

King's Cross

Inspection report

MWB Business Centre
344-354 Grays Inn Road
London
WC1X 8BP
Tel: 02082617552
www.londontravelclinic.co.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection December 2018 – not rated in line with our methodology at that time).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection programme we carried out an announced comprehensive inspection at King's Cross on 26 September 2019 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.

Our key findings were :

- Staff involved patients with their procedures and treated them with kindness, dignity and respect.
- Patients found it easy to get an appointment at a time that was convenient to them.
- There was a focus on continuous learning and improvement.
- Policies and procedures were service specific, reviewed regularly and accessible to staff.
- Staff were offered support and appropriate training for their roles.
- The service had systems in place to ensure risks to the premises were well managed including fire safety and infection prevention and control.

There was an area where the provider could make improvement and should:

- Consider making information about the complaints process available on the website.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector and a CQC Pharmacist Specialist.

Background to King's Cross

King's Cross is a vaccination service located in central London and operated by London Travel Clinic Limited. The King's Cross location is one of five clinics operated by London Travel Clinic Limited within central London. The service at King's Cross is provided out of a single consultation room, located on the ground floor, in a mixed-use building at MWB Business Centre 344-354 Gray's Inn Road, London, WC1X 8BP. The service is open every Monday, Wednesday and Friday between 8.30am and 8pm.

The service is registered with the CQC to provide treatment of disease, disorder or injury. The service is run by qualified nursing staff that are all registered with the appropriate professional body. The service is available for both children and adults and provides travel health advice, is a designated yellow fever vaccination centre and provides the following vaccinations: Cholera, Diphtheria, Hepatitis A, Hepatitis B, Japanese

encephalitis, Malaria, Meningococcal meningitis, Polio, Rabies, Tick-borne encephalitis, Tetanus, Yellow fever, Typhoid, Chicken pox, HPV, Influenza, Measles, Mumps, Rubella, and Whooping cough. Prices for consultations and all associated costs are clearly listed on the services' website:

To get to the heart of patients' 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?

We rated the service as good for providing safe services.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The service had ensured staff were able to access its policies, either as hard copies or electronically. We saw evidence that policies had been reviewed and were non-specific for the service. We were told the provider had concentrated on standardising the policies across all locations. It had developed a standard operating procedure (SOP) for the service.
- We saw evidence that training was appropriately managed including Infection prevention and control training and safeguarding. All staff were trained to the appropriate safeguarding level apart from one nurse who was trained to safeguarding level 2, we found the provider had taken action to ensure the nurse was up to date. For example, when we raised this with the provider we were told they were aware and provided evidence that the nurse had been scheduled for level 3 safeguarding training in October 2019.
- The service had a defibrillator in the treatment room, for use in a medical emergency, and we saw evidence it was regularly checked to ensure it would be functional if needed.
- The service had a building risk assessment and undertook the relevant checks for the waterborne infection Legionella. Legionella is a term for a bacterium which can contaminate water systems in buildings.
- The premises were clean, tidy and décor was in good condition. There was evidence of frequent cleaning confirmed by a cleaning schedule and checklist. Infection prevention and control and cleaning regimes were reviewed by the service to ensure best practice was maintained.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- There were appropriate protocols in place for ensuring the safe storage and handling of vaccines. We conducted random checks of stored medicines during inspection and found they were stored securely in line with legal requirements and manufacturers instructions.

- We saw the service was undertaking regular weekly infection prevention and control checks and three-monthly infection prevention and control audits. These also contained details of any actions required together with the date it was reviewed or completed.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.
- 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 service also had its own stock of emergency medicines. We saw evidence there was an effective system in place for ensuring the emergency medicines were available and in date.

Information to deliver safe care and treatment

The GP had the information needed to deliver safe care and treatment to patients.

- All patients to the service had to undertake an initial assessment in order to ensure their medical history and needs were completely understood and noted. Patients were given 20 minute appointments to enable nurses to complete a full risk assessment, a further 15 minute appointment would be added for follow-up vaccinations, in line with the Royal College of Nursing travel health nursing standards.
- The care records we saw showed that information needed to deliver safe care and treatment was available. For example, we saw that patients were given personalised travel plans. Consultation records were comprehensive and included travel advice given and a record of medicines that had been administered including batch numbers and expiry dates.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The service adopted Patient Group Directions (PGDs) and Patient Specific Directions (PSDs), these were appropriately authorised and in date. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for

Are services safe?

treatment. PSDs are written instructions authorising a clinical non-prescriber to administer medicines and signed by a medical prescriber after the patient has been individually assessed.

- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.

Track record on safety

The service had a good track record on safety.

- The service showed us evidence that fire safety was appropriately addressed. For example, there was a recently completed fire safety risk assessment, fire drills were carried out and record, fire safety equipment was appropriately maintained and staff were up to date with fire safety training.
- The service was able to show us evidence it conducted a range of risk assessments to ensure a safe environment for patients including infection prevention and control, legionella and health and safety.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- 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 knowing about notifiable safety incidents.
- Staff understood their duty to raise concerns and report incidents and near misses.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. We saw evidence of safety alerts being disseminated to staff via the bespoke clinical system, when action was required the provider maintained an audit trail of action taken.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider had systems to keep the clinical team up to date with current evidence-based practice.

- We saw that staff assessed needs and delivered care and treatment in line with current legislation, standards and guidance. The provider used various information resources as a basis for offering travel-related advice and vaccination. These included the “Green Book” containing the latest information on vaccines and vaccination procedures published by Public Health England, the National Travel Health Network and Centre (NaTHNaC), TRAVAX and the British National Formulary (BNF).

Monitoring care and treatment

The provider had systems to ensure the effectiveness and appropriateness of the care and treatment provided.

- The provider ensured diagnosis and treatment was in line with national guidelines through observation and reviews of clinical consultations.
- The provider had systems to monitor performance and bring about quality improvement. For example, quality audits were carried out on patient consultation records. The audits ensured treatments were ethical and in line with best practice. We saw evidence that the findings of these audits were shared with individual clinicians to improve practice.

Effective staffing

Staff had the clinical knowledge and training required to perform their job effectively.

- We saw that the nurses working at the location had received update training and staff responsible for dispensing yellow fever vaccine had completed an accredited course. Personnel files we reviewed included evidence that staff had been provided with all mandatory training such as health and safety, infection prevention and control, fire safety and confidentiality.
- The provider gave staff on-going support. This included an induction process, one-to-one meetings, appraisals,

clinical supervision and support for revalidation. We saw evidence that all staff working at the King's Cross location had undergone an appraisal in the past 12 months.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

The provider had arrangements in place for ensuring collaboration with other services to deliver effective care and treatment.

- Patients were provided with a copy of their notes documenting the vaccines that they had received. The provider advised patients to share this information with their GPs.
- Patients were informed of all costs prior to treatment and during consultation, in addition vaccination costs and consultation fees were displayed on the provider's website.

Supporting patients to live healthier lives

Staff were consistent in their approach to helping patients sustain and improve their health while travelling.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The provider gave patients a booklet containing advice to prevent and manage travel health related diseases such as Malaria and advice about food and water safety.
- The provider identified patients who may need extra support and directed them to relevant services.

Consent to care and treatment

The provider obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making and the provider had systems in place to ensure consent was recorded. For example, the clinical system used by the service had a mandatory field where consent must be completed before allowing the clinician to complete the consultation notes.
- Staff supported patients to make decisions by providing information about treatment options and the risks and

Are services effective?

benefits of these as well as costs of treatments and services. We saw examples of consultation records where patients had declined particular vaccines offered to them.

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The provider gave patients timely support and information.
- All 11 patient Care Quality Commission cards we received were positive about the service experienced. This was in line with other feedback received by the service.
- Staff told us that the provider sought patient feedback by means of comments cards and via its website. We saw patient feedback was reviewed on a quarterly basis. The most recent feedback from July and August of 2019 that showed 98 of the 99 patients would use the service again.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Interpreter services were available for patients who did not speak English as a first language.
- The provider's website and leaflets at the location gave patients information about the range of services available including the costs of vaccines and consultation fees.

Privacy and dignity

The provider respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. All staff at the King's Cross location had received recent training in diversity and equality.
- Patients' electronic care records were securely stored and accessed electronically.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs.

- The service was provided to both adults and children. Patients could be seen outside normal working hours with early morning and evening appointments available.
- Same day appointments and walk-in consultations were often available.
- Interpreter services were available for patients who did not speak English as a first language.

Timely access to care and treatment

Patients could access care and treatment within an acceptable timescale for their needs.

- Patients had timely access to appointments and the provider kept waiting times and cancellations to a minimum. Staff told us that patients were informed if clinics were running late and were given opportunity to re-book or have the consultation fee waived.

- The service operated on Mondays, Wednesdays and Fridays between 8.30am and 8pm. Patients were usually seen by appointment, but a walk-in service could be provided if slots were available. Saturday appointments were available at some of the provider's other locations.
- Information about opening times was displayed on the provider's website, which allowed access to a 24-hour online system for patients to book appointments. Patients could also phone the provider for access to last minute appointments.
- Patient feedback showed that patients were satisfied with how they could access care and treatment.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and had systems in place to respond.

- We reviewed the provider's complaints policy, there was a designated manager responsible for overseeing the complaints process; complaints were acknowledged within five working days and investigations completed within 20 working days. Although the provider's website had a facility for patients to submit feedback, it did not contain information about the complaints procedure.
- There had been nine complaints recorded across the central London locations in the last 12 months and we saw evidence that complaints were managed in line with the complaints policy.

Are services well-led?

We rated the service as good for providing well-led services.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality clinical care to patients.

- Leaders had the experience, capacity and skills to deliver the organisational strategy. They were knowledgeable about issues and priorities relating to services.
- Staff told us leaders were visible and approachable.
- Service specific policies were implemented and were available and reviewed regularly.
- There were appropriate arrangements for identifying, recording and managing risks.

Vision and strategy

The service had a clear vision and strategy to deliver high quality treatment and advice to patients the majority of whom were living and working in the London area.

- The service had a comprehensive business plan in place.
- The service had systems in place to ensure advice and guidance was delivered according to national guidelines.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality care.

- Staff we spoke with told us they felt respected and valued.
- The provider focused on the needs of patients. For example by tailoring advice and treatment to each client on an individual basis.
- There was a culture of openness and honesty, this was demonstrated through the reporting and management of incidents.
- The service operated safely, with consideration given to potential emergency situations and how staff would manage them.

- Patients 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.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities and the provider had established policies and procedures to ensure the service was being operated safely with a patient centred approach.
- Consultation records we reviewed evidenced consultations and treatment were in line with national guidance.

Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance.
- Clinical audits of consultations had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The service had plans in place to deal with major incidents.
- The service considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Are services well-led?

- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The provider involved patients and staff to support high-quality sustainable services.

- The provider sought feedback using patients comments cards and via a facility on its website and reviewed feedback quarterly.

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, this was evidenced through the management of patient safety alerts, complaints and significant events.
- Systems in place to manage staff training identified and supported improvement