

# London Travel Clinic Limited

## King's Cross

### Inspection report

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### Overall summary

We carried out an announced focussed follow up inspection on 3 December 2018 to ask the service the following key questions; Are services safe, effective and well-led?

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

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

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

##### **Are services effective?**

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

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

We found 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, in respect of issues we found at the previous inspection.

CQC inspected the service on 28 June 2018 and as a result asked the provider to make improvements regarding: staff training; policies were not personalised

for use at the service and were not accessible to staff; there were no regular risk assessments including infection prevention and control and legionella testing; there was no defibrillator available in the event of an emergency; the recently introduced IT system did not allow staff to access all information they needed; and there was a lack of clinical audits or other quality improvement activity. We issued requirement notices for breaches of regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We checked these areas as part of this focussed inspection and found the service had resolved most issues and were working on those remaining..

The report for our previous inspection in June 2018 can be found on the CQC website by selecting the Reports tab from: <https://www.cqc.org.uk/location/1-1818533366>.

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.

# Summary of findings

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.

## Our key findings were:

- The provider had updated most policies to standardise them across its group of locations, and was developing standard operating procedures (SOP) specifically for the service. This covered some areas and was in development with additional information being added to enable staff to carry out all location specific activities.
- The service had not undertaken a recent fire drill. The building management had organised a full evacuation fire drill, which the service's receptionist had taken part in.
- The service was undertaking regular infection prevention and control audits, and was acting on any identified issues.
- We saw evidence all staff had received appropriate training in health and safety, infection prevention and control, fire safety and confidentiality.
- All staff had received appropriate training in safeguarding of vulnerable adults and children to an appropriate level.
- The service had a defibrillator in the treatment room, for use in a medical emergency, and it was regularly checked to ensure it would be functional if needed.
- Regular record keeping audits contributed to more accurate patient's records held by the service.

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

- Continue to review and update its policies and to develop the standard operating procedures to provide location specific guidance for staff.
- Ensure water temperature and legionella testing are regularly conducted so the enclosed water supply in the treatment room remains safe to use.
- Conduct fire drills on a regular basis to ensure all staff benefit, add fire marshal names and evacuation procedures to the SOP.

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

# 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 four 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 vaccine 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 2,500 patients attended in the last year. The inspection was led by a CQC inspector, who was accompanied by a CQC pharmacist specialist.

Before visiting, we reviewed a range of information we hold about the service. The provider's registered manager for the location, the nurse manager was present on the day of our visit.

During our inspection we:

- Spoke with the nurse manager.
- Spoke with staff who shared duty at the location.
- Looked at information staff used to deliver the service.

To get to the heart of patients' experiences of care and treatment, asked the following three questions:

- Is it safe?
- Is it effective?
- Is it well-led?

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

# Are services safe?

## Our findings

**During the previous inspection in June 2018 we found the service was not providing safe care in accordance with the relevant regulations, as: staff were unable to access the service's policies; policies we looked at were generic rather than personalised to the needs of the service; there was no evidence staff had received all of the necessary training, including safeguarding of vulnerable children; the service was not undertaking regular risk assessments including infection prevention and control; not all clinical waste disposal materials were readily available in the treatment room; the service had not undertaken all necessary risk assessments or legionella testing of its enclosed water supply; there was no defibrillator on site, though following the inspection the service had provided us with evidence it had ordered one; and there was no record of regular fire drills taking place.**

At this inspection we found that this service was providing safe care in accordance with the relevant regulations.

### Safety systems and processes

At the previous inspection in June 2018 we found: the service had failed to ensure staff were able to access the service's policies; policies were non-specific rather than personalised to the needs of the service; not all staff who needed it had received training in safeguarding of vulnerable children; At this inspection we found the service had made progress with most of the issues:

- The service had ensured staff were able to access its policies in the service, either as hard copies or via its computer system. Most of the policies had been updated but remained non-specific for the service. The nurse manager advised us the provider had concentrated on standardising the policies across all locations. It had also started to develop a standard operating procedure (SOP) for the service. Further details were due to be added to enable staff to undertake all necessary procedures at the location. For example, the SOP did not name local fire marshals. It also required the insertion of the evacuation procedure to be followed.
- The nurse manager had received training in safeguarding of vulnerable children to level three and the four nurses had all been trained to level two.

### Risks to patients

During the previous inspection in June 2018 we found: the service's governance policies were not accessible by staff at the service; the service had not completed a full infection prevention and control audit and those actions identified did not include dates for review or completion of work undertaken; there were no orange clinical waste bags for safe disposal of clinical and hazardous waste; not all staff had completed infection prevention and control training; there was no legionella testing of the enclosed water supply installed in the treatment room; and there was no defibrillator available in the service for use in a medical emergency procedure, after the inspection the service provided us with evidence that it had ordered a defibrillator. At this inspection we found the provider had taken action but had not remedied all issues.

- The provider had updated most policies in order to standardise them across its group of locations, and had started to develop standard operating procedures (SOP) specifically for the service. However, this was still in development and the document did not contain all of the information needed. For example, details of fire evacuation procedures were yet to be incorporated.
- The service had installed a new basin unit in the treatment room, this relied on water tanks stored within the unit to supply water for hand washing. The tanks were filled from the mains water supply on a daily basis. It was not undertaking legionella testing of this enclosed system. We saw evidence the service was adding a sterilising fluid to the water tanks on a daily basis. However, the service's policy for management of Legionella in hot and cold water systems required the service to undertake monthly monitoring of the water supply temperatures and periodic sample testing.
- We saw the service was undertaking regular weekly infection prevention and control checks and three-monthly infection prevention and control audits. These also contained details of any actions required together with the date it was reviewed or completed. For example, during the July audit it had found, amongst other things, there was dust on the floor behind the vaccines fridges. The November audit showed the fridges had been moved and cleaning undertaken.
- The service had changed its clinical waste disposal procedure and did not require orange waste disposal bags.

# Are services safe?

- We saw evidence all staff had completed Infection prevention and control training.
- The service had a defibrillator in the treatment room, for use in a medical emergency, and we saw evidence it was regularly checked to ensure it would be functional if needed.

## Track record on safety

During our previous inspection in June 2018 we did not see evidence the service had comprehensive and effective systems for assessing risks in relation to safety issues. In particular: the service was not undertaking an adequate risk assessment for infection prevention and control; it was not testing its enclosed water supply in the treatment room for the risk of legionella; there was no evidence the service

had conducted regular fire evacuation drills; and staff had not all received training in fire safety. At this inspection we found the service had made progress with most of the issues:

- The service showed us evidence the building owners had conducted a fire evacuation exercise on 9 August 2018, however that was a day when the service was not in operation so only the service's receptionist had participated in the exercise.
- The service was able to show us evidence it was conducting a range of separate risk assessments covering infection prevention and control issues, with the exception of legionella testing.
- We saw evidence all staff had received fire safety training.

# Are services effective?

(for example, treatment is effective)

## Our findings

**During our previous inspection in June 2018 we found the service was not effective, in accordance with the relevant regulations, as there was a lack of evidence all staff had completed all training the provider considered necessary. When we re-inspected the service in August 2018 we found these issues had been rectified.**

At this inspection we found that this service was providing effective care in accordance with the relevant regulations.

### Effective staffing

During our previous inspection in June 2018 we found the service was unable to provide evidence all staff had completed all training the provider considered necessary, including: health and safety, infection prevention and control, fire safety and confidentiality. At this inspection we found the service had acted to provide staff with all necessary training:

- We saw evidence all staff had received appropriate training in health and safety, infection prevention and control, fire safety and confidentiality.

# 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 June 2018 we found the service was not well-led, in accordance with the relevant regulations, as there were some issues the service needed to address: the service's recently introduced new IT system required work to ensure staff could access all information they needed; policies we looked at were not personalised to the needs of the service; not all staff had completed all necessary training; there was a lack of evidence of quality improvement activity including audits. When we re-inspected the service in August 2018 we found the service had made considerable progress.**

At this inspection we found that this service was providing well-led care in accordance with the relevant regulations.

### Leadership capacity and capability

During our previous inspection in June 2018 we found leaders had the capacity and skills to deliver high quality clinical care to patients, however in some areas of governance there was insufficient oversight. Issues we saw related to health and safety and risk management. At this inspection we found it had taken action to resolve the issues:

- Staff we spoke to told us the computer system had improved considerably since our last inspection, and staff had received training in the use of the system. We also saw evidence the computer system had built in checks to avoid mistakes. For example, on delivery of vaccines, staff entered the batch number, before a patient received the vaccine, staff were required to enter the batch number of the vaccine into the system. If the manufacturer had issued a recall then the system automatically notified staff not to proceed with the vaccination.
- At our last inspection staff expressed concerns about job security following the takeover of the provider by Vaccination UK Ltd in March 2018. At this inspection we were told these concerns had been resolved and the service had employed an additional nurse.

### Governance arrangements

During our previous inspection in June 2018 we found some governance arrangements were lacking or were ineffective. In particular: due to issues with the IT system

staff were unable, on the day of inspection, to access all policies; and those policies we looked at were not tailored to the needs of the service. At this inspection we found it had taken action but had not rectified all issues:

- The provider had updated most policies in order to standardise them across its group of locations, and was developing standard operating procedures (SOP) specifically for the service. However, it not complete, for example, the SOP did not contain sufficient details of the building fire safety and evacuation procedures.
- The service had resolved the previous issues with its IT system and ensured staff were able to access policies at the service, either as hard copies or via its computer system.

### Managing risks, issues and performance

During our previous inspection in June 2018 we found: we were unable to establish whether policies relating to health and safety had been followed; there was little evidence of clinical audits or other quality improvement activities; as staff files were not accessible we were unable to establish staff had received all necessary training. At this inspection we found it had taken action to rectify most issues:

- The service's policy for management of Legionella in hot and cold water systems required the service to undertake monthly monitoring of the water supply temperatures and periodic water sample testing. However, the service was not following the procedure, instead it was adding a sterilising fluid to the water tanks on a daily basis, which was not part of the policy or indicated in the SOP.
- Staff personnel files were stored centrally at the providers head office. However, the nurse manager was able to show us copies of staff training records, including certificates, on the service's computer system. We saw evidence staff had received all training identified as missing at the last inspection, including: training in health and safety, infection prevention and control, fire safety and confidentiality.
- We were provided with a copy of regular record keeping audits the service had run during June, September and December 2018. The service had created an action plan to address this and staff were given additional instructions to ensure all information was collected from patients.

### Continuous improvement and innovation

# Are services well-led?

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

During our previous inspection in June 2018 we found there were some systems and processes for learning and continuous improvement, however there were problems with the recently introduced IT system. At this inspection we found it had taken action to rectify the issues.

- Staff we spoke to told us the IT system had improved considerably since our last inspection, and staff had received training in the use of the system. We also saw evidence it had checks built-in to avoid mistakes.

- The service had introduced a Label printer which enabled staff to print the patients name and the service's address onto labels attached to medicines it dispensed under PGDs (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.).