

360 Health Ltd

Destination Health @ london bridge

Inspection report

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Date of inspection visit: 25 May 2018

Date of publication: 31/07/2018

Overall summary

We carried out an announced comprehensive inspection of Destination Health @ London Bridge on 29 May 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 providing safe care in accordance with all the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Destination Health @ London Bridge provides independent travel health advice and medicines in Central London. Prior to our inspection patients completed CQC comment cards telling us about their experiences of using the service. Seven people provided wholly positive feedback about the service.

Our key findings were:

- The systems to manage risks were not always effective.
- The service had systems in place to respond to incidents and take action to learn and make improvements.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines. However, there was limited evidence of quality improvement activity.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

Summary of findings

- Services were provided to meet the needs of patients.
- Patient feedback for the services offered was positive.
- There were clear responsibilities, roles and systems of accountability, although some areas of governance were not sufficient to ensure safe care and that quality of services improved.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

We also identified areas where the provider should take action:

- Formally document assessment of risk.
- Document leadership roles within practice policies.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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 providing safe care in accordance with the relevant regulations.

- Some risks had not been assessed or well managed. For example, risks associated with infection control, recruitment and staffing and the safety of equipment. Action was taken following our inspection to address concerns or minimise risks.
- The service had equipment to respond to emergencies and major incidents but no business continuity plan.
- There was an effective system for reporting and recording significant events and sharing lessons to make sure action would be taken to improve safety.
- There were systems in place to identify, report, investigate, learn and inform patients when things went wrong with care and treatment.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

Are services effective?

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

- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
- Staff had the clinical skills and knowledge to deliver effective care and treatment; however, one staff member whose file we reviewed had not completed all essential training including information governance, fire safety and infection control.
- There was evidence of appraisals for all staff whose files we reviewed.
- The service provided patients with a summary of the treatment they had received in order to share this information with their GP.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.
- There was no evidence of clinical audit being used to demonstrate the quality of care provided; however, the service did undertake reviews of individual consultations to ensure effective care was being provided.

Are services caring?

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

- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw systems, processes and practices allowing for patients to be treated with kindness and respect, which maintained patient and information confidentiality.
- Feedback we received from patients was positive about the service they received.

Are services responsive to people's needs?

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

- The service had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Systems to enable patients to complain and provide feedback was available on the service's website and there was evidence that systems were in place to respond appropriately and in a timely way.
 - Treatment costs were clearly laid out and explained in detail before treatment commenced.
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Are services well-led?

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

- The service had a clear vision to deliver quality care for patients; however, this was undermined by a lack of attention to risks associated with service provision.
 - The service held regular governance meetings; however, governance was insufficient in some areas including arrangements to improve quality and identify and address risk.
 - There was a clear leadership structure and staff felt supported.
 - Staff had received inductions, performance reviews and up to date clinical training. All but one staff member whose file we reviewed had completed all essential training.
 - The provider was aware of and had systems in place to meet the requirements of the duty of candour.
 - There was a culture of openness and honesty. The service had systems for being aware of notifiable safety incidents, sharing the information with staff and ensuring appropriate action was taken.
 - The service had systems and processes in place to analyse feedback from staff and patients.
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Destination Health @ london bridge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Our inspection was led by a CQC inspector with a pharmacist specialist advisor.

Destination Health @ London Bridge provides travel health services including vaccinations, medicines and advice on travel related issues to both adults and children travelling for business or leisure. The practice has a small number of corporate clients. The service is a designated yellow fever vaccination centre. Services are available to any fee-paying patient.

The service is in an office building. The practice utilises a single room within the premises. There is a reception area which is staffed by receptionist employed by the building managers. The location is not ideally suited to those with mobility difficulties, as patients are required to use a single step to access the consulting room and the premises do not have disabled toilets. Patients with mobility concerns could be seen at one of the provider's other sites which we were told were fully accessible.

Services are available between 9 am to 8 pm Monday to Friday and between 9 am and 5 pm on Saturdays. We were advised that opening hours were subject to seasonal changes. Information about opening times would be displayed on the service's website.

The location is operated by the location's CQC registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

The service clinical team consists of three nurses. The director of the organisation is also a registered nurse. The administrative team is led by a director of operations and there is one senior administrator. Those staff who are required to register with a professional body were registered with a licence to practice.

The service is registered with the CQC to provide the regulated activity of treatment of disease, disorder or injury.

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. During our visit we:

- Spoke with a range of clinical and non-clinical staff including the Director, a nurse and the operations manager.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the service.
- Reviewed CQC comment cards completed by service users.

Detailed findings

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 providing safe care in accordance with all the relevant regulations.

Safety systems and processes

The service had systems to keep patients safeguarded from abuse. However, the service did not have a business continuity plan, risks relating to infection prevention and control had not been assessed and addressed, and not all medical and electrical equipment had been serviced to ensure it was safe to use. The provider addressed most of these concerns following the inspection.

- The service had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance and how to report safeguarding concerns to relevant external agencies. Although the policy did not state the name of the safeguarding lead, staff in the service were clear on who this was. We were provided with a safeguarding contact sheet after the inspection which was to be included within the policy. The practice had developed systems and processes to enable staff to respond to instances where they considered patients at risk of Female Genital Mutilation (FGM).
- All staff received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. Clinical staff were trained to safeguarding children level 2 or 3 and non-clinical staff to level 1.
- Staff checks, including checks of professional registration where relevant, were carried out at the recruitment stage and on an ongoing basis.
- Disclosure and Barring Service (DBS) checks were not in place for all staff; however, we saw on inspection that applications had been submitted for some staff who did not have one. (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).
- The systems to manage infection prevention and control were insufficient. The treatment room was carpeted and the chairs in the consulting room were not wipe-clean. The service provided evidence after the inspection that they had purchased a wipe-clean mat that could be placed on the carpet and wipeable chairs.

We were told that the mat was a temporary arrangement until laminate flooring could be installed. No infection control audit had been undertaken in the last 12 months.

- The service could not provide evidence that electrical equipment had been tested or that medical equipment had been calibrated. The service provided evidence that the fridge had been calibrated after our inspection and only showed a minor deviation from the actual temperature in the fridge. The provider also informed us that the building managers had undertaken portable appliance testing of electrical equipment in February 2017; however, no evidence was provided which supported this.
- There were systems for safely managing healthcare waste.
- There was no business continuity plan in place. A brief overview of what to do in the event of an emergency was sent after the inspection but this was not sufficiently detailed to be effective in the event of an adverse incident and only advised staff to await instruction from management in the event the clinic was closed, evacuate in the event of a fire and follow instructions from emergency services in the event of a terrorist incident.

Risks to patients

There were systems to assess, monitor and manage medical emergency situations.

- Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support annually.
- Emergency equipment and medicines were available. The service only had adrenaline on site and there was no documented risk assessment in place. The adrenaline was checked to ensure it was within its expiry date. Staff at the service were able to outline why they had decided only to stock this medicine at the service and provided a risk assessment after our inspection. Oxygen was available and was regularly checked and maintained. The service did not have a defibrillator on site. Although not documented in a formal risk assessment, the service was next door to a tube station which had several defibrillators on site. Staff were aware of where the nearest defibrillator was. The service was also located a minutes' walk from Guys & St Thomas' hospital.

Are services safe?

- Staff knew how to recognise those in need of urgent medical attention and clinicians knew how to identify and manage these patients.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual patient records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available.
- The service told us that the only instance that they would share information with a patient's GP would be in the event of anaphylaxis or if they felt it necessary to refer the patient to another service. The service would produce a travel vaccination record and would give this to patients. We were told the onus would be on the patient to share this information with other healthcare professionals.
- The service required patients to complete a questionnaire which would prompt patients to disclose underlying health conditions. If any underlying illness was disclosed patients would be asked to provide the service with blood results which showed that the patient's condition would not be exacerbated by the vaccine requested.
- The service checked and verified patient identity routinely and as part of travel health service guidelines and legal requirements. The service established the relationship between children and attending adults prior to provision of treatment but did not undertake checks of identification documents to confirm that they had the ability to consent to treatment.

Safe and appropriate use of medicines

Most of the systems for handling medicines were safe and appropriate.

- Most of systems for managing medicines, including vaccines and emergency medicines and equipment

minimised risks. However, we found that the practice had not had their vaccine fridge calibrated since this was purchased. The service provided evidence after the inspection that the fridge had been calibrated.

- Staff prescribed, administered and gave advice to patients on medicines in line with legal requirements and current national guidance.
- The service reviewed clinical consultation records to check the prescribing and administering of medicines to ensure they were being used safely and followed up on appropriately, in line with national institute for health and care excellence (NICE) guidelines.

Track record on safety

The service had a good safety record but had not undertaken an assessment of infection control risks.

- There were comprehensive risk assessments in relation to most safety issues. The service had developed a monthly checklist for the clinical room which prompted staff to check things including whether cleaning had been undertaken, the vaccines were in date and cold chain was being monitored. However, there was no evidence of an infection control audit being undertaken.

Lessons learned and improvements made

The service had systems and processes in place to learn and make improvements if things went wrong with care and treatment.

- 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. Leaders and managers supported them when they did so.
- There were comprehensive systems in place for reviewing and investigating if things went wrong.
- There was a system for receiving, reviewing and acting on safety alerts including patient, medicines and device safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with 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.

- Patients' needs were assessed through a pre-appointment questionnaire.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if they became unwell or were involved in an incident while abroad. For example, staff could outline advice provided to patients travelling to the Democratic Republic of Congo about Ebola.

Monitoring care and treatment

The service had a programme to ensure that the effectiveness and appropriateness of the care and treatment provided was being monitored; however, there was no evidence of specific quality improvement activity including clinical audit.

- The service ensured diagnosis and treatment was in line with national guidelines and service protocol through observation of staff consultation and reviews of clinical consultations.
- There was no evidence of quality improvement activity, such as clinical audit, being undertaken.

Effective staffing

Staff had clinical knowledge and training to do their job effectively. However, some essential training had not been completed.

- A training file for one staff member showed that not all essential training including fire safety, infection control and information governance had been completed. The service us told us that they would set aside time to ensure staff completed all required training. However, all staff whose files we reviewed had completed appropriate updates in travel health including yellow fever, rabies, childhood immunisations and hepatitis.

- The service provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation. All staff whose files we reviewed had received an appraisal within the last 12 months.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

The service had arrangements in place for working with other health professionals to ensure quality of care for the patients.

Patient would be provided with a copy of their notes documenting the vaccines that they had received to enable patients to share this with their GP.

If the service identified that patients needed to be referred to another service they would tell the patient to contact their GP. The service would share information with external organisations, including the patient's GP, in situations where consent was not given but where the risk to the patient of not providing information to other relevant services was too high.

Helping patients to live healthier lives

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

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The service provided patients with bespoke travel health advice.
- The service identified patients who may need extra support and directed them to relevant services.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions by providing information about treatment options and the risks and benefits of these as well as costs of treatments and services.
- Where appropriate, they would assess and record a patient's mental capacity to make a decision.

Are services effective?

(for example, treatment is effective)

- The service monitored the process for seeking consent appropriately through patient record reviews.

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 patients with kindness, respect and compassion.

- The service gave patients timely support and information.
- All the seven patient Care Quality Commission comment cards we received were wholly positive about the service experienced. This is in line with other feedback received by the service.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- The service could accommodate patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand.
- The service's website and other sources provided patients with information about the range of services available including costs. The service would adjust pricing every six months to ensure that they were as competitive as possible. Pricing would be influenced by the availability of vaccines at a given time which impacted on the cost of vaccines from suppliers.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Reception staff were not employed by the service but had no access to confidential patient information.
- Patients' electronic care records were securely stored.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- Patients could be seen outside normal working hours with early morning, evening and weekend appointments.
- Appointments were often available the same day including by walk in.
- The facilities and premises were appropriate for the services delivered. There were no disabled toilets and there was a step into the consulting room; however, the service could accommodate patients at other locations. After the inspection we saw that the service had updated the website to inform patients that there were no wheelchair accessible bathrooms.
- Staff would use electronic translation software for those patients who did not have English as a first language.
- The service was a designated yellow fever vaccination centre; patients could receive all their required vaccinations from the same service.
- Patient feedback consistently referred to the amount and quality of the information the service provided.

Timely access to the service

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

- Services are available between 9 am to 8 pm Monday to Friday and between 9 am and 5pm on Saturdays. We were advised that opening hours were subject to seasonal changes. Information about opening times would be displayed on the service's website.
- Patients could contact the service via telephone. Appointments were booked by call centre staff that the service contracted. We were told that the call centre staff did not have access to any patient records. The service website enabled patients to book online.
- Patients had timely access to appointments and the service kept waiting times and cancellations to a minimum.
- Patient feedback showed that patients were satisfied with how they could access care and treatment.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems in place to respond to them appropriately and to improve the quality of care.

- The Operations Director was responsible for dealing with complaints and the service had a complaints policy providing guidance for staff on how to handle a complaint.
- There was information available on the service website for patients to provide feedback and make complaints. The service undertook annual reviews of complaints to identify patterns and trends. A number of complaints had been received which related to last minute appointment cancellations due to vaccine shortages. In response the service ensured that all patients were called and offered an alternative time instead of only sending an email to inform patients that their appointment had been cancelled.

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 care in accordance with the relevant regulations

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality clinical care to patients; however, there was insufficient oversight of health and safety and risks.

- Leaders had the experience, capacity and skills to deliver the organisational strategy but had not assessed or addressed all risks associated with the delivery of the service. However, from a strategic perspective management were knowledgeable about issues and priorities relating to services. They understood the challenges and were continually reassessing the service provision to address them.
- Staff told us leaders were visible and approachable.

Vision and strategy

The service had a vision and strategy to deliver high-quality, patient focussed care.

- There was a clear vision and set of values with a strategy to achieve priorities.
- The provider involved staff in the development of the strategy where appropriate.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of providing high-quality care.

- Staff stated they felt respected, supported and valued. They were happy and proud to work in the service.
- The service focused on the needs of patients.
- There were systems and processes in place for the service to act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were key themes of systems and culture around managing incidents and complaints.

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- All staff whose files we reviewed had received an appraisal or performance review in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- There were positive relationships between staff.

Governance arrangements

Some governance arrangements were lacking or not effective.

- There was a lack of systems to ensure effective oversight and management of key areas of risk and safety. For example, the service's fridge thermometer had not been calibrated and there was no evidence of portable appliance testing having been completed. Some staff did not have DBS checks on file. Most of these issues were either addressed after our inspection, or in the case of DBS checks, were in the process of being addressed.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Managing risks, issues and performance

The processes for managing risks, issues and performance were insufficient.

- The processes used to identify, understand, monitor and address risks including risks to patient safety were lacking in some areas. For example, there was no effective system in place to assess risks associated with infection control and there were infection control risks which had not been addressed. The practice supplied information after the inspection about action taken to address infection control issues identified on the inspection.
- Service leaders had oversight of safety alerts, incidents, and complaints.

Are services well-led?

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

- There was no evidence of clinical audit being used to improve the quality of care being provided. However, we saw instances where individual clinical consultations were audited to ensure that the care provided was in line with guidance and best practice.
- The service did not have a business continuity plan in place.
- All but one staff member whose file we reviewed had received both basic life support and fire safety training.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings.
- The service submitted information or notifications to external organisations as required.
- The practice had systems in place to maintain patient confidentiality.

Engagement with patients, the public, staff and external partners

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

- Patients' and staff views and concerns were encouraged, heard and acted on to shape services. The service had been accredited as a designated yellow fever vaccination centre.
- The service reviewed patient feedback about the services provided.

Continuous improvement and innovation

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

- There was a focus on continuous learning. Although there was no specific evidence of quality improvement activity, the service had been designed to address the problems that typically arise for patients who receive travel health in the NHS, by having clinical staff specialised in travel health who could provide up to date advice as well as timely access.
- The service was innovative in that they consistently reviewed and updated the price charged for vaccine depending on supply issues. This ensured that patients paid a fair price which reflected market conditions.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had not established effective systems and processes, particularly to ensure:</p> <ul style="list-style-type: none">• Portable appliances had been tested or the vaccine fridge had been calibrated.• Risks were assessed and mitigated including those associated with infection risk and the need for a defibrillator on site and emergency medicines.• All staff had DBS checks on file.• A programme of quality improvement was in place to assess and improve the quality of clinical care provided. For example, there were no clinical audits which demonstrated improvement in clinical care.• There were no documented business continuity plans in place. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>