where risks were identified, for example a person with severe allergy to egg, vaccinations such as yellow

fever were not administered. This showed that the provider had a system in place to identify, assess and manage risks to the health, safety and welfare of people using the service.

There were arrangements in place to deal with foreseeable emergencies. The provider had appropriate resuscitation equipment in place; this included a defibrillator, an emergency drugs box and anaphylaxis kits. These were checked on a monthly basis by the practice manager to ensure that they were safe to use and accessible in the event of an emergency. We found all emergency drugs were in date and suitable for use. Staff we spoke with knew what actions to take in the event of an emergency such as contacting the doctor and / or emergency services, and clinical staff records we looked at showed doctors had up to date basic life support training. The provider had a business continuity plan in place which included loss of utilities, adverse weather and staff absences. At the time of our inspection, this plan was being reviewed to ensure that current arrangements were appropriate for dealing with emergencies.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining and recording medicines. The practice manager told us that all medicines including vaccinations were directly ordered from pharmaceutical companies based on the needs of people using the service; and we saw records to evidence this. The care records that we looked at detailed the medication name, dose, batch number and expiry date, which provided an audit trail of the medicines administered for each person. The recording of this information ensured that should a person experience an adverse reaction, the medication administered could be traced back to the specific batch which had been used. However, we noted that the provider relied on despatch notes and invoices for their audit trail in relation to when and what medicines were received into the service, and this may not be an effective monitoring system of medications received into the service.

Medicines were kept safely. The medicines that we looked at were securely stored in locked refrigerators within the clinic. We found staff maintained daily temperature records to check that medicines were stored within the manufacturer's guidelines of between two and eight degrees Celsius. The temperature records that we looked at showed that medicines were stored at the appropriate temperatures and they were in date. We also found medicines for anaphylaxis were kept in a sealed plastic box and malaria tablets were kept in a lockable cupboard in the treatment room.

Medicines were safely administered and disposed of appropriately. People's medicines were administered by a doctor following an initial assessment of people's care needs. For example, we saw that factors such as allergies, current medication regimes including antibiotics for example, had been clearly recorded in people's care records to ensure safe prescribing of medication. Most people that we spoke with told us that medicines including vaccinations were administered in a manner that respected their privacy and dignity. We saw that needles and syringes were disposed of appropriately in sharps bins, and these were collected by an approved disposal company to minimise the risk of cross infection to people.

The provider had a system in place for reporting adverse reactions to medications via the yellow card system. The practice manager told us there had been no adverse reactions

since the clinic was registered with the Care Quality Commission in December 2012. Staff were aware of how to report adverse reactions to the Medicines and Healthcare Products Regulatory Authority to protect people from the unsafe use of medicines.

Requirements relating to workers ✖ Action needed

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

People were not always cared for, or supported by, suitably qualified, skilled and experienced staff.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The provider did not have effective recruitment and selection processes in place to ensure that all relevant checks and documentary evidence had been obtained before staff began work. The practice manager told us that two written references and a criminal records check were required before new staff began working for the provider. We found three out of four records that we looked at showed that criminal records checks had been undertaken between the years of 2007 and 2009 by the staff member's previous employer and / or a different provider; APMS Solutions Ltd. Therefore, the provider Akerman Limited had not ensured that people using the service were cared for by staff with up to date and satisfactory criminal record checks.

We also found one staff record did not contain written references as required by the provider to assess if a person was of good character before being employed; however we noted that requests had been made to the staff member's previous employer in November 2008. Although Hepatitis B immunity was checked for all staff, there was no further evidence in some staff files of how the provider ensured that staff were physically and mentally able to do their job.

Documentation also found in staff records included proof of identity and a photograph, evidence of qualifications, skills and experience and legal entitlement to work in the UK. Professional registrations for individual doctors were in date and they were allowed to work by the General Medical Council. This ensured that people's care needs were met by staff that were fit and competent to do their job.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. The eight medical records that we looked at contained a record of the treatment provided for each person. This included personal and medical information for each person and the vaccinations administered. One doctor we spoke with told us that people's records were updated at each appointment to ensure they reflected each person's current care health needs. However, we found the vaccine history section of three out of eight risk assessment forms were not fully completed by person's using the service and / or re-checked by the doctor to ensure this did not impact proposed treatment.

Records were kept securely and could be located promptly when needed. People's records including records relevant to the management of the services were kept securely in lockable cabinets behind the reception area. We found electronic records were only accessible by authorised staff using secure login details and password. Records that we looked at showed all staff had signed confidentiality statements and undertaken training related to; information governance, and security guidelines, password management and patient confidentiality for example. This training ensured staff maintained their duty of care in the handling of records and information related to people using the service and the management of the service.

Records were kept for the appropriate period of time and then destroyed securely. The practice manager told us people's records had not been disposed of since the travel clinic had been registered in December 2012, and they were aware of the need to ensure the secure disposal of records. The provider had a service contract in place for the secure disposal of records and we saw certificates of destruction issued by the approved contractor. However, we found the provider did not have a policy in place to guide staff in relation to retention of records to ensure that records were not kept longer than necessary.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	**Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010** **Requirements relating to workers**
	How the regulation was not being met: Information specified in Schedule 3 such as satisfactory evidence of conduct in previous employment (references) and information about staff 's physical or mental health conditions were not available in staff records. Staff criminal records checks had also not been undertaken by their current employer - Regulation 21(b).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 26 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk