

London Travel Clinic Limited

King's Cross

Inspection report

MWB Business Centre
344-354 Gray's Inn Road
London
WC1X 8BP
Tel: 0208 261 7552
Website: www.londontravelclinic.co.uk

Date of inspection visit: 28 June 2018
Date of publication: 31/08/2018

Overall summary

We carried out an announced comprehensive inspection on 28 June 2018 to ask the service the following key questions: Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

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.

London Travel Clinic Limited – King's Cross is a private clinic providing travel health advice, travel and non-travel vaccines. It is operated by London Travel Clinic Limited, which currently has four other locations around London registered with the Care Quality Commission. The business was acquired by Vaccination UK Limited in March 2018. However, the registered legal entity remains London Travel Clinic limited (the provider) which is registered with the Care Quality Commission under the Health and Social Care Act 2008 to provide the regulated activity Treatment of disease, disorder or injury.

There is a registered manager, who 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.

We received comments cards from six patients who had used the service. All were positive about their experience and the service they had received.

Our key findings were:

Summary of findings

- Systems to keep patients safeguarded from abuse were not fully effective. Procedural guidelines were generic and had not been adapted for specific use at the location. We did not see evidence that all staff working at the location had received safeguarding training appropriate to their role.
- The provider's procedural guidelines relating to health and safety issues were not followed. These stated that various health and safety risk assessments should be undertaken and a risk register maintained, but the provider did not provide evidence of this. We identified concerns relating to infection prevention and control and fire safety.
- The provider told us of a range of training, such as safeguarding, health and safety, infection prevention and control, fire safety and confidentiality, was given to staff. However, it did not provide evidence of this in relation to all staff working at the location.
- The provider had systems to ensure that care and treatment was delivered according to evidence-based guidelines.
- A recent takeover of the provider's business had led to problems with integrating the IT systems and introducing new governance procedures. However, work was ongoing to address these issues.
- The provider had systems in place to respond to incidents. When incidents did happen, the provider learned from them and improved.

- The appointment system reflected patients' needs. Patients could book appointments when they needed them.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Staff felt involved and supported and worked well as a team.

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

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

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

- Review how information about the complaints procedure is made available to patients.

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 not providing safe care in accordance with the relevant regulations.

We have told the provider to take action. See full details of this action in the Requirement Notices at the end of this report.

- Systems to keep patients safeguarded from abuse were not fully effective. Procedural guidelines were generic and had not been adapted for specific use at the location. The provider could not demonstrate that all staff working at the location had received safeguarding training appropriate to their role.
- The provider did not demonstrate that procedural guidelines relating to health and safety issues were followed by providing evidence that various health and safety risk assessments had been carried out. We identified concerns relating to infection prevention and control and fire safety. The provider could not show us evidence that all staff had received training considered necessary for their role.
- There was a system for reporting and recording significant events and sharing lessons to make sure action would be taken to improve safety.
- There was evidence of risk assessment of patients' immunisation status and their travel destination. We saw evidence of documented medical assessments which included patients' medical and vaccine history.

Are services effective?

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

- Staff were aware of and used current evidence based guidance provide effective care.
- However, the provider could not demonstrate that all staff had the skills and knowledge to deliver effective care and treatment.
- The provider gave patients with a summary of the treatment they had received and advised them to share this information with their GP.
- Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.

Are services caring?

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

- The provider 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.
- The provider's website gave patients information about the range of services available including the costs of vaccines and consultation fees.
- Feedback we received from patients was positive.

Are services responsive to people's needs?

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

- Patients could be seen outside normal working hours with early morning and evening appointments available. On the day and appointments and some walk-in consultations were often available.

Summary of findings

- Information about opening times was displayed on the provider's website, which allowed access to a 24-hour online system for patients to book appointments. Patients could also call the provider for access to last minute appointments.
 - The provider had a system for dealing with and learning from patients' complaints, but information regarding the complaints process was not available on its website.
-

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action. See full details of this action in the Requirement Notices at the end of this report.

- New governance systems and policies had been introduced recently. Most of the policies were generic and had not been adapted or updated to relate specifically to the provider's business. We could not establish whether policies relating to health and safety matters had been followed.
 - Work on resolving the problems with the IT system and to consolidate and improve procedures following the business change was ongoing.
 - Staff files setting out recruitment and training information were not accessible on the day of the inspection. Evidence provided after the inspection did not confirm that all staff at the location had received appropriate training.
 - The provider was aware of and had systems in place to meet the requirements of the duty of candour.
-

King's Cross

Detailed findings

Background to this inspection

London Travel Clinic Limited – King's Cross (the service) is located at the MWB Business Centre

344-354 Gray's Inn Road, London WC1X 8BP. The service is operated by London Travel Clinic Limited (the provider), which currently has four other locations around London registered with the CQC. The business was acquired by Vaccination UK Limited in March 2018 and the provider is in the process of adopting Vaccination UK's governance policies, procedures and management systems.

The service is provided from a rented treatment room, on Mondays, Wednesdays and Fridays between 8.30 am and 8.00 pm. Staffing duty is shared between the provider's nurse manager and three other nurses, all of whom are registered with the Nursing and Midwifery Council. The service is provided to adults and children and offers a full range of travel vaccines and anti-malarial medicines, together with travel health advice and it is a designated Yellow Fever Vaccination Centre. It also provides vaccines such as Hepatitis B, measles, mumps, and rubella (MMR), Chicken Pox, Meningitis B and human papillomavirus (HPV). Around 2,600 patients attended in the last year.

We inspected the service on 28 June 2018, when it was not open to patients. The inspection was led by a CQC inspector, who was accompanied by a CQC pharmacist specialist and a nurse specialist adviser.

Before visiting, we reviewed a range of information we hold about the service. We also asked the service to send us information before the inspection. The provider's registered manager for the location, a doctor who is the clinical lead and is registered with the General Medical Council, was abroad on the day of our visit.

During our inspection we:

- Spoke with staff who shared duty at the location.
- Looked at information staff used to deliver the service, including a random selection of patient records.
- No patients were seen on the day of our inspection, but we received six comment cards where patients expressed their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We found that this service was not providing safe care in accordance with the relevant regulations. We identified issues relating to safeguarding procedures, infection prevention and control and fire safety at the location.

We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Safety systems and processes

The provider had systems to keep patients safe and safeguarded from abuse, but these were not adequately implemented to maintain safety. Staff could not access the relevant policies on the day of our inspection. The provider was in the process of adopting the governance policies of Vaccination UK, which had taken over the business in March 2018. Work was ongoing to update and consolidate the provider's previous IT system, with that of Vaccination UK, which had been introduced in May 2018. Staff told us this work was proving problematic. We saw minutes of a recent management team meeting regarding the issue, which stated that work on resolving the problems was ongoing. The provider sent us the adopted governance policies, including those relating to safeguarding, after the inspection.

- The nurse manager was the safeguarding lead and had received adult safeguarding and child protection training to level 3. We saw evidence that two of the other nurses who work at the location were trained to level 2, but we were not provided with evidence of child safeguarding training undertaken by the third nurse. We saw the provider had adopted Vaccination UK's policies on adult and child safeguarding, dated March 2018 and November 2016, respectively, and marked as due for review every two years. However, we found the policies were generic and had not been amended for local use. For example, they did not contain appropriate contact details for local safeguarding teams for staff to refer safeguarding concerns. Both policies contained guidance on female genital mutilation (FGM) and we saw evidence that staff had received specific training to recognise and report suspected risks related to FGM. Patients' initial assessment medical questionnaire included specific questions to enable staff to identify and report concerns.

- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. 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 provider had a chaperone policy and we saw that information regarding a chaperone service being available was provided in the treatment room and on the provider's website. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. Arrangements were in place for a member of staff from another of the provider's to attend when a chaperone was requested and they had been trained to carry out the role and had received a DBS check.

Risks to patients

Systems to assess, monitor and manage risks to patient safety were not established effectively.

- The provider's governance policies were not accessible on the day of the inspection, but were sent to us afterwards. These were also generic, having not been adapted for local use. They included a Risk Management Policy and a Health and Safety Policy, both dated August 2017, a Clinical Waste Policy, dated August 2017; an Infection Control policy, dated March 2018; a Policy for Management of Legionella, dated March 2018. We could not establish that the policies were followed. They referred variously to risk assessments being carried out by staff and to a risk register being established and maintained. However, we did not see evidence of any assessments being completed by the provider nor of a risk register being set up.
- There was not an effective system to manage infection prevention and control (IPC) at the location. Staff showed us a document called "Clinic Audit – Infection Control" and dated "End of May 2018". However, this was not appropriately detailed and had not been fully completed. For example, it did not record staff training in IPC or include an action plan. The provider sent us evidence of the nurse manager's IPC training, but not in respect of the other three nurses working at the location. The treatment room appeared clean. We were told that general cleaning was carried out by the

Are services safe?

premises owner's contractor and we were sent a completed example of a cleaning log. Duty nurses were responsible for cleaning the room after each working day. The provider's Clinical Waste Policy stated that "The yellow top (general purpose sharps container) is the most used within the clinic setting" and that "All other waste is put into orange sacks and disposed of at the end of each clinic." We saw that there was a supply of yellow sharps bins, but there were no orange bags or clinical waste bins in the treatment room. The provider sent us its Policy for Management of Legionella, a bacterium which is commonly found in water. The policy stated that it was the responsibility of managers at each location to risk-assess the water supply. However, we were told by staff that this was done by the landlord's contractor. We were sent two of the contractor's certificates of water analysis for the building, but neither related to the water supply in the treatment room. This supply was a small portable sink with cold water only, supplied from a small container and operated by pump action. There was a liquid soap dispenser, but its housing had not recently been cleaned. There was no evidence that the treatment room water supply had been risk assessed either for legionella or to establish whether it was appropriate for a healthcare setting, in accordance with established guidance on infection prevention and control measures.

- Staff rotas were prepared a month in advance. The provider had a bank of employed nurses to ensure that suitably trained staff were available to provide cover due to holidays or sickness.
- There were some systems in place to respond to a medical emergency. We saw evidence that the four staff who worked at the location had received up to date training in basic life support. There was an emergency oxygen supply with masks and tubing, and emergency medicines to be used in cases of anaphylaxis were available. Anaphylaxis is a serious allergic reaction that is rapid in onset and can be fatal if not responded to. The location did not have a defibrillator (a device for re-starting someone's heart in an emergency), but we saw that one was on order, due for delivery shortly after our inspection.
- We saw records to show that emergency medicines and equipment were checked on a regular basis. All the medicines we checked were in date.

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. Hard copy record forms were completed by staff during consultations with patients and scanned onto patients' electronic records each month.
- The provider gave patients a vaccination record and advised them to share it with their GP.
- The provider checked and verified patient identity routinely and as part of travel health service guidelines and legal requirements. The provider also carried out checks to ensure those accompanying children had the legal authority to consent to treatment. Measures included ensuring children had their 'red book' for immunisation recording.

Safe and appropriate use of medicines

We saw the provider's Cold Chain Standard Operating Procedure, dated March 2018. The systems for handling medicines were safe.

- The vaccine fridge had been calibrated. There was evidence that staff monitored and recorded the temperature of the fridge, together with vaccine stock levels and their expiry dates. The duty nurse checked stocks at the end of the day and submitted a requisition form to the provider's administrators so that supplies could be ordered and obtained for the next working day.
- Staff prescribed, administered and gave advice to patients on medicines in line with legal requirements and current national guidance.
- Vaccines and medicines were dispensed in accordance with Patient Group Directions (PGDs) which were in date and properly authorised.
- The provider 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 guidelines.

Track record on safety

There was limited evidence that the provider monitored and reviewed activity to understand risks.

- We did not see evidence of a comprehensive and effective system for assessing risks in relation to safety

Are services safe?

issues, for example infection prevention and control and legionella. The provider sent us a record of a fire risk assessment for the whole building carried out on behalf of the premises owner in January 2018. It included a number of necessary actions, but no date for their completion. One action required tenants of the building - such as the provider - to carry out their own fire risk assessment, but we saw no evidence that the provider had done so. Although staff told us fire drills were conducted monthly, the risk assessment record stated that the last fire drill had been carried out in December 2015. Staff told us they had received annual fire awareness training, but we did not see evidence to confirm this. The provider sent us its generic Fire Safety Policy, dated March 2018, which had not been amended to include information specific to the location. Three of the four regular staff at the location had received recent general health and safety training, but there was no evidence relating to the fourth staff member.

- We saw evidence that electrical equipment in the treatment room had been tested in June 2016 and medical equipment had been calibrated at the same time.

Lessons learned and improvements made

The provider had systems and processes in place to learn and make improvements if things went wrong with care and treatment. We saw the Serious Untoward Incident Policy, drafted in October 2016 and due for review in September 2018 and the Incident Reporting Policy, dated March 2017, which evidenced that the provider was aware

of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The provider had systems and processes in place to learn and make improvements if things went wrong with care and treatment.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- When there were unexpected or unintended safety incidents, the provider gave affected people reasonable support, truthful information and a verbal and written apology
- The provider kept written records of verbal interactions as well as written correspondence.
- There were comprehensive systems in place for reviewing and investigating if things went wrong. There had been no significant events at the location in the last 12 months. However, staff told us of an incident at another of the provider's locations which had been reviewed, leading to a revision in procedures and with the learning points being shared with clinical staff at all locations.
- There was an effective system for receiving, reviewing and acting on safety alerts, including patient, medicines and device safety alerts. The provider's IT system was automatically updated with any daily vaccine alerts, which were emailed which were emailed to clinical staff. The provider used recognized travel health guidance, to which all staff had access.

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was not providing effective care in accordance with the relevant regulations. We identified issues relating training for staff.

We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Effective needs assessment, care and treatment

The provider had systems to keep the clinical team up to date with current evidence-based practice. We saw that staff assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

The provider used various information resources as a basis for offering travel-related advice, vaccination and to inform practice. These included the “Green Book” containing the latest information on vaccines and vaccination procedures published by Public Health England, the National Travel Health Network and Centre (NaTHNaC), TRAVAX and the British National Formulary (BNF).

Monitoring care and treatment

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

- The provider ensured diagnosis and treatment was in line with national guidelines through observation and reviews of clinical consultations.
- The provider had some systems to monitor performance and bring about quality improvement. We were told that these included quality audits and record keeping audits being carried out, but the evidence we were shown was limited to the inadequate IPC audit in May 2018 and some record keeping reviews, carried out as part of staff member’s annual appraisal procedures.

Effective staffing

Staff had clinical knowledge and training to do their job effectively. For example, we saw that the nurses working at the location had recently received update training and staff responsible for dispensing yellow fever vaccine had completed an accredited e-learning course. However, we did not see evidence that staff had been provided with all training the provider considered to be necessary, such as health and safety, infection prevention and control, fire awareness and confidentiality.

- The provider gave staff on-going support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation. We saw evidence that three of the four staff working at the location had undergone an appraisal in the past 12 months.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

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

- Patients were provided with a copy of their notes documenting the vaccines that they had received. The provider advised patients to share this information with their GPs.
- Vaccination costs and consultation fees were displayed on the provider’s website.

Supporting 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 provider gave patients a booklet containing advice to prevent and manage travel health related diseases such as Malaria and advice about food and water safety.
- The provider identified patients who may need extra support and directed them to relevant services.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff 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. We saw examples of record forms where patients had declined particular vaccines offered to them.

Are services effective?

(for example, treatment is effective)

- The provider monitored the procedure for seeking consent by reviewing sample record forms during the annual staff appraisal process.

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.

- Staff understood patients' personal, cultural, social and religious needs.
- The provider gave patients timely support and information.
- All six patient Care Quality Commission cards we received were positive about the service experienced. This was in line with other feedback received by the service.
- Staff told us that the provider sought patient feedback by means of comments cards and via its website. These had been collated in respect of all the provider's locations. We saw a spreadsheet summarising responses received from 184 patients who had used this location, but none was more recent than 2016. Of the 25 patients who had rated the service, 24 had thought it excellent, with one calling it poor. We were told

that quarterly surveys were conducted, but the provider could not demonstrate this. New procedures being introduced by Vaccinations UK included online feedback being sought after each patient consultation.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

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

Privacy and Dignity

The provider respected and promoted patients' privacy and dignity.

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

Are services responsive to people's needs?

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

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

Timely access to the service

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

- Patients had timely access to appointments and the provider kept waiting times and cancellations to a minimum. Staff told us that patients were informed if clinics were running late and were given opportunity to re-book or have the consultation fee waived.
- The service operated on Mondays Wednesdays and Fridays between 8.30 am and 8.00 pm. Patients were usually seen by appointment, but a walk-in service could be provided if slots were available. Saturday appointments were available at some of the provider's other locations.

- We noted that appointments were 15 minutes long, shorter than the 20 minutes recommended as good practice by the Royal College of Nursing.
- Information about opening times was displayed on the provider's website, which allowed access to a 24-hour online system for patients to book appointments. Patients could also call the provider for access to last minute appointments.
- Patient feedback showed that patients were satisfied with how they could access care and treatment.

Listening and learning from concerns and complaints

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

- We saw the provider's Complaints Standard Operating Procedure, dated October 2016. There was a designated manager responsible for overseeing the complaints process; complaints were acknowledged within five working days and investigations completed within 20 working days. Although the provider's website had a facility for patients to submit feedback, it did not contain information about the complaints procedure.
- There had been one complaint from a patient using the location in the last 12 months and we saw that it had been dealt with appropriately and had led to a change in the provider's procedures. Complaints in relation to all the provider's locations were collated and logged on a central register. We saw minutes of a recent management meeting in which staff were encouraged to report any incidents and complaints; that they should be discussed in team meetings and learning outcomes shared with staff.

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 regulation. We identified issues relating to the implementation of new governance procedures, risk management and quality monitoring.

We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality clinical care to patients. However, in some areas of governance there was insufficient oversight. For example in relation to health and safety and risk management.

- The provider's business had been acquired by Vaccination UK in March 2018. Since then work had been ongoing to adopt Vaccination UK's governance systems and procedures and to consolidate the existing and new IT systems. Staff told us this had been problematic and we saw it was discussed in recent management team minutes. The acquisition had led to some concerns with staff over employment issues, but these had been resolved. Work to address governance matters and IT difficulties was continuing.
- Leaders had the experience, capacity and skills to deliver the organisational strategy. They were knowledgeable about issues and priorities relating to services. They understood the challenges and were beginning to address them.
- Staff told us leaders were visible and approachable.

Vision and strategy

The provider 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 provider monitored progress against delivery of the strategy.

Culture

The provider 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 provider 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.
- Staff members were supported to meet the requirements of professional revalidation where necessary.
- There were positive relationships between staff.
- The provider sent us some employment documentation after the inspection, and we saw that three of the four regular staff at the location had had an appraisal in the last year.

Governance arrangements

Some governance arrangements were lacking or were not effective.

- New governance systems and procedures had been introduced since the provider's business was acquired by Vaccination UK. On the day of the inspection, staff had not been able to access these due to problems with the newly-integrated IT system. However, a number of governance policies and standard operating procedures were sent to us after the inspection. We saw that most of these documents were generic, relating to Vaccination UK's work and premises. They had not been adapted or updated to relate specifically to the provider's premises or small rented locations such as at King's Cross.

Managing risks, issues and performance

The processes for managing risks, issues and performance were not fully effective.

- Some processes used to identify, understand, monitor and address risks including risks to patient safety were lacking. We could not establish whether policies relating to health and safety matters had been followed. They stated that various risk assessments should be

Are services well-led?

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

conducted, but we saw no evidence that this had been done. We identified concerns, for example relating to infection prevention and control and fire safety, which would have been highlighted to the provider, had risk assessments been undertaken.

- We were told that quality audits were carried out, but we were shown no examples. We saw that some limited record keeping reviews - looking at ten random samples of patients' records - were done as part of staff member's annual appraisals. We were shown a document called "Clinic Audit – Infection Control". But this was not sufficiently detailed and had not been fully completed. It was dated "End of May 2018", but had not picked up the concerns we identified at our inspection a few weeks later.
- Staff files were not accessible on the day of the inspection. We were told that these were kept at the provider's head office with limited access. Some evidence was forwarded after the inspection and we found that not all staff working at the location had received training covering issues such as safeguarding, infection prevention and control, fire safety and confidentiality.
- The provider did not have a business continuity plan in place, but staff told us the service could easily be transferred to one of the provider's other locations and that the provider had systems in place to manage the supply of vaccines during times of national shortage.

Appropriate and accurate information

The provider acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings.
- The provider had a system of daily email updates and communications.
- The provider submitted information or notifications to external organisations as required.
- The provider had systems some in place to maintain patient confidentiality. However, although we were told that staff had received training in confidentiality, no evidence was provided.

Engagement with patients, the public, staff and external partners

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

- The provider sought feedback using patients comments cards and via a facility on its website. We saw there were plans to introduce a system to request feedback after each consultation.

Continuous improvement and innovation

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

- New systems and processes had been introduced since the business was taken over. These included revised procedures for incident reporting and complaints handling.
- Work on resolving the problems with the IT system and to consolidate and improve procedures following the business change was on-going.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met</p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Policies, including those relating to safeguarding, were generic and had not been amended for local use. They did not contain appropriate contact details for local safeguarding teams for staff to refer safeguarding concerns. The provider could not demonstrate that all staff had received mandatory safeguarding training.• The provider could not demonstrate that risk assessments, such as in relation to preventing, detecting and controlling the spread of, infections, including those that are health care associated, and fire safety had been carried out. We did not see evidence that all staff had received training relating to infection prevention and control and fire safety.• A "Clinic audit" conducted in May 2018 had been ineffective, failing to identify ongoing concerns relating to infection prevention and control. <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

Requirement notices

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

How the regulation was not being met:

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- Staff could not access governance systems and procedures that had recently been introduced. When these were provided, we saw they had not been adapted or updated to relate specifically to the service provided. The provider could not demonstrate that all the policies had been implemented.

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