

Vaccination UK Limited

Vaccination UK Limited

Inspection report

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Ratings

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

Overall summary

We carried out an announced comprehensive inspection on 27 March 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 not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was not 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 not 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

Summary of findings

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.

Vaccination UK Limited is a private clinic providing travel health advice, travel and non-travel vaccines, blood tests for antibody screening and travel medicines such as anti-malarial medicines to children and adults. In addition, the clinic holds a licence to administer yellow fever vaccines.

Vaccination UK Limited is also commissioned to the NHS in the provision of child immunisation services.

This location is registered with CQC in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of travel health.

The clinic is registered with the Care Quality Commission under the Health and Social Care Act 2008 to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

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

As part of our inspection we asked for Care Quality Commission comment cards to be completed by clients prior to our inspection. We received seven completed comment cards which were all positive about the standard of care received. Clients told us staff were kind, knowledgeable, friendly, professional and caring.

Our key findings were:

- The provider had systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Lessons were shared to make sure action was taken to improve safety in the practice. However, the service did not always record and investigate incidents.
- Staff had the information they needed to deliver care and treatment to clients.

- The service had reliable systems for appropriate and safe handling of medicines.
- There were risk assessments in relation to safety issues. However, some assessments required strengthening.
- Staff were aware of current evidence based guidance and had access to the most up to date information.
- Clients received an individualised travel risk assessment, health information including additional health risks related to their destinations and a written immunisation plan specific to them.
- Staff recruitment checks, induction, essential training, appraisals and supervision was not always recorded or carried out in a timely manner.
- Staff worked together and when necessary with other health professionals to deliver effective care and treatment.
- We saw staff treated clients with kindness and respect, and maintained client and information confidentiality.
- Information for clients about the services available was easy to understand and accessible.
- The provider understood its client profile and had used this to meet their needs.
- Information about how to complain was available and evidence from examples we reviewed showed the practice responded quickly to issues raised.
- The service had a clear vision and strategy and staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings. However, not all governance structures, systems and processes were effective in enabling the provider to identify, assess and mitigate risks to patients, staff and others.

We identified regulations that were not being met and the provider must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Summary of findings

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Review infection prevention and control systems and processes to ensure audits are undertaken on a regular basis.
- Review the management of clinical waste.
- Review the risk assessment in place for not having a defibrillator on the premises.
- Review the risks associated with staff driving to and from locations.
- Review the process and record keeping for staff induction.

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 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 at the end of this report).

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notice at the end of this report).

- The provider had systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff demonstrated that they understood their responsibilities however, not all staff members had received safeguarding training.
- The service had a recruitment and induction process in place however, we found some staff personnel files did not include documentary evidence of appropriate recruitment checks.
- The service had a process in place to check staff immunity status as part of the induction process. However, not all staff members had an up-to-date record of their immunity status.
- There were some systems in place to manage infection prevention and control (IPC). However, the service did not undertake IPC audits on a regular basis and the system in place to manage clinical waste was not effective.
- The service did not have adequate arrangements in place to respond to emergencies.
- Staff had the information they needed to deliver care and treatment to clients.
- The service had reliable systems for appropriate and safe handling of medicines.
- There were risk assessments in relation to safety issues. However, some assessments relating fire safety, premises and staff travelling to and from locations required strengthening.
- From the sample of documented examples we reviewed, we found lessons were shared to make sure action was taken to improve safety in the practice. However, the service did not always record and investigate incidents.

Are services effective?

We found that this service was not providing effective 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 at the end of this report).

- Staff demonstrated the skills and knowledge to deliver effective care and treatment. However at the time of inspection, staff members had not completed all essential training relevant to their roles such as basic life support, safeguarding and infection prevention and control.
- Staff were aware of current evidence based guidance and had access to the most up to date information.
- Clients received an individualised travel risk assessment, health information including additional health risks related to their destinations and a written immunisation plan specific to them.
- Staff induction was not always recorded or carried out in a timely manner. Staff personal development plans and clinical supervision was not undertaken on a regular basis.
- Staff worked together and when necessary with other health professionals to deliver effective care and treatment.
- Nursing staff understood the requirements of legislation and guidance when considering consent.

Summary of findings

Are services caring?

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

- Information for clients about the services available was easy to understand and accessible.
- We saw staff treated clients with kindness and respect, and maintained client and information confidentiality. This was supported by client feedback from CQC comment cards and surveys completed by the service.
- Clients were given a longer appointment for their first consultation.
- There was information available to clients in the waiting area and on the website.

Are services responsive to people's needs?

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

- The provider understood its client profile and had used this to meet their needs.
- Information about how to make a complaint or raise concerns was available in the waiting area.
- Feedback from completed comment cards and service lead surveys demonstrated that clients found it easy to make an appointment.
- Information about how to complain was available and evidence from examples we reviewed showed the practice responded quickly to issues raised. The service learned lessons from individual concerns and complaints and analysed complaints to identify trends.

Are services well-led?

We found that this service was not providing well-led 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 at the end of this report).

- The practice had a clear vision and strategy and staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings. However, not all governance structures, systems and processes were effective in enabling the provider to identify, assess and mitigate risks to patients, staff and others.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty.
- There was a focus on continuous learning and improvement at all levels.

Vaccination UK Limited

Detailed findings

Background to this inspection

Vaccination UK Limited was established in the UK in 2007 and provides services from their head office located at 21a Brand Street, Hitchin, Hertfordshire, SG5 1JE. The service is located on the first floor and there is one treatment room, a consulting room, a reception and waiting area and staff offices.

Vaccination UK Limited is registered with the Care Quality Commission under the Health and Social Care Act 2008 to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

The service offers travel vaccination and related health care advice, private medical consultations, medical screening examinations and women's health services.

The Clinical Director is the registered manager. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

The service operates a satellite clinic, approximately one to two times a week, from The Elms Consulting Rooms clinic in St Albans. We did not visit the satellite clinic as part of this inspection. Vaccination UK Limited sees approximately 4,000 clients a year between the two clinics.

The service is also commissioned to provide the school aged vaccination programme in Dudley, Walsall, Wolverhampton and 10 London Boroughs (seven in North East London, two in North Central London and one in the City of London). The service has also been commissioned by Hertfordshire Community NHS Trust to deliver the flu vaccination programme in all schools across Hertfordshire.

The service is open between 8am and 5pm Monday to Friday and appointments with a travel nurse are available between 9am and 3pm on Mondays, between 8am and 2pm on Tuesdays, between 9am and 1pm on Wednesdays, from 11am and extended to 7pm on Thursdays, between 9am and 1pm on Fridays and from 9am to 2pm on Saturdays. Appointments with a GP are available between 1pm and 5pm on Wednesdays.

We inspected the service on 27 March 2018. The inspection was led by a CQC inspector and a GP specialist advisor.

Before visiting, we reviewed a range of information we hold about the service. We also asked the service to complete a provider information request. During our visit we:

- Spoke with the Chief Executive Officer, Clinical Director and Operations Manager.
- Spoke to one travel nurse, a receptionist and administration manager.
- Reviewed a sample of the personal care or treatment records of clients.
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed comment cards where clients and members of the public shared their views and experiences of the clinic.

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?

Our findings

We found that this service was not providing safe services in accordance with the relevant regulations.

Safety systems and processes

The service had some systems and processes to keep customers safe and safeguarded from abuse. However not all processes had been followed to minimise risks to client safety.

- The service had systems to safeguard children and vulnerable adults from abuse. Arrangements for safeguarding reflected relevant legislation and local requirements. Safeguarding policies were accessible to all staff.
- A senior project manager was the Caldicott Guardian and the clinical director was the safeguarding lead. (A Caldicott Guardian is a senior person responsible for protecting the confidentiality of service-user information and enabling appropriate information-sharing).
- Staff demonstrated they understood their responsibilities regarding safeguarding. They knew how to identify and report concerns. The service arranged for an external training provider to deliver safeguarding children training to staff on an annual basis. However, the system in place to ensure staff completed safeguarding training was not effective. Records showed reception staff members had not completed safeguarding training since 2015 and a number of clinical and non-clinical staff had not completed safeguarding training since joining the service. The service told us safeguarding training for all relevant staff members would be completed in April 2018.
- The provider carried out staff checks, including checks of professional registration where relevant, upon recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for staff members based in Hitchin. However, the results from an audit carried out showed not all staff employed across the London Boroughs had the required checks completed such as DBS, references, qualifications and professional registration checks were not always fully completed prior to the employment of staff. (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).
- During our inspection we checked six staff files and found two staff files for nurses which did not include records of their qualifications and references. The service told us that they were in the process of updating their recruitment policy and procedures.
- The service had introduced a process to check staff immunity status as part of the induction process. However, not all clinical and non-clinical staff members had an up-to-date record of their immunity status. The service had an action plan in place to ensure this was addressed.
- There was a chaperone policy and a poster offering a chaperone service was displayed in the client waiting area. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Reception staff carried out chaperoning duties and received training for this role. However, the service did not have a system in place to ensure staff DBS checks were reviewed on a regular basis. For example, a member of the reception team who acted as a chaperone had a DBS check which was carried out in January 2013. Senior staff told us that a DBS check would be carried out for all non-clinical staff following our inspection and the service had updated their recruitment policy to reflect this.
- There were some systems in place to manage infection prevention and control (IPC). We observed the premises to be visibly clean and tidy. There were cleaning schedules and monitoring systems in place. The service had undertaken an IPC audit during one of their school immunisation sessions in March 2018. However, the service did not undertake IPC audits on a regular basis and had never completed an IPC audit at their Head Office in Hitchin.
- A number of clinical and non-clinical staff members had not completed IPC training. The clinical director was the IPC lead and they had completed basic IPC training in July 2017. Following the inspection, the service told us IPC audits had been scheduled and the IPC lead was in the process of completing level three IPC training.
- Clinical waste was stored securely and was collected by an external contractor. However, the service did not

Are services safe?

have a system in place to ensure clinical waste was collected on a regular basis. During our inspection we found over 20 sharps bins awaiting collection and a clinical waste bag which had not been labelled.

- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Electrical and clinical equipment had been tested within the past year.
- There was a health and safety assessment and policy available to all staff and the service had a variety of risk assessments to monitor safety of the premises such as control of substances hazardous to health and Legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The service carried out regular fire drills and fire alarms were tested on a weekly basis. Fire safety equipment had also been checked within the past year.

Risks to patients

There were some systems in place to assess, monitor and manage risks to client safety. The service did not have adequate arrangements to respond to emergencies and major incidents.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Clinical staff had appropriate indemnity insurance in place.
- The service did not have oxygen available on the premises and risk had not been formally assessed in the absence of this. Shortly after the inspection, the service informed us that oxygen had arrived on the premises and relevant staff members were in the process of being trained to safely use the oxygen.
- The service did not have a defibrillator available on the premises. Staff told us that the nearest defibrillator was located in a local high street store which was approximately 340 feet away. The service had assessed the risk for not having a defibrillator on site. However, this risk assessment was not comprehensive. For example, the service had not considered the opening times of the store or the length of time it would take to return with a defibrillator.
- All clinical staff based at the Hitchin office had received training in basic life support. However, a number of

non-clinical staff based at the Hitchin office and a number of clinical staff employed to operate the school immunisation programme in Hertfordshire and London did not have a record of basic life support training.

- The emergency medicines in place were suitable for the service. The emergency medicine adrenaline, used in the event of anaphylaxis (a serious allergic reaction that is rapid in onset and can be fatal if not responded to) was safely stored in the treatment room. The service had made the decision not to stock further emergency medicines for an allergic reaction after considering the guidelines by the Resuscitation Council UK.

Information to deliver safe care and treatment

Staff had the information they needed to deliver care and treatment to clients. Individual client records were written with clear details of the type of clinical treatment provided and managed in a way that kept clients safe. From the sample of electronic records we viewed, the service ensured information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Staff we spoke with explained the steps taken for checking that adults attending with children had parental responsibilities.

Safe and appropriate use of medicines

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

- The arrangements for managing medicines, including emergency medicines and vaccines, in the clinic minimised risks to customer safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Clinical staff prescribed, administered or supplied medicines to clients and gave advice on medicines in line with legal requirements and current national guidance.
- Patient Group Directions (PGDs) were in place for nurses to administer travel vaccinations and medicines in line with legislation.
- The service carried out medicines audits to ensure that administration and prescribing were carried out in line with best practice guidance and this included an annual clinical audit for yellow fever.
- The provider had an electronic stock control system in place which included vaccine schedules, a record of batch numbers and expiry dates.

Are services safe?

- Medicines were stored securely and all medicines requiring refrigeration were stored in an appropriate, secure medicine fridge. Temperatures were monitored and recorded. Records showed that the temperature for one of the fridges had been out of the required temperature range between 1 January and 1 February 2018. Staff told us that they had moved the vaccines as soon as the temperature went out of range and had adjusted the settings on the fridge following advice from the manufacturer.
- The provider used an accredited company to deliver vaccines to their satellite locations and staff had access to validated cool boxes from a recognised medical supplier to transport vaccines when required. The service had tested and used freeze boards as recommended by the manufacture to ensure the temperature of vaccines remained within the required range during transport. Freeze tags were also used as a fail-safe to ensure vaccines did not drop below the required temperature range.
- Arrangements for dispensing medicines such as anti-malarial treatment kept clients safe. The clinic provided complete medicine courses with appropriate directions and information leaflets.

Track record on safety

The provider used a range of information to identify risks and improve patient safety. For example, the provider shared incident reports and investigations across its network of clinics. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

There were risk assessments in relation to safety issues. However, the service did not have an electrical safety certificate in place for the premises. The service had not considered the risks associated with staff driving to and from locations and there was no system in place to check staff driving licences on a regular basis.

The service had undertaken a fire risk assessment in September 2017. This risk assessment was not comprehensive and had been completed by a member of the management team. However, the service was unable to demonstrate how this person was sufficiently trained and competent to complete the fire risk assessment. The actions identified in the fire risk assessment included training one member of staff to become the fire marshall and to train an additional member of staff to undertake the weekly testing of the fire alarm. At the time of inspection, the actions identified in the fire risk assessment had not been completed. Senior staff told us that an external contractor would be undertaking a fire risk assessment in April 2018.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. However, during our inspection we found an example of an incident which had not been investigated following a breach in the cold chain.
- When incidents were reported, the service learned and shared lessons, identified themes and took action to improve safety in the service. For example, we reviewed a significant event following a vaccine error. The service had undertaken an investigation and had taken steps to reduce the risk of the event reoccurring.
- There was a system for receiving and acting on safety alerts. The service learned from external safety events as well as client feedback and medicine safety alerts.
- The service was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was not providing effective services in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with most current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. For example, NaTHNaC (National Travel Health Network and Centre), a service commissioned by Public Health England.

Clients received a travel health assessment which provided an individualised travel risk assessment, health information including additional health risks related to their destinations and a written immunisation plan specific to them.

- A client's first consultation was usually between 20 to 25 minutes, during which a comprehensive pre-travel risk assessment was undertaken. This included details of the trip, any previous medical history, current medicines being taken and previous treatments relating to travel.
- The service had systems in place to receive and act on alerts from the Medicines and Healthcare products Regulatory Authority (MHRA) and through the Central Alerting System (CAS).
- Clinical staff had access to the electronic Medicines Compendium (eMC) website on their computers. (The eMC contains up to date, accessible information about medicines licensed for use in the UK).
- Latest travel health alerts such as outbreaks of infectious diseases were available.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

- The provider had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, through supervision and ongoing assessment of newly appointed nurses by the lead nurse and clinical director. However, the service did not have a comprehensive system in place to ensure these arrangements were in place for all newly appointed nurses.

- The service monitored national core competencies and up-to-date standards for travel health and immunisation. All travel nurses received annual travel health update training.

Effective staffing

Evidence reviewed showed that the systems in place to ensure staff had the skills and knowledge to deliver effective care and treatment required strengthening.

- Staff we spoke with explained the skills, knowledge and experience necessary to carry out their roles. For example, staff whose role included immunisation had received specific training and could demonstrate how they stayed up-to-date.
- The service undertook staff induction however results from an internal audit demonstrated that staff induction was not always recorded or carried out in a timely manner. The service was in the process of updating their induction programme in order to implement the required improvements.
- Mandatory training was provided to staff on an annual basis and included safeguarding, equality and diversity, health and safety and fire safety, infection prevention and control, information governance, customer service, basic life support and anaphylaxis training. However, training records showed gaps in mandatory training for clinical and non-clinical staff including safeguarding, infection prevention and control, fire safety and basic life support training.
- The service provided one-to-one support, support for revalidation and clinical supervision. However, the system of clinical supervision was informal and was not carried out on a regular basis. The service had an improvement plan in place and intended on implementing formal clinical supervision procedures in April 2018.
- Senior staff completed personal development plans with staff on an annual basis. However, records showed gaps in staff personal development plans for both clinical and non-clinical staff. Staff were encouraged and given opportunities to develop such as attendance to study days. The service told us staff personal development plans would be in place for all relevant staff members by April 2018.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

- The service shared relevant information with other services. For example, when vaccinations were completed the individual was given information and advice on contacting their GP. The service would contact the client's own GP if any concerns had been identified with patients consent.
- The service clearly displayed consultation and vaccine fees in the waiting area and on their website.
- Staff worked together and when necessary with other health professionals to deliver effective care and treatment. There were clear protocols for referring clients to other specialists or colleagues based on current guidelines. The service had systems in place to manage complex travellers and had access to the NaTHNaC advice line, rabies reference laboratory advice line and the Malaria reference laboratory (Malaria RL provides laboratory reference and diagnostic parasitology of malaria and surveillance data on all imported malaria reported in the UK).
- The service liaised with local Clinical Commissioning Groups and Public Health England and coordinated patient care and treatment. For example, we saw evidence of rapid interventions by the service following an outbreak of Hepatitis A and Varicella (also known as chicken pox).

Supporting patients to live healthier lives

Staff were consistent and proactive in helping clients to live healthier lives whilst travelling. For example, the travel health consultation talked clients through advice to prevent and manage travel health related diseases such as, precautions to prevent Malaria and advice about food and water safety.

Consent to care and treatment

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

- Nursing staff understood the requirements of legislation and guidance when considering consent and decision making including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, parental attendance was required. Staff explained, identification would be sought in line with their policy and next of kin details recorded.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The service had an appropriate process for seeking consent and monitored this.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated clients with kindness, respect and compassion.

- Staff understood client's personal, cultural, social and religious needs.
- The clinic gave clients timely support and information.
- We noted that the consultation room door was closed during the consultation and conversations could not be overheard.
- All of the seven Care Quality Commission comment cards we received were positive about the service experienced. They told us staff were kind, knowledgeable, friendly, professional and caring.

The comment cards were in line with the results from client feedback forms. Client feedback forms included questions on access, quality of consultations, information provided and overall satisfaction. Feedback forms were reviewed and shared with staff regularly and results were published on a quarterly basis.

Involvement in decisions about care and treatment

Staff helped clients be involved in decisions about their care:

- Interpretation services were available for clients who did not have English as a first language.
- Travel health information was provided and staff helped clients find further information and access additional services where required. They helped them ask questions about their care and treatment.
- Client feedback forms showed clients felt staff involved them in making decisions about their care and treatment.
- Results from client feedback forms showed clients were very satisfied with the service provided.

Privacy and Dignity

The service respected and promoted clients' privacy and dignity.

- Staff recognised the importance of dignity and respect.
- The service complied with the Data Protection Act 1998.
- All patient records were electronic and held securely. Staff complied with information governance and gave medical information to clients only.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service organised and delivered services to meet clients' needs. It took account of their needs and preferences.

- The service understood the needs of its population and tailored services in response to those needs. For example, the service offered a phlebotomy service and nurses were able to take blood samples from clients for required testing.
- Client demand was monitored and clinic times were increased to allow for more appointments when needed.
- Same day appointments were available.
- Clients were able to book online and initiate the assessment process prior to their face to face consultation.
- The facilities and premises were appropriate for the services delivered. Patients with mobility needs were able to book an appointment at the satellite clinic in St Albans.
- There was a hearing loop and access to translation services.
- The service was able to provide a home visit if required.
- Travel products were available to purchase and clients had access to a network of Vaccination UK Limited Clinics throughout the country.

Timely access to the service

- Client feedback and customer surveys showed clients were able to access care and treatment within an acceptable timescale for their needs. Those with the most urgent needs had their care and treatment prioritised.
- The service was open between 8am and 5pm Monday to Friday and appointments with a travel nurse were available between 9am and 3pm on Mondays, between 8am and 2pm on Tuesdays, between 9am and 1pm on Wednesdays, from 11am and extended to 7pm on Thursdays, between 9am and 1pm on Fridays and from 9am to 2pm on Saturdays.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and responded to feedback appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was clearly displayed and easy to follow. Staff treated clients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance.
- The service recorded both written and verbal complaints and undertook an annual review of complaints to identify trends and themes.
- The service had received eight complaints in 2017 and we reviewed six of these complaints and found that they were satisfactorily handled in a timely way.
- The service learned lessons from individual concerns and complaints and also from the analysis of trends. It acted as a result to improve the quality of care. For example, the service had introduced a courtesy call to schools prior to holding a clinic in order to improve communication.

Are services well-led?

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

Our findings

We found that this service was not providing well-led services in accordance with the relevant regulations.

Leadership capacity and capability;

- Leaders had the experience, capacity and skills to deliver the service strategy and had plans in place to address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges, had identified areas which required strengthening and were addressing them.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. The staff we spoke with confirmed this.

Vision and strategy

The practice had a clear statement of purpose which was to provide significant and a valued contribution to the health and wellbeing of the local community by providing to individual patients and local businesses independent medical and nursing services of high quality. Staff understood the practice's aims and values which were displayed in the service and on the website. The practice had a clear strategy which reflected the vision and values.

Culture

- Staff stated they felt respected, supported and valued. They were proud to work in the service. They told us they could raise concerns, were encouraged to do so and would be listened to.
- Openness, honesty and transparency were demonstrated when responding to incidents and feedback. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The service had systems in place to ensure that when things went wrong with care and treatment:
- The service gave affected people support and a verbal and written apology.
- The service kept written records of correspondence with clients.

- There were some processes in place for providing staff with the development they need. Senior staff completed personal development plans with staff on an annual basis. However, at the time of inspection records showed gaps in staff personal development plans for both clinical and non-clinical staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff told us that they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Although the service had an overarching governance framework which supported the delivery of the strategy and good quality care, it was insufficient in ensuring the implementation of and adherence to a number of systems, processes and procedures.

- Staff were clear on their roles and accountabilities including in respect of safeguarding children and medicines management.
- Structures, processes and systems to support good governance and management were not clearly set out and understood in some areas. For example, the system in place to ensure all staff completed essential training relevant to their role, such as safeguarding, infection control, fire safety and basic life support was not effective. The systems in place to manage infection prevention and control and clinical waste was not comprehensive.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following the identification of incidents. However, significant incidents were not always reported and investigated in accordance with the service's policy and procedure.
- Following our inspection, members of the management team were in the process of taking action and implementing new processes.

Managing risks, issues and performance

There were processes for managing risks, issues and performance. However, risks were not always managed effectively.

Are services well-led?

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

- There were some processes to identify, understand, monitor and address current and future risks within the service. For example, some health and safety checks were in place along with general cleaning checks. A risk assessment for legionella was in place, including water temperature checks, electrical equipment was checked and clinical equipment was calibrated on a regular basis.
- However, not all governance structures, systems and processes were effective and enabled the provider to identify, assess and mitigate risks to clients, staff and others. For example the service did not have:
 - An effective system in place to ensure all staff had the required checks completed prior to employment and a process to ensure staff DBS checks were reviewed on a regular basis.
 - A system in place to ensure all clinical and non-clinical staff members had an up-to-date record of their immunity status.
 - Adequate arrangements in place to respond to medical emergencies.
 - An appropriate fire risk assessment, comprehensive infection prevention and control measures and electrical safety checks in place for the premises.
 - A system in place to ensure staff completed essential training relevant to their roles and clinical supervision on a regular basis.

Appropriate and accurate information

- The service had information governance policies in place. There were clear arrangements in line with data security standards for the availability, integrity and confidentiality of client identifiable data, records and data management systems.

- The provider used information technology systems to monitor and improve the quality of care. For example, each vaccine name and batch number were automatically available on the IT system and were populated by the system onto each client record once administered.
- Data or notifications were submitted to external organisations as required. For example, an annual audit was undertaken as part of the Yellow Fever vaccine licence.

Engagement with patients, the public, staff and external partners

- The provider involved clients, staff and external partners to deliver services.
- Staff proactively sought views from clients using feedback forms. The service acted on feedback and displayed information about their performance in the waiting area. For example, the service ensured consultation fees were clearly displayed following a complaint.
- Staff were encouraged to provide feedback and staff meetings were held on a regular basis.

Continuous improvement and innovation

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

- Learning was shared from other clinics and partnership sites and used to make improvements.
- Staff told us they had increased the uptake in school vaccination programmes. Staff met with community and religious leaders to encourage the update of vaccines within faith communities.
- The service monitored their performance and took action to make improvements following internal audits.

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
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <p>Not all clinical and non-clinical staff members had an up-to-date record of their immunity status.</p> <p>Not all staff employed had the required checks in place such as Disclosure and Barring Service checks, references, qualifications and professional registration checks.</p> <p>The registered provider did not ensure all the risks had been considered when assessing the emergency equipment available when providing services.</p> <p>Not all clinical and non-clinical staff members had received basic life support training.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Requirements in relation to staffing

How the regulation was not being met

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

A number of clinical and non-clinical staff members had not completed essential training relevant to their role such as safeguarding, fire safety and infection prevention and control training.

Clinical staff members did not receive supervision and records showed gaps in staff personal development plans for both clinical and non-clinical staff.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

How the regulation was not being met

Requirement notices

There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

An electrical safety check of the premises had not been carried out.

There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

The service did not have an adequate fire risk assessment in place for the premises and the actions identified in the internal risk assessment had not been completed.

Significant incidents were not always reported and investigated in accordance with the service's policy and procedures.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.