

360 Health Ltd

London Vaccination Clinic – London Bridge

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 17 December 2015 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 not providing some 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.

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 not providing some safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the clinic.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal apology and are told about any actions to improve processes to prevent the same thing happening again.
- Overall, the clinic had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. However, we found the clinical area had carpeted flooring, and room temperatures were not recorded on a frequent basis.
- The provider sent us evidence of the updated safeguarding training records for members of staff. However, staff who worked with children did not have level 3 safeguarding training and we did not see evidence of Level 4 safeguarding training for the named lead member of clinical staff.

Are services effective?

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

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There were arrangements in place for working with other health professionals to ensure quality of care and treatment for the patient.
- There was evidence of appraisals and personal development plans for all staff.
- Clinical audits demonstrated quality improvement.
- There was evidence of consent that was sought for people's care and treatment, in line with appropriate guidance and legislation.

Are services caring?

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

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. We saw evidence of treatment that was fully explained, including the cost of treatment.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

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

- Services were planned and delivered to meet the needs of the target population. This included flexibility in appointment times and opening past the stated hours to ensure patients' care and treatment needs were met.
- All reasonable adjustments are made to enable patients to receive their care or treatment.

Summary of findings

- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments accommodated for at short notice.
 - Information about how to complain was available and easy to understand and evidence showed that the clinic responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
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Are services well-led?

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

- The clinic had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management.
 - The clinic had a number of policies and procedures to govern activity and held regular governance meetings. The clinic had systems in place for knowing about notifiable safety incidents and acted upon them.
 - There was a strong focus on continuous learning and improvement at all levels.
 - The clinic proactively sought feedback from staff and patients, which it acted on.
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London Vaccination Clinic – London Bridge

Detailed findings

Background to this inspection

London Vaccination Clinic at London Bridge provides a private travel vaccination service and advice on immunisation for travellers (both children and adults). The clinic operates from one room and has at least one member of clinical nursing staff present at a time. The clinic also employs a lead nurse and six members of nursing staff who rotate between different provider sites.

The clinic is open from 10:00am to 8:00pm, Monday to Friday, and from 10:00am to 16:00pm on Saturdays.

The Clinical Director 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We spoke with four people using the service that day who all praised the efficiency and delivery of the treatment and advice given. All four patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. Additionally, they felt that the service provided was quick, easy and friendly.

Our key findings were:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The clinic had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The clinic proactively sought feedback from staff and patients, which it acted on.
- The clinic shared relevant information with other services in a timely way, for example when referring people with suspected rabies to other services, such as Public Health England.

The areas where the provider should make improvements are:

- Ensure the room temperature of the clinic room is audited on a frequent basis.
- Ensure a risk assessment is completed to determine whether the carpets should be removed from the clinic room for infection control purposes.

The areas where the provider must make improvements are:

- Ensure all clinical staff have completed training for safeguarding vulnerable adults and children to level 3.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely apology and were told about actions taken to improve care where appropriate. Staff told us they would inform the clinical lead of any incidents and there was a recording form available in the clinic, of which we saw evidence of. All complaints received by the clinic were entered onto the system. The clinic held regular meetings to discuss and analyse significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve procedures or safety in the clinic. For example, the clinic had recognised that there were inadequate recording arrangements with regards to the administration of yellow fever vaccines. As a result, an additional recording template for the number of yellow fever vaccinations was set up and audited on a regular basis.

Safety was monitored using information from a range of sources, including Public Health England (PHE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

The provider was aware of and complied with the requirements of the Duty of Candour. The management team encouraged a culture of openness and honesty. The clinic had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The clinic gave affected people reasonable support, truthful information and a verbal apology.
- They kept written records of verbal interactions as well as written correspondence.

Reliable safety systems and processes (including safeguarding)

The clinic mostly had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse:

- This included relevant legislation and local requirements and policies that were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- There was a lead member of clinical staff for safeguarding. Staff demonstrated they understood their responsibilities. The provider showed us training records for these relevant staff members and we saw evidence of completion in training for safeguarding vulnerable adults and children to level 2. However, staff who worked with children did not have level 3 safeguarding training and we did not see evidence of Level 4 safeguarding training for the named lead member of clinical staff.

Medical emergencies

The clinic had adequate arrangements in place to respond to emergencies and major incidents.

- There were panic buttons located in each room to raise the alarm in an emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The clinic had an oxygen cylinder with adult and children's masks. There was also a first aid kit available.
- Emergency medicines were easily accessible to staff in a secure area of the clinic and all staff knew of their location. Medicines were checked on a regular basis. All the medicines we checked were in date and fit for use based on the treatment provided, including for anaphylaxis.
- The clinic had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Staffing

We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). All staff who acted as chaperones were trained for the role and had received a

Are services safe?

DBS check. (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).

Monitoring health & safety and responding to risks

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The clinic had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The clinic also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different nursing staff to ensure that enough staff were able to administer the travel vaccines. In times of staff sickness, staff will agree to provide cover to ensure work is completed.

Infection control

The clinic maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. The registered manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training.
- However, there was a carpeted area in the clinic room which meant there was a risk of contamination due to spillage of medicines, blood etc.

Safe and effective use of medicines

The arrangements for managing medicines, including emergency drugs and vaccinations, in the clinic kept patients safe (including obtaining, prescribing, recording, handling, storing and security).

- The clinic carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing, such as fridge temperature monitoring, safe security of medicines and monthly update checks against a recognised travel information website.
- Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the clinic to allow nurses to administer travel medicines in line with legislation. They were in-date and properly authorised.
- The room temperature of the room that stored the medicines was not monitored on a frequent basis. This meant there was a risk that medicines were not stored in accordance with manufacturer's recommendations. However, on the day of inspection the room temperature was within the normal range of below 25°C
- The fridge temperature was appropriately monitored on a daily basis, and we saw evidence of the cold chain being maintained.
- We saw evidence of clear, accurate and auditable patient records in instances where medicines were administered on the premises.
- The provider packaged and labelled medicines dispensed in accordance with legal requirements.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

The clinic assessed needs and delivered care in line relevant and current evidence based guidance and standards, including Public Health England's (PHE) best practice guidelines.

- The clinic had systems in place to keep all clinical staff up to date. Staff had access to guidelines from a NHS travel information website and used this information to deliver care and treatment that met peoples' needs.
- The clinic monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. This included an up-to-date medical history, a clinical assessment and recording of consent to treatment.

Staff training and experience

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The clinic had an induction programme for newly appointed members of staff that covered such topics as PGDs, infection prevention and control, fire safety, health and safety and confidentiality.
- The clinic could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those administering yellow fever vaccines, intra dermal rabies training and staff involved in medical emergencies.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of clinic development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of nurses. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Working with other services

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the clinic's patient record system and their physical records.

- This included care and risk assessments, details about the destinations patients travelled to, medical records, investigations and test results. Information such as travel leaflets were also available.
- The clinic shared relevant information with other services in a timely way, for example when referring people with suspected rabies to other services, such as Public Health England.
- The clinic sought the consent of patients if they wanted their GP to be contacted with the relevant treatment that was provided to them.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the clinic nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the clinics responsibilities within legislation and followed relevant national guidance.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed that members of staff were courteous and very helpful to patients and treated people with dignity and respect.

- Curtains were provided in the treatment room to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the virtual feedback we saw was positive about the service experienced. Patients said they felt the clinic offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback we saw was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. We saw a list of different languages spoken by staff informing patients about vaccines.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The clinic reviewed the needs of its target population and engaged with the Public Health England (PHE) Area Team to secure improvements to services where these were identified:

- For example through working with PHE to develop care pathways and best practice around rabies treatment post exposure.
- The clinic is designated as a yellow fever centre, which meant it was able to accommodate people's needs around the demand for this vaccine.
- There were longer appointments available for people with a learning disability or those with multiple health concerns.
- Same day appointments were available for those with urgent travel needs.
- The clinic has a text messaging and email service that reminded patients of their appointment time two days before the appointment is due.
- There was a display of the list of different languages spoken by staff to accommodate people's needs in case English was not their first language.

Access to the service

The clinic is open from 10:00am to 8:00pm, Monday to Friday, and from 10:00am to 16:00pm on Saturdays. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, walk-in appointments were available every day, and urgent appointments were available for people that needed them.

We saw that finding the clinic externally was difficult as there was no sign indicating that the clinic was inside. The provider told us that as the building is a listed property, the landlord was not able to get permission to display the clinic name. People told us on the day that they were able to find the clinic easily and get appointments when they needed them.

Concerns & complaints

The clinic had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were appropriate and up to date.
- There was a designated responsible person who handled all complaints in the clinic.
- We saw that information was available to help patients understand the complaints system, including information on who and what to report adverse events to.

We looked at five complaints received in the last 12 months and found that these were dealt with in a timely way, and in accordance with the clinic's policy. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the clinic had received a complaint about the cancelling of a pre-bookable appointments close to the date of the appointment. The clinic investigated this complaint, and decided to extend the range of appointments in the future due to the fact that they had recently become busier.

Are services well-led?

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

Our findings

Governance arrangements

The clinic had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Clinic specific policies were implemented and were available to all staff both within the administration office and on the shared computer network.
- There was a comprehensive understanding of the performance of the clinic
- There was a programme of continuous clinical and internal audit however the clinic could not demonstrate how they had been used to improve patient outcomes.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of those relating to monitoring room temperatures.

Leadership, openness and transparency

The Clinical Director had the experience, capacity and capability to run the clinic and ensure high quality care. They prioritised safe, high quality and compassionate care. They were visible in the clinic and staff told us that they were approachable and always take the time to listen to all members of staff.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the clinic held monthly clinical meetings.
- Staff told us that there was an open culture within the clinic and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the clinic, and the management encouraged all members of staff to identify opportunities to improve the service delivered by the clinic.

Provider seeks and acts on feedback from its patients, the public and staff

The clinic encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service:

- It had gathered feedback from patients through two virtual feedback portals and through complaints received. These were then analysed and appropriate actions implemented.
- The clinic had also gathered feedback from staff through staff meetings, discussions and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the clinic was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met</p> <p>We found that not all clinical staff who would treat children were adequately trained to level 3 in safeguarding children. In addition, we did not see evidence of Level 4 training for the named lead member of clinical staff. This meant there were gaps in the systems and processes which operated to effectively prevent abuse of service users.</p> <p>This was in breach of regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>