

Vaccination UK Limited

Inspection report

5 Portmill Lane
Hitchin
Hertfordshire
SG5 1JE
Tel: 01462 459595
www.travelvaccination.co.uk
www.schoolvaccination.uk

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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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Vaccination UK Limited on 27 March 2018. We found that this service was not providing safe and well-led care in accordance with the relevant regulations. Requirement notices were served in relation to breaches identified under Regulation 12 Safe care and treatment, Regulation 17 Good governance and Regulation 18 Staffing. We carried out an announced focused inspection on 20 November 2018 to check on the areas identified in the previous requirement notices. We told the provider that they should:

- Continue to review the system in place to ensure documentary evidence of appropriate recruitment checks for staff members has been obtained.
- Continue to review the system in place to ensure personal development plans are in place for all appropriate staff members.
- Continue to develop positive relationships between senior staff and teams and establish clear methods of communications across all staff locations.

The full comprehensive report on the March 2018 inspection and the focused report on the November 2018 inspection can be found by selecting the 'all reports' link for Vaccination UK Limited on our website at www.cqc.org.uk.

We carried out an announced comprehensive inspection at Vaccination UK Limited as part of our inspection programme.

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

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

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

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

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

Two clinical directors and a lead nurse are the registered managers. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As part of our inspection we asked for Care Quality Commission comment cards to be completed by clients prior to our inspection and we spoke with clients during our inspection. We received feedback from 10 people about the service. All of the feedback we received was positive about the standard of care received. Clients told us that they were satisfied with the care and treatment provided and staff were knowledgeable, friendly, professional and caring.

Our key findings were:

- The provider had systems, processes and practices in place to keep people safe and safeguarded from abuse in most cases.
- Lessons were shared to make sure action was taken to improve safety in the service.
- Staff had the information they needed to deliver care and treatment to clients.
- The service had reliable systems for appropriate and safe handling of medicines.
- Staff were aware of current evidence based guidance and had access to the most up to date information.
- Clients received an individualised travel risk assessment, health information including additional health risks related to their destinations and a written immunisation plan specific to them.
- Staff worked together and when necessary with other health professionals to deliver effective care and treatment.

Overall summary

- We saw staff treated clients with kindness and respect, and maintained client and information confidentiality.
- Information for clients about the services available was easy to understand and accessible.
- The provider understood its client profile and had used this to meet their needs.
- Information about how to complain was available and evidence from examples we reviewed showed the service responded quickly to issues raised.
- The service had a clear vision and strategy and staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management. The service had policies and procedures to govern activity and held regular governance meetings. However, not all governance structures, systems and processes were effective in enabling the provider to identify, assess and mitigate risks to clients, staff and others.

The area where the provider **must** make improvements as they are in breach of regulation is:

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

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

The area where the provider **should** make improvements is:

- Consider reviewing the information available on the website.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

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 a GP specialist adviser and a practice nurse specialist adviser.

Background to Vaccination UK Limited

Vaccination UK Limited was established in the UK in 2007 and provides travel clinic services from their head office located at 5 Portmill Lane, Hitchin, Hertfordshire, SG5 1JE. The service moved to these premises in September 2019 and is based on the ground floor. The telephone number is 0800 634 9860. The website addresses are www.travelvaccination.co.uk and www.schoolvaccination.uk.

The travel clinic offers the following services:

- Travel vaccinations.
- Immunisations undertaken in various locations such as schools and influenza in the workplace.
- Private medical consultations.
- Medical screening examinations and assessments.
- Practice nurse duties including ear syringing, blood taking (venepuncture) and cervical screening.

The service operates three satellite clinics and appointments are available at various times throughout the week from Monday to Saturday. We did not visit any of the satellite clinics as part of this inspection. The satellite locations are:

- Elms Consulting Rooms, 24 Hall Place Gardens, St Albans, Hertfordshire, AL1 3SF.
- Shefford travel clinic, The Old Fire Station, 13 North Bridge Street, Shefford, Bedfordshire, SG17 5DQ.
- Berkhamsted travel clinic, Chesham House, Church Lane, Hertfordshire, HP4 2AX.

Vaccination UK Limited has provided services to approximately 3,000 clients across the four locations within the previous 12 months.

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

Appointments with a travel nurse at the clinic in Hitchin are available between 2pm and 6pm on Mondays, between 8.15am and 2pm on Tuesdays, between 9am and 1pm on Wednesdays, between 10am and 7pm on Thursdays, between 9am and 1pm on Fridays and between 11am and 2pm one Saturday each month. Appointments with a GP are available between 1pm and 3pm on Wednesdays three times a month and from 9am to 11am one Saturday a month.

How we inspected this service

Before our inspection, we reviewed information from the local Clinical Commissioning Group, the pre-inspection return submitted by the provider and client feedback.

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?

We rated safe as Good because:

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse in most cases.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support clients and protect them from neglect and abuse. Staff took steps to protect clients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out some staff checks at the time of recruitment and on an ongoing basis where appropriate. 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). During our inspection we checked five personnel records and found one staff file did not include evidence of references being obtained. The service had not taken any action to mitigate risks.
- Staff who acted as chaperones were trained for the role and had received a DBS check. All the staff we spoke with demonstrated they understood the relevant safeguarding processes and their responsibilities. At the time of our inspection three non-clinical staff members had not completed child safeguarding training. The service told us that two of these staff members had been recently appointed and were scheduled to complete safeguarding training in October 2019. Some staff had completed adult and child safeguarding training to the appropriate level before the intercollegiate guidance on safeguarding competencies was published in August 2018 (adult safeguarding) and January 2019 (child safeguarding). (Intercollegiate guidance is any document published by or on behalf of the various participating professional membership bodies for healthcare staff including GPs and nurses). Following publication of the guidance, some travel nurses and non-clinical staff were required to complete higher levels of safeguarding training. Additionally, some clinical staff members had not completed safeguarding children refresher training within the previous 12 months. Senior staff at the service told us they were aware of this and action was being taken to ensure these staff completed the appropriate level of training.
- The service had a process to check staff immunity status as part of the induction process. However, not all clinical and non-clinical staff members had an up-to-date record of their immunity status and the service did not have a risk assessment in place for these staff members. The service told us that they had requested staff members to come forward with their history and were continuing to actively follow this up.
- We saw the service was visibly clean and tidy. Staff had received infection prevention and control training. Comprehensive equipment cleaning schedules were maintained by the nurses. There were appropriate processes in place for the management of sharps (needles) and clinical waste. Regular infection control audits were completed. The service had completed an audit shortly after moving into their new premises, however this audit did not include the client waiting area. The service told us that an audit of all client areas would be carried out.
- A Legionella risk assessment had been completed and the service completed some water temperature checks. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). At the time of our inspection, the service had not completed water temperature checks in the treatment room and were not recording the water temperature at the water inlet to ensure there were accurate readings, as recommended when using thermostatic mixing valves. The service told us that they would be arranging for the external contractor to re-visit to ensure all of the required checks were being undertaken correctly.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Are services safe?

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for bank staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

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

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- There were effective protocols for verifying the identity of clients including children.
- Individual care records were written and managed in a way that kept clients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- Clinicians provided care and treatment in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks.

- Clinical staff prescribed, administered or supplied medicines to clients and gave advice on medicines in line with legal requirements and current national guidance.
- Patient Group Directions (PGDs) were in place for nurses to administer travel vaccinations and medicines in line with legislation.
- The service carried out medicines audits to ensure that administration and prescribing were carried out in line with best practice guidance and this included an annual clinical audit for yellow fever.
- The service did not prescribe Schedule two and three controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule four or five controlled drugs.
- Staff prescribed, administered or supplied medicines to clients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected client safety.
- Medicines were stored securely and all medicines requiring refrigeration were stored in an appropriate, secure medicine fridge. Temperatures were monitored and recorded.
- The provider used an accredited company to deliver vaccines to their satellite locations and staff had access to validated cool boxes from a recognised medical supplier to transport vaccines when required. The service had tested and used freeze boards as recommended by the manufacture to ensure the temperature of vaccines remained within the required range during transport. Freeze tags were also used as a fail-safe to ensure vaccines did not drop below the required temperature range.
- Arrangements for dispensing medicines such as anti-malarial treatment kept clients safe. The clinic provided complete medicine courses with appropriate directions and information leaflets.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. Shortly after moving into new premises,

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the service had arranged for an external contractor to complete a fire risk assessment of the premises and actions from this assessment had been identified and completed.

- The service had evidence to confirm the owner of the premises undertook regular fire alarm checks and fire drills. Fire equipment had been checked and staff had received fire and health and safety training.
- There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.
- The service had a premises and security risk assessment and a health and safety risk assessment in place and actions from these assessments had been identified and acted on.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example, the provider shared incident reports and investigations across its network of clinics. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were clear systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, following an incident, the service had taken steps to ensure all clients were checked for a history of fainting and next of kin details were up-to-date.
- The provider 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.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and bank staff.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with most current evidence-based practice.

We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. For example, NaTHNaC (National Travel Health Network and Centre), a service commissioned by Public Health England.

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

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

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for clients. There was clear evidence of action to resolve concerns and improve quality. For

example, the provider had completed an audit on electronic travel records and had provided additional training to non-clinical and clinical staff members in relation to information recording.

- The service monitored national core competencies and up-to-date standards for travel health and immunisation. All travel nurses received annual travel health update training. There was a systematic programme of clinical and internal audit.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles in most cases.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. The service provided one-to-one support and mentorship, support for revalidation and clinical supervision.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up-to-date with revalidation.
- Staff we spoke with explained the skills, knowledge and experience necessary to carry out their roles. For example, staff whose role included immunisation of patients with long-term conditions had received specific training and could demonstrate how they stayed up to date.
- Mandatory training was provided to staff on an annual basis and included safeguarding, equality and diversity, health and safety and fire safety, infection prevention and control, information governance, customer service, basic life support and anaphylaxis training. However, at the time of our inspection we found three non-clinical staff members had not completed safeguarding children training and a number of clinical travel staff had not completed safeguarding children refresher training within the previous 12 months. The service told us that they were aware of these training gaps and were in the process of arranging additional training sessions for these staff members.
- Senior staff completed personal development plans with staff on an annual basis. However, records showed gaps in staff personal development plans for both clinical and non-clinical staff. Senior staff told us that some appraisals had been completed, however not all team managers had written up the appraisal notes or

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submitted them to head office for filing. The service told us that they were aware of these gaps and were in the process of completing a restructure of some senior staff roles, which would improve the systems in place for managing staff appraisals and training records.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Clients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, when vaccinations were completed the individual was given information and advice on contacting their GP. The service would seek consent and would contact the client's own GP if any concerns had been identified.
- The service clearly displayed consultation and vaccine fees in the waiting area and on their website.
- Staff worked together and when necessary with other health professionals to deliver effective care and treatment. There were clear protocols for referring clients to other specialists or colleagues based on current guidelines. The service had systems in place to manage complex travellers and had access to the NaTHNaC advice line, rabies reference laboratory advice line and the Malaria Reference Laboratory (Malaria RL provides laboratory reference and diagnostic parasitology of malaria and surveillance data on all imported malaria reported in the UK).
- The service liaised with local Clinical Commissioning Groups, school staff and Public Health England and coordinated patient care and treatment. For example, we saw evidence of rapid interventions by the service following previous outbreaks of Hepatitis A, MMR and Varicella (also known as chicken pox).
- At the time of our inspection, the service told us that they were in the process of coordinating clinics at several universities to provide the Meningitis ACWY and MMR vaccines.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. The travel health consultation talked clients through advice to prevent and manage travel health related diseases such as, precautions to prevent Malaria and advice about food and water safety.
- Where clients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The service was committed to health promotion activity to increase uptake to vaccines and had carried out outreach work within Jewish, Muslim and Traveller communities.

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.
- Staff supported clients to make decisions. Where appropriate, they assessed and recorded a client's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.
- When providing care and treatment for children and young people, parental attendance was required. Staff explained, identification would be sought in line with their policy and next of kin details recorded.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care clients received. The service collected feedback forms which included questions on access, quality of consultations, information provided and overall satisfaction. Feedback forms were reviewed and shared with staff regularly and results were published on a quarterly basis. The results from these feedback forms were positive across all of the areas checked.
- Feedback from clients was positive about the way staff treat people.
- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all clients.
- The service gave clients timely support and information.
- We noted that the consultation room door was closed during the consultations and conversations could not be overheard.
- Client feedback and the Care Quality Commission comment cards we received were positive about the service experienced. Clients told us staff were caring, knowledgeable, friendly and professional.

Involvement in decisions about care and treatment

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

- Interpretation services were available for clients who did not have English as a first language.
- Clients told us that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Travel health information was provided and staff helped clients find further information and access additional services where required. They helped them ask questions about their care and treatment.
- The feedback we received from clients demonstrated that they were satisfied with the service provided.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The service recognised the importance of dignity and respect.
- Staff had completed equality and diversity training.
- All client records were electronic and held securely.
- Staff complied with the information governance systems and processes and the service had a data protection lead in place.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

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

- The service understood the needs of its population and tailored services in response to those needs. For example, the service offered a phlebotomy service and nurses were able to take blood samples from clients for required testing.
- Client demand was monitored and clinic times were increased to allow for more appointments when needed.
- Same day and walk-in appointments were offered when available.
- Clients were able to book online and initiate the assessment process prior to their face to face consultation.
- The facilities and premises were appropriate for the services delivered. Clients with mobility needs were able to book an appointment at the satellite clinic in St Albans.
- The clinic did not have a client toilet available and displayed a sign in the waiting room informing clients of this. However, information about this was not clearly available on the provider's website.
- Travel products were available to purchase and clients had access to a network of Vaccination UK Limited clinics throughout the country.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Clients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Clients reported that the appointment system was easy to use and they were able to access care and treatment within an acceptable timescale for their needs.
- Those with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated clients who made complaints compassionately.
- The service informed clients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaints policy and procedure in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, the service had introduced payment prompts on to the computer system for staff to use following a complaint.

Are services well-led?

We rated well-led as Requires improvement because:

- There were no clear responsibilities, roles and systems of accountability to support good governance and management in some areas.
- There was no clarity around processes for managing risks, issues and performance in some areas.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges, had identified areas which required strengthening and were addressing them.
- The provider had effective processes to develop leadership capacity and skills.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service aimed to provide a significant and valued contribution to the health and wellbeing of local communities by providing high quality independent medical and nursing services to individuals and local businesses. 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 high-quality sustainable care.

- Staff felt respected, supported and valued. Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Openness, honesty and transparency were demonstrated when responding to incidents and feedback.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- There were some processes in place for providing staff with the development they need. Senior staff completed personal development plans with staff on an annual basis. However, at the time of inspection records showed gaps in staff personal development plans for both clinical and non-clinical staff.
- The service actively promoted equality and diversity and staff had received equality and diversity training.

Governance arrangements

There were no clear responsibilities, roles and systems of accountability to support good governance and management in some areas.

- The provider had changed their management structure in 2018 to ensure both the travel medicine and NHS programme had appropriate leadership and oversight in place. The service had also introduced five immunisation co-ordinators across the London Boroughs.
- The staff we spoke with were clear on their roles and accountabilities.
- Structures, processes and systems to support good governance and management were not clearly set out and understood in some areas. For example, the service did not have a comprehensive and effective system in place to ensure all staff received an appraisal on a regular basis and completed essential training relevant to their role. The infection prevention and control audit did not include all areas used by clients.
- Leaders had established proper policies, procedures and activities to ensure safety and assure themselves that they were operating as intended. The provider had an up-to-date online privacy statement available on the website. However, the provider's General Data Protection Regulation (GDPR) policy was not easily accessible to all staff and a review of the policy scheduled for August 2019 had not been completed.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance in some areas.

- Not all governance structures, systems and processes were effective and enabled the provider to identify, assess and mitigate risks to clients, staff and others. For example, the service did not have a comprehensive system in place to ensure all clinical and non-clinical

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staff members had an up-to-date record of their immunity status. The service had not obtained references for all staff members and had not taken any action to mitigate risks in relation to this. The service was not completing water temperature checks across all areas within the clinic, in accordance with the recommendations set out in the Legionella risk assessment.

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for clients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of clients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required. For example, an annual audit was undertaken as part of the Yellow Fever vaccine licence.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of clients' identifiable data, records and data management systems.

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 and heard views and concerns from the public, clients, staff and external partners and acted on them to shape services and culture.
- Staff proactively sought views from clients using feedback forms. The service acted on feedback and displayed information about their performance in the client waiting area.
- Staff could describe to us the systems in place to give feedback. Staff were encouraged to provide feedback and staff meetings were held on a regular basis. The service had completed a staff survey in 2018.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared across the provider's network of clinics and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.
- The service had plans in place to increase the number of BCG clinics across London.
- Senior staff told us that the school leaver booster (A and Meningitis ACWY) uptake figures had improved across all areas of operation in London. The service told us that uptake had improved by as much as 16%, when compared with the previous year, in some areas.
- The service reported that their childhood flu uptake in Wolverhampton and Dudley had increased by up to 11% in 2018.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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</p> <p>How the regulation was not being met</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <p>Not all clinical and non-clinical staff members had an up-to-date record of their immunity status.</p> <p>The provider did not have references in place for all staff members employed and the provider had not taken any action to mitigate risks.</p> <p>A number of non-clinical staff members had not completed essential training relevant to their role such as safeguarding children. A number of clinical travel staff members had not completed a recent refresher in safeguarding children and not all travel staff members were trained to the required level for safeguarding.</p> <p>The provider did not complete all of the required water temperature checks in accordance with the recommendations within the Legionella risk assessment.</p> <p>The infection prevention and control audit did not include all areas used by clients.</p> <p>Records showed gaps in personal development plans for both clinical and non-clinical staff members.</p> <p>The provider's GDPR policy had not been reviewed and was not easily accessible to all staff members.</p>

This section is primarily information for the provider

Requirement notices

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