

Travel Vaccinations & Occupational Health Consultancy Ltd

Brunel House

Inspection report

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Ratings

Overall rating for this service		Good	
Are services safe?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Brunel House as part of our inspection programme.

The service provides vaccinations, independent travel advice including vaccinations and occupational health services. The service sees approximately three to five patients a week.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions

Summary of findings

from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Brunel House, services are provided to patients under arrangements made by their employer or an insurance company with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Brunel House, we were only able to inspect the services which are not arranged for patients by their employers or an insurance company with whom the patient holds a policy (other than a standard health insurance policy).

The lead clinician is the registered manager. 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.

We received 33 CQC comment cards that were wholly positive about the service and referred to friendly, efficient and professional care.

Our key findings were:

- The service had systems in place to keep people safeguarded from abuse.
- Risk assessments for fire and security needed formalising however, processes were in place to mitigate these risks. Shortly following the inspection, we were sent evidence that formal risk assessments had been completed.

- Health and safety and infection control audits had been completed.
- The service had not completed an electrical or gas safety check. Shortly following the inspection, we received evidence that a gas safety check had been completed and an electrical safety check had been booked.
- Not all equipment had been calibrated to ensure accurate readings. Shortly following the inspection, we received evidence that this had been booked.
- Adequate policies and procedures were in place.
- The registered manager, who was also the clinician, was appropriately trained and qualified.
- There were systems in place to ensure treatment was in line with relevant legislation and guidelines.
- Vaccinations were prescribed and administered safely.
- The service worked with local universities and schools to educate the population on travel safety.
- Patients were able to book appointments at a time that suited them and were given advice regarding how to stay safe and healthy whilst travelling. Patients with mobility issues were signposted to alternative services.
- Patients told us through CQC comment cards that the service was caring, helpful and professional.

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

- Maintain fire and security risk assessments to ensure continued safety of patients.
- Ensure completion of an electrical safety check

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Brunel House

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 GP specialist advisor.

Brunel House provides travel health services including vaccinations, medicines and advice on travel related issues to both adults and children travelling for business or leisure. The service is a designated yellow fever vaccination centre and registered with the National Travel Health Network and Centre. Services are available to any fee-paying patient. The service works with local care staff agencies to provide vaccinations for healthcare professionals. The service is provided from 20 Swanwick Lane, Broughton, Milton Keynes, MK10 9LD.

The service is in an office building. The practice utilises a single room within the premises on the first floor. There is no reception area and the clinician welcomes patients into the building. The location is not ideally suited to those with mobility difficulties, as patients are required to climb a flight of stairs to access the consulting room and the premises do not have disabled toilets. Patients with mobility concerns are signposted to alternative services.

Services are available between 9am to 5pm Monday to Friday. Information about opening times are displayed on the service's website.

The travel vaccination service clinical team consists of one nurse, who is the registered manager. 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.

The occupational health portion of the service is run by a clinical consultant and there is financial and accounting support from another business partner. 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 the registered 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.

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 rated safe as Requires improvement because:

Safety systems and processes

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

- The provider conducted some safety risk assessments and had appropriate safety policies in place. However, some risk assessments such as fire and security had not been formalised. Shortly following the inspection, we received evidence that this had been completed.
- 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, this was done through confirming the names on a child's vaccination record.
- The service had a safeguarding policy in place and was aware of how to recognise abuse and refer to the local authority. Due to the nature of the service, there had been no need to make a safeguarding referral.
- 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 clinician received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control.
- We found a sharps bin that had been in use for longer than the recommended time however, the service assured us that this would be rectified using their clinical waste disposal contract.
- The service had a legionella policy in place.
- The provider did not always ensure that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. For example, not all equipment including the blood pressure machine and weighing scales had been calibrated to ensure accurate readings. Shortly following the inspection, we received evidence that this had been booked with an external organisation.

- 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. This included infection control audits.

Risks to patients

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

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. However, due to the nature of the service acutely unwell patients were not seen.
- The service held in-date adrenaline, a medicine used for severe allergic reactions.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

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

- Patients were asked to complete a medical history form prior to receiving any treatment or advice. Each patient was given a vaccination record and encouraged to share this with their NHS GP.
- Individual care 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 to relevant staff in an accessible way.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

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 and emergency medicines kept people safe.

Are services safe?

- The service provided vaccinations under Patient Group Directions that allowed non-prescribing clinicians to give medicines, these were signed appropriately by the occupational health consultant.
- There was no prescription stationery used at the service.
- The service carried out weekly medicines audits to ensure stock was in line with records and ordering was sufficient.
- Staff administered medicines to patients and gave advice in line with legal requirements and current national guidance from Public Health England. The service kept a log of the vaccinations that had been given.
- We checked patient records and saw that accurate records of vaccinations, including batch numbers and expiry dates were appropriately documented.
- The service had not completed regular electrical or gas safety checks and did not hold gas or electrical certificates for the building. Shortly following the inspection, we received evidence that these had been booked with an external organisation.
- The practice ensured that electrical appliances were tested in line with legislation.

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. However, due to the nature of the service there had been no significant events.
- There were adequate systems for reviewing and investigating when things went wrong. The service had only had one significant event where a patient felt unwell following a vaccination. The practice now ensured patients had eaten prior to treatment, particularly if they were anxious about the injection.
- The provider was aware of and complied with the requirements of the Duty of Candour. The service had systems in place for knowing about notifiable safety incidents
- The service acted on and learned from external safety events as well as patient and medicine safety alerts.

Track record on safety and incidents

The service did not have a good safety record however, we received evidence of improvements shortly following the inspection.

- There were some risk assessments in relation to safety issues however, the service did not have a formal fire or security risk assessment. Shortly following the inspection, we received evidence that this had been completed.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance such as Public Health England and the national health network standards.
- Patients' immediate and ongoing vaccination needs were fully assessed.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients, such as those receiving courses of hepatitis B vaccinations.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements, such as from patient feedback.
- The service made improvements through the use of completed audits for example, cleanliness and environmental audits. There was clear evidence of action to resolve concerns and improve quality.

Effective staffing

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

- The clinician was appropriately qualified. Up-to-date records of skills, qualifications and training were maintained.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/Nursing and Midwifery Council and were up to date with revalidation.
- Staff had received specific training regarding immunisations and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

The service worked with other organisations to deliver effective care and treatment.

- Patients received coordinated and person-centred care.
- Before providing treatment, the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were given a record of their vaccinations and blood test results. They were encouraged to share this with their NHS GP.

Supporting patients to live healthier lives

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

- The service gave patients clear and thorough advice regarding how they could stay safe whilst travelling. This was specific to their country of travel and included advice regarding mosquito safety, what to eat and drink and how to look after their personal belongings. This information was also available in printed leaflets.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The service worked with local universities and schools to educate the population on travel safety.

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 patients to make decisions regarding which vaccinations to have. Patients who were unable to make decisions were not seen at the service.
- All patients gave written consent prior to receiving vaccinations or blood tests.
- Patients under 18 years old were seen at the service but had to be accompanied by a parent or guardian. These patients were requested to bring their vaccination

Are services effective?

(for example, treatment is effective)

record from their NHS GP in order for the service to check parental responsibility. Parents or guardians of patients under 18 years old were required to sign consent forms.

Are services caring?

Our findings

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- The service ensured that patients were aware of which vaccinations were recommended for their country of travel.

- The service website included costs of all vaccinations and blood tests. This information was also included within the consent form.
- Interpretation services were available for patients who did not have English as a first language. The clinician ensured all vaccination records that were not in English were translated prior to advising or treating the patient.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of vaccinations available to them.

Privacy and Dignity

The service respected clients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The service only saw one patient at a time therefore privacy was always maintained. If patients attended appointments with family members who they did not want present for parts of the appointment, they were asked to wait behind a partition. Privacy screens were also in place.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 however, was not accessible for those with mobility issues.

- The provider understood the needs of their patients and improved services in response to those needs. For example, enabling patients to book appointments via e-mail and giving full print outs of vaccination records to healthcare professionals.
- Patient appointments for vaccinations lasted approximately an hour to ensure all information could be delivered and patients fully understood how to keep themselves safe prior to and while travelling.
- The facilities and premises were appropriate for the services delivered however, there was no access for those who were unable to climb stairs. These patients were signposted to other local services.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients were able to make appointments by calling or e-mailing the service.
- Patients that did not require vaccination were given telephone travel advice where appropriate.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available however, no complaints had been received.
- Information of further action that may be available to patients should they not be satisfied with the response to their complaint, was included within the complaints policy.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

Leadership capacity and capability;

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

- The service was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The service ensured there was attendance at travel health forums and conferences to remain up-to-date with current guidance and plan for the future.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service monitored progress against delivery of the strategy.

Culture

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

- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The registered manager received yearly supervision and appraisal from the occupational health consultant.
- The service actively promoted equality and diversity. The clinician had received equality and diversity training.
- There were positive relationships between the registered manager and the occupational health portion of the service.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- The service was clear on its scope of practice and signposted to alternative services where appropriate.
- The service had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were processes in place for managing risks, however some needed to be formalised.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. However, some of these risk assessments such as fire and security needed to be formalised. Shortly after the inspection, we received evidence that this had been completed.
- The provider had plans in place for major incidents.

Appropriate and accurate information

The service acted on not have appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The information used to monitor performance and the delivery of quality care was accurate and useful. This was through patient feedback forms and surveys. There were no identified weaknesses or concerns in the 2018 patient survey.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Are services well-led?

Good 

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

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from patients and nursing agencies they worked with. They acted on them to shape services and culture.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning.
- The service reviewed all patient feedback however, there had been no concerns or improvements suggested.
- The registered manager attended regular travel health conferences to identify improvements and ensure best practice.