

Soho Square

Inspection report

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Date of inspection visit: 17 March 2020
Date of publication: 06/05/2020

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 

Overall summary

We carried out a focused desk-based follow up inspection at London Travel Clinic Soho Square. We had previously carried out a rated comprehensive inspection on 8 July 2019 and found that the service was in breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

Overall the practice is now rated as Good.

Our key findings were:

- There were systems in place to assess, address and mitigate the risks associated with fire safety and legionella.
- Medical equipment had been calibrated and PAT to ensure they were safe to use.
- The provider had arrangements in place to accommodate patients with accessibility needs.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a specialist advisor.

Background to Soho Square

Soho Square provides travel health services including vaccinations, medicines and advice on travel related issues to both adults and children. The clinic is based at 18 Soho Square, London, W1D 3QL. The location has two linked sites at Marylebone (8 Dorset Square, London, NW1 6PU) and Chancery Lane (36 Chancery Lane, London WC2A 1EN).

The service sees approximately 5,600 patients a year at Soho Square. The service is a designated yellow fever vaccination centre. Services are available to any fee-paying patient. The service had corporate account clients for businesses to access travel health services for their employees.

The service is in an accessible purpose-built building. Patients are directed to the fifth floor of the building which is accessible via lift or stairs, to the provider's reception and waiting area. The areas used by the service include consultation rooms, administrative space and accessible patient and staff facilities.

Services are available by appointment only between 8.30am and 8pm Monday to Friday. The service is also open on Saturdays between 10am and 5pm and Sundays between 11am and 3pm.

The service is overseen by a clinical director for travel medicine, a chief operating officer and a medical lead.

The service is part of Vaccination UK. At a local level the service is run by a travel nurse specialist, who is both the nurse manager and operations manager. The service has a reception and administration manager and five nurses. 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 activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

Before we carried out the inspection, we reviewed a range of information we hold about the service and asked other organisations to share what they knew.

Are services safe?

At our previous inspection on 8 July 2019, we rated the practice as requires improvement for providing safe services as we identified that safety risks associated with fire and legionella had not been assessed, mitigated and identified actions were not followed up.

These arrangements had significantly improved when we undertook a follow up inspection on 17 March 2020. The practice is now rated as good for providing safe services.

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 accessible to staff including locum and contract 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.
- There was an effective system to manage infection prevention and control. The provider had oversight of risks managed by third parties, including fire safety and legionella. The provider ensured outstanding actions from the risk assessments were followed up and actioned routinely.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out 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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to

identify and report concerns. The site had developed a standard operating procedure which included information on the service's safeguarding lead and the local safeguarding contacts.

- The provider ensured facilities and equipment were safe, and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste and effective systems to manage all other aspects of infection prevention control.

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.
- 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.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.
- There was a business continuity plan in place and this included contact details of all staff working at the service.

Information to deliver safe care and treatment

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

- 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 systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- 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

Are services safe?

trading. Records were all stored on a virtual private network. Additionally, the service would always provide patients with a copy of their records after each consultation.

- Clinicians made appropriate and timely referrals 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 and emergency medicines minimised risks.
- The service carried out regular reviews of clinical records to ensure administration of medicine was in line with best practice guidelines.
- Staff administered or supplied medicines to patients 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.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. There was named fire marshals and all staff were aware of who they were and their roles.
- 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.

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, report and record incidents and near misses.
- The service told us that they would learn, and share lessons from identified themes and took action to improve safety in the service.
- The service had systems to ensure staff 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 agency staff through their online patient record system.