

# 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

Requires Improvement



Are services safe?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Overall summary

At the last inspection of Hampshire Travel and Vaccination Clinic in January 2020 we rated the service requires improvement overall. We rated the key question of well-led as inadequate and the key question of safe as requires improvement. The practice was rated as good for the provision of effective, caring and responsive services.

Previously, in May 2019 we had issued a warning notice in relation to Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014, which related to staffing, and requirement notices for breaches of Regulations 12 (Safe care and treatment) and 17 (Good Governance). In July 2019, we followed up on the warning notice and found the service was compliant with all but one element of the warning notice. In January 2020, we carried out a comprehensive inspection to review actions taken in response to the previous inspections. We found that some of these issues had been resolved, while others still required to be addressed and new issues were identified. Following this inspection we issued a warning notice for the breach of Regulation 17 (Good Governance).

In November 2020 we carried out an announced desk top review to follow up on the warning notice and to assess whether the service had carried out its action plan to meet the legal requirements in relation to the breach of Regulation 17 identified in January 2020.

To follow up on the warning notice, we were mindful of the impact of the Covid-19 pandemic on our regulatory function. We took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what type of inspection was necessary and proportionate. In order to seek assurances around potential risks to patients, we gathered the evidence for this report without entering the service's premises. This was to follow up on the warning notice, therefore we did not review ratings as part of this assessment.

The desk based review therefore focused on the management of policies, procedures and risks. We did not need to seek patient feedback.

We based our judgement of the quality of care at this service on a combination of what we found when we reviewed the information sent to us by the provider and a discussion with the registered manager and the medical director via a digital call. 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.

Our desk based review demonstrated that the provider had addressed the issues raised at the previous inspection in January 2020 and was no longer in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We found the provider had reviewed and updated policies to ensure they were relevant and version controlled, and had embedded its approach to clinical governance.

## Our key findings were:

- The safeguarding policy had been updated to reflect leadership arrangements and local guidance.
- The provider had embedded its approach to governance using a clinical governance management tool for training, audits, policy reviews and appraisals.
- The provider recorded and investigated incidents.
- The registered manager received safety updates through subscriptions and membership of relevant professional bodies.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

This desk based review was undertaken by a CQC lead inspector.

## Background to Hampshire Travel and Vaccination Clinic

Hampshire Travel and Vaccination Clinic is the only registered location of the registered provider Hampshire Health Limited. Hampshire Health Limited offer a range of services including those that are not provided under registration with CQC, including occupational health services.

For this desk based review, we asked the provider to submit documentary evidence of compliance and undertook interviews with the provider via video conferencing.

Hampshire Travel and Vaccination Clinic is located in Emsworth in Hampshire on the border with West Sussex. The opening times of the travel clinic have varied during the COVID-19 pandemic, as the demand for travel vaccination has dropped. Access arrangements are displayed on their website and all appointments are booked remotely.

The service has one employee, a registered nurse who is also the registered manager and a GP clinical lead, who is the provider's responsible individual.

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. The service is also a Yellow Fever vaccination centre. 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.

At the time of the inspection, the clinic had added the provision of COVID-19 testing to the services offered under the regulated activity; treatment of disorder, disease and injury and had updated its statement of purpose to reflect this activity.

### How we inspected this service

During our review we:

- Spoke with the registered manager, who is the only employee, and the medical director who is the provider's nominated individual.
- Reviewed service documents and policies.

We did not receive any information of concern from other organisations.

# Are services safe?

At the on-site inspection in January 2020 we rated the provision of safe services as requires improvement because:

- The safeguarding policy did not include the service's lead for safeguarding nor contact details for the local authority's safeguarding team.
- The sole employee had completed training in basic life support, but this had not included training in anaphylaxis.
- There was no adverse incident policy.
- There was no evidence of recording and learning from incidents. This included having a system for identifying and responding to changes in safety guidance relevant to a travel health service.

This desk based review, undertaken in November 2020, was to follow up on the providers actions against the Warning Notice which was issued following our inspection in January 2020. We have therefore not rated the provision of safe services, however, we found that the provider had addressed issues identified during our last inspection.

## Safety systems and processes

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

- The service had updated its safeguarding policy and it included the service's lead for safeguarding and contact details for the local authority's safeguarding team. The policy was version controlled to reference changes. At the previous inspection we found the registered manager understood how to recognise and respond to safeguarding concerns. They continued to remain up to date with the level 3 safeguarding training for adults and children.
- The service had undertaken an infection control audit in September 2020 and previously in October 2019. Actions from those audits had been completed.

## Risks to patients

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

- There was an effective system for monitoring staff training. The provider had created a clinical management overview which included a record of staff training. This was colour coded to help highlight when training updates were due. Since the last inspection in January 2020, the registered manager had completed a course in basic life support that included training in managing risks associated with anaphylaxis. All their training was up to date.

## Track record on safety and incidents

### The service had a good safety record.

- The service monitored and reviewed activity. This helped management understand risks and gave a clear, accurate and current picture that led to safety improvements. The service maintained risk assessments relating to the business, including a fire risk assessment. To promote patient safety, the registered manager made sure they kept updated on relevant changes in safety guidance. This was through regular travel health training, subscription to professional updates and ongoing reference to an NHS website that provides up-to-date health information for UK travel healthcare professionals.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

# Are services safe?

- The service had an up to date, version controlled adverse incident and serious event reporting policy. The policy included guidance on reporting, investigating and learning from incidents as well as reference to applying the duty of candour. Linked to the policy, there was an adverse incident reporting form to log an event. The registered manager explained how any learning was identified and shared through daily update meetings.
- Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service showed us a significant event record that related to an incident in October 2020. They described the learning from this incident and actions taken to amend the relevant protocol, to minimise the risk of the same or a similar incident occurring again.

# Are services well-led?

At the on-site inspection in January 2020 we rated well led as inadequate because we found not all areas identified for improvement at the previous inspection had been addressed. There was a breach of Regulation 17, Good governance.

The issues we found that needed improvement related to

- The management of policies.
- Documenting learning from incidents and safety updates.
- Monitoring compliance with training.
- Evaluating patient feedback to help show areas for improvement.

This desk based review, undertaken in November 2020, was to follow up on the providers actions against the Warning Notice which was issued following our inspection in January 2020. We have therefore not rated the provision of well-led services, however, we found that the provider had addressed issues identified during our last inspection.

## Leadership capacity and capability

### Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The registered manager and medical director had taken action to implement the improvements required as a result of the previous inspection. They understood the issues and priorities relating to the quality of services and had implemented changes in response to the COVID-19 pandemic. This included adapting services underpinned by updated policies and procedures.

## Culture

### The service had a culture of high-quality sustainable care.

- There were processes for providing staff with the development they need. The registered manager completed an annual appraisal in June 2020 that included a review of training and development progress. Evidence of appraisal planning and completion was maintained on the the provider's clinical management framework.

## Governance arrangements

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

- The provider had implemented a document management tool to log, for example, policy reviews, staff training and appraisals. This was their clinical management framework. It defined the specific training that was required by staff and frequency of updates. It also showed that policies were up to date. It provided a log of completion dates and was a working system to record meetings, audits and risk assessments.
- The framework listed policies and their revision dates and reasons for any changes. For example, the business continuity plan had been updated to reflect the needs of the business.
- There had been negligible travel vaccine activity since the last inspection, and a programme of scheduled meetings was on hold.

## Managing risks, issues and performance

### There were clear and effective processes for managing risks, issues and performance.

# Are services well-led?

- The provider had systems to monitor and manage risks relating to the business, including to patient safety. This included learning from incidents, complaints, comments and audits.
- There had been one incident since the last inspection. This had been reported and acted upon to update policies and procedures to reduce the risk of the same or similar incident occurring.
- The registered manager reviewed any updates related to the safety of travel vaccinations through reference to NHS information for travel health professionals, to promote safety. They also attended professional training updates.

## **Engagement with patients, the public, staff and external partners**

### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged people to give feedback on their care and treatment, via their website and other social media mechanisms. Feedback had been positive. The service had not had many clients since the start of the COVID-19 pandemic. The registered manager advised they planned to carry out a patient survey when the numbers increased.