

Hampshire Travel and Vaccination Clinic

Inspection report


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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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Inadequate 

Overall summary

This service is rated as Inadequate overall. (Previous inspection March 2018).

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Hampshire Travel and Vaccination Clinic on 21 May 2019 as part of our inspection programme and to follow up on breaches of regulations.

The Care Quality Commission (CQC) inspected this service on 8 March 2018 and asked the service to make improvements regarding:

- The checking of emergency medicines and emergency equipment, and their associated expiry dates.
- The use of inappropriate patient group directions.
- Infection control measures, including completion of an infection control audit and legionella risk assessment.
- Systems and processes relating to the recording of and learning from significant events and complaints.
- Staff training in relation to safeguarding, infection control, the Mental Capacity Act 2005 and information governance.

We checked these areas as part of this comprehensive inspection and found some of these issues had been resolved, while others had not been adequately addressed.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service has a registered manager. A registered manager is a person who is registered with the CQC to manage the service. Like registered services, 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 CQC comment cards to be completed by clients prior to our inspection visit. We received twenty comment cards, all of which were positive about the standard of care received.

Our key findings were:

- The service had made some improvements following our previous inspection. For example, expiry dates of medicines kept by the service were being regularly checked; the service no longer used patient group directives; and the service had identified itself as low risk for legionella and was now performing water temperature checks regularly.
- However, there continued to be areas of concern as well as new issues identified at this inspection.
- The service still did not have clear systems in place to keep patients safe and safeguarded from abuse. There continued to be no documentation in place to show staff employed by the service had received required training in safeguarding. This had been identified as an issue at the previous inspection.
- Policies were in place to review and monitor risk but these were not fully embedded into practice. For example, formal clinical supervision or annual appraisals were not taking place at the service.
- There continued to be a lack of evidence in relation to the recording of and learning from significant events or complaints at the service.
- The service now had access to a defibrillator. It was located in the reception area of the building it was based in. However, we saw no evidence to demonstrate that formal training had been completed for using of the defibrillator.
- The service was still unable to demonstrate that staff had received formal training in anaphylaxis, fire safety, infection control, information governance or the Mental Capacity Act 2005.
- The service had not acted upon nor risk assessed its decision in relation to the lack of an additional fridge thermometer to be in line with Public Health England recommendations.
- Medical indemnity arrangements were not clear enough to demonstrate that the service was appropriately covered.
- The service had not assured itself that administrative staff it had access to for the role of a chaperone had been appropriately checked by the Disclosure and Barring Service.

Overall summary

- There were systems in place to ensure that staff received the most up to date evidence-based guidance in relation to travel vaccinations and travel advice. However, we were told the service was not formally documenting the injection site of vaccines. This was not in line with national guidance.
- We saw limited quality improvement activity taking place. We were told the service completed a Yellow Fever audit online but the service itself did not retain a copy of the results.
- Patients were given a comprehensive travel health passport which contained a record of vaccinations, useful information and contacts for when they were abroad.
- The service used a travel risk assessment form to identify the vaccines required for a patient. This form also allowed for patient consent to be formally recorded.
- Patient feedback about the service was positive.

The service had a clear vision and values in place. However, its governance arrangements and systems and processes did not support the service effectively.

The areas where the service **must** make improvements as they are in breach of regulations are:

- 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.
- Ensure persons employed by the service receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

(Please see the specific details on action required at the end of this report).

The areas where the service **should** make improvements are:

- Consider provision for alternative business arrangements so they are formalised and documented.
- Consider the provision of service information in alternative formats for patients with additional communication needs, for example, larger print for those with a visual impairment.
- Consider patient feedback when making improvements to the service.

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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 an advanced nurse practitioner specialist advisor.

Background to Hampshire Travel and Vaccination Clinic

Hampshire Travel and Vaccination Clinic is the only registered location of the registered service Hampshire Health Limited. Hampshire Health Limited offer a range of services including aesthetic treatments and renting out of consultation rooms. We only inspected the location of Hampshire Travel and Vaccination Clinic at this inspection.

Hampshire Travel and Vaccination Clinic is located in the small town of Emsworth in Hampshire on the border with West Sussex. The travel clinic is open between 9am and 5pm from Tuesdays to Fridays.

The address of the location is:

Hampshire Health Limited,
97 Emsworth Road,
Hampshire,
PO10 7LF.

Hampshire Travel and Vaccination Clinic provides a comprehensive travel service which includes travel advice, consultations and travel vaccinations. Other vaccinations are also available such as flu vaccinations.

All services incur a consultation and treatment charge to patients. Costs vary depending upon the type of consultation and treatment. The service is also a Yellow Fever vaccination centre.

During our visit we:

- Spoke with the registered manager, who is also the only employee.
- Reviewed service documents and policies.
- Reviewed Care Quality Commission comment cards.

The service provided background information which was reviewed prior to the inspection. We did not receive any information of concern from other organisations.

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?

At our last inspection we found that there were areas where the service was not compliant with the regulations set out by the Health and Social Care Act 2014. These issues included the checking and recording of checks of emergency equipment and emergency drugs; the appropriate authorisation of patient group directives; a lack of evidence relating to safeguarding training for staff; limited evidence of recording and learning from significant events.

At this inspection we rated the service as requires improvement for providing safe services because:

- Staff had not completed appropriate safeguarding adults or children training.
- The service was unable to demonstrate appropriate training had been undertaken by staff in relation to anaphylaxis.
- The service had not ensured that individuals available for use as chaperones by the service had received DBS checks to ensure their suitability to undertake this role.
- The service did not formally record significant or learning events and could not demonstrate appropriate learning gained from such events. This was a continuing issue from our previous inspection.

Safety systems and processes

The service did not always have clear systems to keep patients safe and safeguarded from abuse

- We saw a generic risk assessment had been undertaken by the service. However, this risk assessment was not dated.
- The service had a set of policies which included an overarching safeguarding policy to cover both adults and children. All policies had been reviewed and were due for review again in July 2019. Two members of staff were employed at provider level. However, only one of these worked within the travel clinic.
- Staff took some steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The registered manager demonstrated understanding of safeguarding concerns and was able to give some examples.
- The service had systems to safeguard children and vulnerable adults from abuse, but this did not include

the identification of a safeguarding lead. However, since inspection, the service has confirmed an individual has been identified and booked to receive appropriate training to fulfil the role of safeguarding officer.

- The service had systems in place to assure that an adult accompanying a child had parental authority. However, the system was not documented other than verbal confirmation.
- The service confirmed it was able to provide a chaperone service for its patients upon request. Staff members not directly employed by the service but who supported the service with reception and administrative duties, provided the chaperone service and had received training to undertake this role. However, the service could not ascertain whether or not a Disclosure and Barring Service (DBS) check or risk assessment to show this was not required, had been completed for these staff members.
- Staff had not received up-to-date safeguarding training as part of their role. We discussed this with the registered manager who verified that no formal training had taken place including for themselves, aside from watching a video in relation to safeguarding. The manager had a lack of oversight as to whether staff working on reception, who were not employed by the service but had direct access to travel clinic patients, had sufficient knowledge and awareness to identify a safeguarding concern. The service did not have an identified safeguarding lead to escalate safeguarding concerns to in the locality. The registered manager told us that their process would be to report the safeguarding issue to the CQC to escalate. These issues had continued since our last inspection. Since this inspection, the service had confirmed a safeguarding officer had been identified and would be attending specific training to fulfil the role in due course.
- There was a system to manage infection prevention and control, which ensured premises were clean and posed a low risk of infection. However, there was no appropriate infection prevention and control training for staff, nor the completion of an infection prevention and control audit in the previous 12 months.
- The service had ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. However, the service used the in-built thermometer for monitoring fridge temperatures. This was identified as a concern at the previous inspection. The service confirmed it had

Are services safe?

not experienced any issues with its fridge temperatures and we saw records of the fridge temperatures being checked on the days that the service was open. Public Health England recommendations state there should be at least one maximum, minimum thermometer used which is independent to the mains in addition to the integrated thermometer, in order to record temperatures in the event of a power failure. The travel clinic did not have this mechanism in place and had not risk assessed the lack of this. Since inspection, the service has purchased a separate digital thermometer to be used in its vaccine fridge, as stipulated by Public Health England recommendations. We were provided with proof of this order on 20 June 2019. The service has since assured us that the thermometer was now in use and was being checked on a daily basis.

- Since inspection, the service has produced a policy in relation to its cold chain protocols. We received a copy of this policy on 20 June 2019.
- There were systems for safely managing healthcare waste.
- The service carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.
- The service had introduced hot and cold-water testing in line with national legionella guidance. On review of the service's policy in relation to legionella, the service had identified itself as being low risk for legionella infection.

Risks to patients

There were not consistently appropriate systems to assess, monitor and manage risks to patient safety, particularly in relation to emergency situations.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. However, staff had not received specific training in relation to anaphylaxis. (Anaphylaxis is a severe allergic reaction). The service reported staff had completed The Level 3 Emergency First Aid at Work course in March 2018. It was reported that this course covered first aid and cardiopulmonary resuscitation. However, this course is intended for businesses such as

factories, construction sites, and hospitality services, rather than an independent health service administering travel vaccinations as it did not cover anaphylaxis as part of the training.

- The service had access to a defibrillator within the premises that the service was based in. We were told staff had watched a training video on how to use this device, but there was no formal documentation of this training having been completed. We saw the defibrillator was checked once a week since the beginning of May 2019.
- We were told the service had indemnity arrangements in place to cover all potential liabilities. However, on review of the indemnity certificate, we found that neither the travel clinic or the registered manager were specifically covered by the indemnity arrangements. Instead, the indemnity arrangements were indicated for the service level only, Hampshire Health Limited.
- We saw that staff had not undertaken fire safety training. The service had not identified a member of staff to act as fire warden and arranged the additional training to fulfil that role.
- The service was run single handed by the registered manager. The service did not use locums and would close when the manager was not available to work, such as during annual leave. Potential patients would be notified of the closure via a telephone message.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients, except in relation to the recording of checking patient identity and parental responsibility.

- The service maintained a secure database where patient information was stored following access to its service. Information stored included a scanned copy of the patient's travel risk assessment form, and vaccines received.
- The service confirmed all patients received a vaccination record card of the vaccinations they had received at the service. We were told it was the patient's responsibility to share this record with their named GP.
- Following its previous inspection, the service told us there were now protocols for verifying the identity of

Are services safe?

patients including children. The service told us this was done by checking a patient's passport, driver's licence or birth certificate. However, it could not produce documentation to support this.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines. However, recording of vaccine injection sites was not in line with national guidance.

- There were policies in place for the management of medicines, including vaccines.
- The systems and arrangements for managing vaccines minimised risks.
- The service told us it had removed all previously used patient group directives (PGDs). It was now using patient specific directives (PSDs). These were individually created for each patient and their travel requirement needs and then reviewed and authorised by the clinician attached to the PSD. We saw evidence of these PSDs.
- Once a vaccine had been administered, the service confirmed it was recording the batch number and expiry date of the vaccine used. However, the service could not demonstrate that it was formally recording the injection site of the vaccine. This was not in line with national guidance as stated in The Green Book. (The Green Book is a document available to all health professionals and vaccination practitioners to keep up to date with developments and best practice guidance in relation to vaccinations).
- Since inspection, the service has amended its travel risk assessment form to include an injection site table to document where an injection was administered. We were provided with a copy of the amended travel risk assessment form on 18 June 2019.
- The service told us it kept Adrenaline in the consultation room in case of emergencies. However, the storage of the Adrenaline was not in line with national guidance. For example, there was no evidence of temperature control or recording of temperatures in the consultation room.
- The service reported its oxygen cylinder was noted to be out of date in April 2019, and a new cylinder had been ordered. However, the service had not made interim measures for emergency oxygen to be available while it

waited for the new cylinder to be delivered. Issues around the oxygen cylinder were raised at the service's last inspection in March 2018 and documented in the service's previous report.

- Since inspection, the service has confirmed receipt of a new oxygen cylinder as of 22 May 2019.

Track record on safety and incidents

The service had a good safety record but there was limited evidence of the service monitoring its own safety performance.

- There were comprehensive risk assessments in relation to safety issues.
- The service did not engage in formal reviews or monitoring of activity but we were told these were discussed on an ad-hoc basis as required. We saw no evidence of these discussions being documented.
- The service had completed an audit required by its Yellow Fever centre status. However, this audit had been completed online and the service did not retain its own copy. We saw evidence of an email confirming receipt of the service's submitted audit information.

Lessons learned and improvements made

- The service was aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- The service had a policy for the reporting of incidents. On review, we found in most cases the service would report incidents, including safeguarding incidents and professional investigations, would be directly reported to the Care Quality Commission. The service reported no significant incidents had occurred since our previous inspection.
- The service continued to use an accident form as a way of recording incidents. This form was designed for medical related issues or accidents within the workplace. The book had one entry in it since our previous inspection and it did not relate to an incident involving a patient.
- The service had no other way of recording other types of incidents, including near misses or any type of learning events. We discussed this with the registered manager who was able to offer examples of learning events

Are services safe?

verbally, but did not feel that these events needed to be recorded or learnt from. As a result, there was no evidence to demonstrate the service was learning from events or monitoring any trends.

- Since inspection, the service has produced evidence of a retrospectively completed incident reporting form. The form had been created by the provider company. We received this on 20 June 2019.
- The service received external safety alerts as well as patient and medicine safety alerts from the World Health Organisation and Travax. (Travax is a subscription-based service which provides up to date information for healthcare professionals in relation to travel). However, there was no formal system for recording these alerts aside from retaining the alerts in an email inbox for future reference as required.

Are services effective?

At our last inspection we found that there were areas where the service was not compliant with the regulations set out by the Health and Social Care Act 2014. These issues included a lack of staff training in relation to information governance, infection control, safeguarding adults and children and the Mental Capacity Act 2005.

At this inspection we rated the service as requires improvement for providing effective services because:

- There was a continued lack of staff training.
- Staff did not receive appropriate clinical supervision or annual appraisals.
- Quality improvement activity was limited.

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards, including Public Health England's best practice guidance.
- The registered manager attended training courses throughout the year including receiving updates from NaTHNaC which is a service commissioned by Public Health England to provide resources to clinicians who administer travel vaccinations. They also belonged to the international society of travel medicine (a member's only community whereby travel vaccine updates and alerts are received) and attended their international conferences.
- The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from a recognised travel information website and used this information to deliver care and treatment that met patient's needs. The service checked this website on a regular basis and received email communication about news updates. Recent examples included a shortage of vaccines for rabies and how respond to requests from patients for that vaccine.
- We saw that comprehensive travel assessments were used for patients to record their previous medical history and their travel requirements prior to recommending or administering treatments.

- The service offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group.

Monitoring care and treatment

The service was not actively involved in quality improvement activity.

- On review of the service's policies, we saw guidance which stipulated the need of audits to ensure staff were adhering to national standards. However, we saw no evidence of these audits being undertaken.
- The service had completed a Yellow Fever audit online, but we saw no other documented quality improvement activity.
- The service had not made arrangements for formal peer reviews or clinical supervision to take place. This was not in line with the service's own policy to support workers as well as continually assessing and monitoring the quality of the service. This demonstrated that there was no evidence of learning being used to drive improvement at the service.
- However, since inspection, the service has confirmed an arrangement with other local clinicians has been agreed. The arrangement will allow of the clinicians to meeting quarterly and discuss findings from completed audits and share peer review experiences to learn from each other. The first of these meetings has been booked for June 2019.

Effective staffing

Staff had had the skills, knowledge and experience to carry out their roles but there continued to be no evidence of staff training and an annual appraisal had not been formally documented.

- The registered manager was the only employee at the Hampshire Travel Vaccination Clinic.
- We asked the registered manager to provide a certificate obtained from an international travel and vaccinations training course. But this has not been provided to us. We were therefore not assured that they were suitably qualified to carry out their role.
- We did see evidence of a certificate obtained for the provision of Yellow Fever treatment from NaTHNaC. (NaTHNaC (National Travel Health Network and Centre) is a service commissioned by Public Health England to provide up to date and reliable information about travel health).

Are services effective?

- The registered manager was a registered nurse and was due to revalidate with the Nursing and Midwifery Council (NMC) in August 2019. (Revalidation is a process that all nurses in the United Kingdom undertake in order to maintain their professional registration with the NMC)
- The service had a policy in relation to staff training. However, the policy only contained reference to first aid training, the watching of safeguarding training videos and training related to answering phone calls and clinic set ups.
- The service was unable to provide documented information to demonstrate what training the registered manager had completed, such as in safeguarding adults and children, the Mental Capacity Act 2005, infection control, anaphylaxis, fire safety and information governance. We were therefore not assured that they were suitably qualified to carry out their role.
- The registered manager was unable to provide formal documentation of an annual appraisal being completed within the previous 12 months. We were told they discussed aspects of their service with external clinical colleagues but these conversations had not been formally documented. We were therefore not assured that they were suitably appraised and supervised in their role.

Coordinating patient care and information sharing

- Patients received coordinated and person-centred care.

- The information needed to plan and deliver care and treatment was available to staff in a timely and accessible way through the clinic's patient record system. This included details about the destinations clients travelled to, medical records, investigations and test results.
- Patients were given vaccination record card which they could share this with their own GP if they wished.

Supporting patients to live healthier lives

- The service had information available on their website about certain types of illnesses that can be vaccinated against, and appropriate preventative measures to take when travelling to reduce the risk of contracting Malaria. There was also links to updated guidance available.

Consent to care and treatment

The service 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. The service had a consent policy which was in line with national legislation.
- The travel risk assessment form used by the service had a section for recording the consent of patients to receive their vaccinations.

Are services caring?

We rated the service as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We received 20 Care Quality Commission comment cards from patients who had used the service. Feedback from patients was positive about the way staff treated people, and patients had received a professional and friendly service.
- The service gave patients timely support and information.
- The service had a patient feedback form on their website which patients were encouraged to complete. However, the service stated comments left on the website had not been used to make changes to the service.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- From the 20 CQC comments cards received from patients using the service, we were told Information provided about travel vaccines was helpful and informative.
- There was clear and informative information on the service's website detailing what types of services were offered and examples of vaccinations available. The service website also provided clear guidance about the costs of each vaccination.

- There was a link on the website to frequently asked questions and updated news articles with regards to travel vaccinations.
- Staff communicated with people in a way that they could understand, but the service was unable to provide information to patients in an alternative format, such as larger print.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The consultation room door was closed during patient consultations. Conversations could not be heard outside this door.
- The service had a process whereby patients would give their name at reception and would then be booked in by the receptionists rather than completing a visitors book. The service explained that this was to maintain the privacy of patients attending the building. We were told that the reception area was a shared reception area for all services operating from the building including aesthetic treatments which are out of scope for registration with CQC.
- The waiting area was located off the main reception space. A separate room was available for patients to use if they so wished.
- We saw evidence of staff signing a confidentiality agreement to protect the privacy of patients when visiting the service.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

- Hampshire Travel and Vaccinations Clinic was located in a building owned by the parent company Hampshire Health Limited. The building hosted several services. The travel and vaccination clinic was located on the ground floor and easily accessible for people with mobility difficulties.
- The service was a dedicated Yellow Fever centre and was, therefore, able to accommodate people's needs around the demand for this vaccination.
- An urgent service was available for patients who were in need of short notice vaccinations.
- The service's website stated that it could offer flexible appointments. We discussed this with the registered manager who told us that they would adapt their clinic hours to allow for patients to attend for treatment or consultation if they were unable to do so in normal opening hours.
- registered manager explained that they would be able to adapt the opening hours to offer a service to a patient if they were unable to attend during the advertised opening hours.
- Patients could complete an online contact form to book an appointment at any time of day for the service to respond when it was next open. For urgent appointments patients were advised to contact the service through the main telephone line.
- As there was only one member of staff working at the clinic, when this staff member was unavailable a message was added to the telephone system to advise patients that the service was closed.
- From the 20 CQC comments cards received from patients using the service, we were told patients had been able to make appointments easily.

Timely access to the service

- Hampshire Travel and Vaccination Clinic was open 9.00am-5.00pm Tuesday to Friday. The clinic did not open on a Monday or at weekends. However, the

Listening and learning from concerns and complaints

- The service did not have information available on their website about how to make a complaint. There was a copy of the service's complaints procedure located in the reception area of the building premises and in the consultation room.
- The service told us it had not received any formal written complaints in the previous 12 months.

Are services well-led?

At our last inspection we found that there were areas where the service was not compliant with the regulations set out by the Health and Social Care Act 2014. These issues included limited evidence of effective systems and processes for assessing, monitoring and improving the quality and safety of the services provided.

At this inspection we rated the service as requires improvement for providing well-led services because:

- Systems and processes for assessing, monitoring and improving the quality and safety of the services being provided continued to not be fully embedded.
- The service had failed to respond to all the issues identified in its previous inspection report, and make reasonable adjustments to the service to ensure full compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Leadership capacity and capability;

- Hampshire Travel and Vaccinations Clinic were part of the parent company of Hampshire Health Limited.
- The registered manager of the travel vaccinations clinic was also one of the directors of the parent company and was the only member of staff directly employed at the travel clinic service.
- The registered manager was knowledgeable about issues and priorities relating to the quality of an independent health service. However, we saw limited evidence to demonstrate that the registered manager was addressing the issues identified at its previous CQC inspection and at this inspection we also found new issues where improvements were required.

Vision and strategy

The service had a vision and strategy to deliver high quality care and promote good outcomes for patients. However, our inspection findings identified several areas of concern, some that were still existing following our previous inspection and others that had been newly identified at this inspection which demonstrated that the service had not considered the governance arrangements in relation to its service.

- The service had a vision and set of values to provide a responsive service that put caring and client safety at its heart. But its governance arrangements and systems and processes did not support its vision and values.

- The parent company had a business plan that encompassed all of the services that it provided, which included the travel clinic. However, we found that this was not reflected in the day to day management of the service.
- The service itself did not have its business continuity plan.
- The registered manager of the travel clinic explained that the parent company was moving towards more aesthetic treatments which were out of CQC scope. They explained how as a wider team they worked collaboratively to identify a new strategy and how the travel clinic would fit into this new vision.

Culture

- The service focused on the needs of patients. However, it had not considered that formal evidence of completed training, including anaphylaxis, or clinical supervision was required for its staff to ensure the safety of its patients.
- Hampshire Travel Vaccinations Clinic only had one member of staff (the registered manager) who oversaw the operational running of the clinic as well as the clinical treatment side.
- Openness, honesty and transparency were expected when responding to incidents and complaints. The service told us it had not experienced any incidents or received any complaints but it was able to provide verbal accounts of incidents that learning could have been identified from. The service was aware of and had systems to ensure compliance with the requirements of the duty of candour should such a situation arise.
- We saw evidence of the service having processes for providing staff with the development they needed. This included information about appraisals and career development conversations. However, we saw no evidence of these conversations being undertaken through a formal arrangement. We saw no evidence to demonstrate the registered manager had received an appraisal in the previous 12 months. We discussed this with the registered manager who confirmed they had conversations with peer colleagues at training events and national and international conferences, but these had not been formally documented.

Governance arrangements

Governance arrangements were in place but some of these continued to not be embedded into practice.

Are services well-led?

- The service had policies in place which were had been updated and with a next review dated for July 2019. However, we found that policies were not always adhered to. For example, we were told annual appraisals and clinical supervision had not taken place.
- Systems and processes were in place but not always documented. For example, there was an infection control policy in place and the practice described to us the processes undertaking cleaning responsibilities. However, there was no formal audit or risk assessment in place to document when these had occurred.
- The provider could not demonstrate that appropriate training had been undertaken by staff employed to provide the service. As the building was shared with other organisations reception staff booked in patients attending for the travel clinic as well as taking phone calls from them. The provider could not evidence how they had sought assurances that these staff had the knowledge and awareness to identify a safeguarding concern.
- Staff were still unable to demonstrate that training for major incidents, such as fire, or anaphylaxis, had been undertaken. We saw evidence of fire procedures on display throughout the building.
- There was a continued lack of oversight of processes required to maintain safe equipment. The service reported its oxygen cylinder was noted to be out of date in April 2019, and a new cylinder had been ordered. However, the service had not made interim measures for emergency oxygen to be available while it waited for the new cylinder to be delivered. Issues around the oxygen cylinder were raised at the service's last inspection in March 2018 and documented in the service's previous report.
- Since inspection, the service has confirmed receipt of a new oxygen cylinder as of 22 May 2019.

Managing risks, issues and performance

The service had made some improvements since its last inspection with regards to managing risks, but these improvements had not encompassed previously identified issues or performance through the provision of formal staff training, despite the service only having one employee. Other issues had not been addressed, and this inspection also identified further issues.

- The service now had access to a defibrillator on site. This had been purchased by the parent company for the entire building that the travel clinic was based in. We saw evidence of the defibrillator being checked on a weekly basis from the beginning of May 2019. However, we saw no evidence of formal training relating to the use of the defibrillator.
- The service continued to be unable to demonstrate that risks were monitored and documented on a regular basis. There continued to be no formal evidence of significant event recording, however we were advised there had been no significant events since the last inspection. The service provided us with verbal accounts of incidents or learning events that had occurred in the previous 12 months, which could have been used to ensure improvements in the quality of care.
- The registered manager kept up to date with information and business objectives.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The service submitted data or notifications to external organisations as required.

Appropriate and accurate information

Engagement with patients, the public, staff and external partners

- The service collected patient feedback through an online feedback tool via their website as well as through an online review tool and social media sites.
- Patients were encouraged to complete feedback following treatment.
- We found limited evidence that the service was acting on patient feedback.

Continuous improvement and innovation

- The registered manager of the travel clinic was part of the international travel society of medicine. They belonged to an online community forum and attended international conferences to learn from other organisations who provided travel vaccinations globally where possible.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• There was no evidence of staff undertaking anaphylaxis or defibrillator training.• The service was not formally documenting the site of injections. This was not in line with the national guidance produced by The Green Book.• Cold chain protocols were not in line with Public Health England recommendations. <p>This was in breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There was limited systems and processes in place to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• There were no processes in place to record significant events or near misses and to learn from themes and trends.• There was limited evidence of effective quality improvement activity to drive service improvements.• There was no system to reassure the service that the Adrenaline kept for emergency purposes was being appropriately stored in a temperature-controlled environment.• Medical indemnity arrangements were not effective.• Recording of patient identification was not being performed by the service.

This section is primarily information for the provider

Requirement notices

- The service was unable to provide adequate assurances that individuals trained to act as chaperones had been checked by the Disclosure & Barring Service or appropriately risk assessed to perform the role.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The service 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:</p> <ul style="list-style-type: none">• Staff had not received formal training covering safeguarding adults and children, infection prevention and control, information governance, Mental Capacity Act, or anaphylaxis.• The service had not made formal arrangements for staff to receive regular formal clinical supervision.• The service had not made formal arrangements for staff to receive regular appraisals. <p>This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>A Warning Notice has been issued.</p>