

Vaccination UK Limited

# Vaccination UK Limited

## Inspection report

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### Overall summary

We carried out an announced focused inspection on 20 November 2018 to ask the service the following key questions; Are services safe and well-led?

#### **Our findings were:**

##### **Are services safe?**

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

##### **Are services well-led?**

We found that this service was 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.

CQC inspected the service on 27 March 2018 and asked the provider to make improvements. 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 checked these areas as part of this focused inspection and found they had been resolved and that the regulatory requirements were now being met.

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.

The Clinical Director 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.

#### **Our key findings were:**

# Summary of findings

- Lessons were shared to make sure action was taken to improve safety across the service.
- There were risk assessments in relation to safety issues.
- Staff recruitment checks, induction, essential training, appraisals and supervision was recorded and undertaken in a timely manner, in most cases.
- There was a leadership structure and staff felt supported by management.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- 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 developments 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.

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief  
Inspector of General Practice

There were areas where the provider could make improvements and should:

# Vaccination UK Limited

## Detailed findings

### Background to this inspection

Vaccination UK Limited was established in the UK in 2007 and provides services from their head office located at 21a Brand Street, Hitchin, Hertfordshire, SG5 1JE. The service is located on the first floor and there is one treatment room, a consulting room, a reception and waiting area and staff offices.

The service offers travel vaccination and related health care advice, private medical consultations, medical screening examinations and women's health services.

The clinical director is the registered manager. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

The service operates a satellite clinic, approximately one to two times a week, from The Elms Consulting Rooms clinic in St Albans. We did not visit the satellite clinic as part of this inspection. Vaccination UK Limited sees approximately 4,000 clients a year between the two clinics.

The service is also commissioned to provide the school aged vaccination programme in Dudley, Walsall,

Wolverhampton and nine London Boroughs (seven in North East London and two in North Central London). The service has also been commissioned by Hertfordshire Community NHS Trust to deliver the flu vaccination programme in all schools across Hertfordshire.

The service is open between 8am and 5pm Monday to Friday and appointments with a travel nurse are available between 9am and 3pm on Mondays, between 8am and 2pm on Tuesdays, between 9am and 1pm on Wednesdays, from 11am and extended to 7pm on Thursdays, between 9am and 1pm on Fridays and from 9am to 2pm on Saturdays. Appointments with a GP are available between 1pm and 5pm on Wednesdays.

We inspected the service on 20 November 2018. The inspection was carried out by a CQC inspector.

Before visiting, we reviewed a range of information we hold about the service. We also asked the service to distribute an electronic questionnaire to staff members for feedback. During our visit we spoke with the Clinical Director, Clinical and Operations Director, two managers and a travel nurse.

# Are services safe?

## Our findings

During our previous inspection in March 2018, we found that this service was not providing safe services in accordance with the relevant regulations. This was because assessments of the risks to the health and safety of service users receiving care or treatment required strengthening.

For example, we found gaps in records relating to the immunity status of staff, not all staff employed had the required checks in place such as Disclosure and Barring Service checks, references, qualifications and professional registration checks. Significant incidents were not always reported and investigated in accordance with the policy and procedure in place at the service. The service did not ensure all the risks had been considered when assessing health and safety, fire safety and emergency equipment. Not all clinical and non-clinical staff members had received basic life support training.

In addition to this, we told the provider that they should:

- Review infection prevention and control systems and processes to ensure audits were undertaken on a regular basis.
- Review the management of clinical waste.
- Review the risk assessment in place for not having a defibrillator on the premises.
- Review the risks associated with staff driving to and from locations.
- Review the process and record keeping for staff induction.

During our focused inspection in November 2018 we found that this service was now providing safe care in accordance with the relevant regulations.

### Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. 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. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. All staff members had received safeguarding training.

- The service had a process in place to check staff immunity status as part of the induction process and the service had documented evidence in place to ensure up-to-date records were maintained.
- The service had reviewed their record keeping and recruitment process and had introduced clear systems and processes to ensure all staff employed had the required checks completed prior to employment such as Disclosure and Barring Service (DBS) checks, references, qualifications and professional registration checks. (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 service had also introduced a system to ensure all clinical staff received a DBS check on an annual basis and all non-clinical staff received a DBS check every two years.
- During our inspection, we reviewed five personnel files and found the service maintained records of appropriate checks through DBS. However, we found the service did not have evidence of references in place for a recently appointed member of the administration team. The service explained that this member of staff was previously employed by the service and action would be taken to ensure references are in place for this individual.
- The service had reviewed their staff induction and supervision processes. Staff competency was checked and clinical supervision was undertaken on a regular basis.
- Staff who acted as chaperones were trained for their role and had received a DBS check.
- The systems in place to manage infection prevention and control (IPC) had been improved. We observed the premises to be visibly clean and tidy. There were cleaning schedules and monitoring systems in place. The service had undertaken IPCs audits across their locations and systems were in place to ensure this was done on a regular basis. The service took action in response to findings from IPC audits. For example, the

# Are services safe?

service had identified that the level of cleaning undertaken required improvement and the service had changed their cleaning company as a result. All staff members had completed IPC training. The C

- The clinical director was the IPC lead and they had completed level three IPC training.
- There were systems for safely managing healthcare waste. Healthcare waste was stored securely and was collected by an external contractor on a weekly basis.

## Risks to patients

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

- Following our previous inspection in March 2018, the service had undertaken a review of their emergency equipment and procedures. The service had purchased oxygen and a defibrillator. Staff had been trained in the safe use of this equipment and the service had operating procedures in place. The service had systems in place to ensure emergency equipment was checked on a regular basis.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. All staff had received training in basic life support.
- There were risk assessments in relation to safety issues. An external contractor had completed an electrical safety check of the premises in July 2018 and the overall assessment was found to be satisfactory.

- The service had introduced systems to ensure risks were assessed for staff driving to and from locations.
- An external contractor had completed a fire risk assessment for the premises in April 2018. The service had completed the actions in the risk assessment. For example, the service had identified and trained staff as fire marshals, made improvements to emergency lighting and had reviewed their storage of combustible items.

## Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There were adequate systems for reviewing and investigating when things went wrong.
- The service had reviewed their incident reporting process and had introduced a centralised reporting procedure. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The service learned and shared lessons, identified themes and took action to improve safety in the service. From the sample of documents we reviewed, we found the service investigated incidents with openness and took appropriate action to reduce the risk of the event re-occurring.

# Are services well-led?

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

## Our findings

During our previous inspection in March 2018, we found that this service was not providing well-led services in accordance with the relevant regulations. This was because the systems and processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided required strengthening.

During our focused inspection in November 2018 we found that this service was providing well-led services in accordance with the relevant regulations.

### Culture

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

- As part of our inspection, we obtained feedback from 28 staff members involved in the school aged vaccination programme across Hertfordshire, The Midlands and London Boroughs.
- Staff told us that they felt respected, supported and valued. They were proud to work for the service.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The majority of staff commented on how they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing staff with the development they need. This included appraisal and career development conversations. The service had introduced appraisal processes for temporary and short-term staff. At the time of inspection records showed gaps in staff personal development plans for both a small number of clinical and non-clinical staff. The service told us that team coordinators had been advised to complete the outstanding appraisals with staff members and that this would be monitored.
- Staff told us that there were positive relationships between staff and teams. A small number of staff commented on how some aspects of communication and feedback could be improved between staff at the

Head Office and staff working across the various locations. Senior staff told us that they had led group supervision sessions with teams and the clinical director visited staff at the London offices at least once a month.

### 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 had been reviewed and were clearly set out, understood and effective.
- Following our inspection in March 2018, the service had recruited a clinical and operations director for travel medicine, who worked alongside the clinical director to oversee the services and meet business growth.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- For example, the system in place to ensure all staff completed essential training relevant to their role had been improved. From the sample of documents we reviewed, we found staff members had completed essential training relevant to their role.

### Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had reviewed their governance structures, systems and processes to ensure they were effective in enabling the service to identify, assess and mitigate risks to clients, staff and others.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audits, supervision and staff development plans.
- Clinical audit had a positive impact on quality of care and outcomes for patients. 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.