Hampshire Travel and Vaccination Clinic

Inspection report

97 Havant Road
Emsworth
Hampshire
PO10 7LF
Tel: 01243388711
www.hampshirehealth.com

Date of inspection visit: 13 Jan 2020
Date of publication: 09/03/2020

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	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Inadequate**

Overall summary

This service is rated as Requires improvement **overall.** (Previous full comprehensive inspection May 2019).

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? – Inadequate

We carried out an announced comprehensive inspection at Hampshire Travel and Vaccination Clinic on 13 January 2020 as part of our inspection programme and to follow up on breaches of regulations.

The Care Quality Commission (CQC) inspected this service on 21 May 2019 and rated the service Inadequate overall. We issued two Requirements Notices, for breaches to Regulations 12 Safe care and treatment, and Regulation 17 Good Governance, to the service to make improvements regarding:

- The service's systems and processes relating to overall governance to assess, monitor and improve the quality and safety of the services being provided. For example, in relation to learning from significant events and complaints.
- The service's management of cold chain protocols in line with national guidance.
- The service's documentation of injection sites in line with national guidance.

We also issued the service a Warning Notice regarding Regulation 18 Staffing:

- Staff training in relation to basic life support including anaphylaxis, safeguarding children and adults, infection control, the Mental Capacity Act 2005 and information governance.
- Evidence of appraisals and demonstration of clinical supervision.

We followed up the Warning Notice with an inspection on 9 July 2019 where we found the service was compliant with all but one element of the Warning Notice.

As part of this inspection in January 2020 we reviewed the actions taken by the service in response to our previous inspections and found the some of these issues had been resolved, while others still required to be addressed and new issues were identified.

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 exemptions 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.

The service has one employee who is also the registered manager. A registered manager is a person who is registered with the CQC to manage the service. Like registered services, 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 CQC comment cards to be completed by clients prior to our inspection visit. We received 28 comment cards, all of which were positive about the standard of care received.

Our key findings were:

- The service had made some improvements following our previous inspection. For example, the service was able to demonstrate that its registered manager had completed relevant online training modules, had received an appraisal and completed a clinical observation session.
- We saw examples of quality improvement activity taking place since our last inspection, including an infection prevention and control audit and an audit relating to the service's consent seeking process.
- Since our last inspection, the registered manager had sought its own individual medical indemnity insurance.
- The service had risk assessed its need for chaperones and it now had a formal risk assessment in place to ensure only clinically trained professionals were used.
- Policies were in place to review and monitor risk, and new policies had been created in response to our last inspection. However, some policies, such as the peer

Overall summary

review policy, did not appear relevant to the service, had no creation date, nor a review date to ensure regular reviews were undertaken to maintain the relevance of them.
- There continued to be a lack of evidence in relation to the recording of and learning from significant events or complaints at the service, despite examples of learning being provided. However, since the inspection, the service provided a learning log with examples of learning and actions taken as a result being documented.
- The registered manager had not yet completed basic life support training despite previous efforts to do so. We saw evidence to demonstrate a face-to-face course, which included formal defibrillator training, had been booked for 25 February 2020.
- There were systems in place to ensure that staff received the most up to date evidence-based guidance in relation to travel vaccinations and travel advice.
- The service had revised its travel risk assessment form, used as a patient record, to include confirmation of patient consent, confirmation that patient identification had been checked, and documentation of the site of injection used.
- Patient feedback about the service continued to be positive.
- The service had a clear vision and values in place. However, its governance arrangements and systems and processes continued not to support the service effectively.

The areas where the service **must** make improvements as they are in breach of regulations are:

- 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 areas where the service **should** make improvements are:

- Invite patient feedback using formal evaluation forms to help drive improvement to the service.
- Retain formal documentation of the actions taken following learning from events or incidents at the service.
- Revise website to reflect accurate information regarding appointment availability and availability of the service's complaints procedure.
- Revise policies and procedures used by the service to clearly state the date when those were written. It should also be clear when a review date is due or the date when a review was completed.

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 an advanced nurse practitioner specialist advisor.

Background to Hampshire Travel and Vaccination Clinic

Hampshire Travel and Vaccination Clinic is the only registered location of the registered provider Hampshire Health Limited. Hampshire Health Limited offer a range of services including aesthetic treatments and renting out of consultation rooms. We only inspected the location of Hampshire Travel and Vaccination Clinic at this inspection.

Hampshire Travel and Vaccination Clinic is located in the small town of Emsworth in Hampshire on the border with West Sussex. The travel clinic is open between 9am and 5pm from Tuesdays to Fridays. The service had one employee, a registered nurse, (female) and a clinical lead, a GP, (male) was linked to the clinic from the provider company. An administrator (female) was sub-contracted from the service's parent company to provide reception and administration duties.

The address of the location is:

Hampshire Health Limited,

97 Emsworth Road,

Hampshire,

PO10 7LF.

Hampshire Travel and Vaccination Clinic provides a comprehensive travel service which includes travel advice, consultations and travel vaccinations. Other vaccinations are also available such as flu vaccinations. All services incur a consultation and treatment charge to patients. Costs vary depending upon the type of consultation and treatment. The service is also a Yellow Fever vaccination centre.

During our visit we:

- Spoke with the registered manager, who is the only employee. We also spoke with the administrator from the provider company.
- Looked at patient records.
- Reviewed service documents and policies.
- Reviewed Care Quality Commission comment cards.

The service provided background information which was reviewed prior to the inspection. We did not receive any information of concern from other organisations.

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.

Requires improvement

Are services safe?

At our last comprehensive inspection, we rated the service as inadequate for providing safe services because:

- The registered manager had not completed appropriate safeguarding adults or children training.
- The service was unable to demonstrate appropriate training had been undertaken by staff in relation to anaphylaxis.
- The service had not ensured that individuals available for use as chaperones by the service had received Disclosure and Barring Service (DBS) checks to ensure their suitability to undertake this role.
- The service did not formally record significant or learning events and could not demonstrate appropriate learning gained from such events. This was a continuing issue from our previous inspection.

At this inspection, we rated the service as requires improvement for providing safe services. Although evidence of improvements to previous issues had been demonstrated, there were still concerns remaining. For example:

- Formal recording of acting upon safety alerts was not demonstrated.

Safety systems and processes

The service had clear systems to keep patients safe and safeguarded from abuse or harm.

- The service had a set of policies which included an overarching safeguarding policy to cover both adults and children. The policy was revised in January 2020 and had been added to the service's public website. However, the policy did not identify the safeguarding lead for the service, nor any relevant contact details for the local authority's safeguarding team. In discussion with the registered manager, we were assured they would contact their safeguarding lead or contact the local authority's safeguarding team if they had any concerns about a patient they had seen.
- The service took some steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The registered manager demonstrated understanding of safeguarding concerns and was able to give some examples. We saw the registered manager had completed appropriate safeguarding children and adults training relevant to their role in July 2019.
- The service had systems to safeguard children and vulnerable adults from abuse, and the clinical lead of the provider was identified as the service's safeguarding lead.
- The service had systems in place to assure that an adult accompanying a child had parental authority. The service had revised its travel risk assessment form, which was also used as the patient's record, to include a tick-box to demonstrate that parental or guardian identification had been checked when accompanying a child.
- At our previous inspection, the service had not assured itself of the appropriateness of using administrative staff as chaperones. At this inspection, the service said it had revised its position on providing a chaperone service. We saw evidence of a risk assessment created by the service which stated only clinically trained professionals working elsewhere in the building premises would be used as a chaperone. (The service is based in a building which rents out rooms to other independent health services, such as a private GP, and other clinically trained professionals are available when the service is open).
- There was a system to manage infection prevention and control, which ensured premises were clean and posed a low risk of infection. The provider company had created a generic infection prevention and control (IP&C) policy which the service adhered to. For specific IP&C issues directly relating to the service, such as needlestick injuries and disposing of vaccines, the service had created its own separate policies.
- An external cleaning company was contracted to clean the clinic room and the registered manager performed a visual check of the room at the start of each day. The service confirmed it had a communication book with the cleaning company but was not aware of a cleaning log for the cleaning company to complete once the room had been cleaned. We found the service's clinic room to be clean during the inspection.
- The registered manager had completed an online training module in IP&C. An IP&C audit had been completed on 8 October 2019.
- The service had ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The service had risk assessed that no portable appliance testing (PAT) was required of its equipment. Due to the size and

scope of the service, no other clinical equipment was used. The service confirmed if clinical equipment was required it would seek support from other clinical services based within its building.
- We requested evidence of the service completing electrical calibration testing on its vaccine fridge, instead we were provided with an equipment maintenance policy. The policy highlighted how often the vaccine fridge was cleaned and how often fridge temperatures were recorded. Since inspection, the service has confirmed electrical calibration is not yet due on its thermometers under manufacturer's guidance.
- There were systems for safely managing healthcare waste.
- The service carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.
- The service continued to do hot and cold-water testing in line with national legionella guidance. The service had previously risk assessed itself to be at a low level of risk for legionella.

Risks to patients

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

- Since our last inspection, the service had created a clinical management matrix document to record relevant information. We were told it remained a working document and was not yet completed. On review, we found evidence of policies and risk assessment listed, and procedures relevant to the service.
- The service had a catalogue of standard operating procedures (SOPs) and policies to support the service it provided. The SOPs were documented to have been created in December 2019 and were due a review in December 2021.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. The service had access to a defibrillator within the premises that the service was based in. The service's clinic had its own oxygen cylinder, which was in date, purchased since our last inspection. The service also had access to adrenaline in case of anaphylaxis following the administration of a vaccination. (Anaphylaxis is a rare but serious allergic reaction that is rapid in onset and may cause death).
- Since our last inspection, the service had revised its consultation room to be a self-contained room. The room now included a treatment couch, and the service had relocated its vaccination fridge into the consultation room. This meant once the service had invited a patient to the room, the patient was not left alone during the consultation room to retrieve the appropriate vaccinations the patient had attended for.
- At our previous inspection in May 2019, we found the service had completed a Level 3 Emergency at Work First Aid course in March 2018. We were told this course had included cardiopulmonary resuscitation (CPR). On review of the course content, it was agreed that this course had not been appropriate for a service of this type as it had not included anaphylaxis.
- The registered manager of the service confirmed they had completed an online module on anaphylaxis. The service confirmed it had been proactively trying to book further face-to-face basic life support training course for its registered manager since our last inspection, but it had encountered difficulties in accessing an appropriate course. The service confirmed a formal basic life support training course was booked for 25 February 2020 and it included anaphylaxis and defibrillator training. We saw evidence of the course breakdown and confirmation of booking.
- We also saw evidence that the registered manager had completed an online module in fire safety training in July 2019.
- Since our last inspection, the service had arranged alternative medical indemnity insurance which showed the registered manager and the service itself was specifically named in the cover arrangements.
- The service continued to have one employee, who was also the registered manager. The service did not use locums and would close when the registered manager was not available to work, such as during annual leave. Potential patients were notified of the closure via a message on the service's website.
- Following our inspection, the service produced a policy relating to the risk of working outside its normal opening hours. In an attempt to preserve patient safety,

the service has now decided against offering this option as it could not be assured an additional clinically trained professional would also be onsite for an out of hours appointment.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients, except in relation to the documentation of discussions taken place during a patient consultation.

- The service maintained a secure database where a copy of patients completed travel risk assessment forms were stored following access to its service.
- The service had revised its travel risk assessment form to include tick boxes to demonstrate patient identification had been confirmed and parental or guardian authority had been sought. The travel risk assessment form also included details about the vaccines received by patients, previous medical history and current medication being taken.
- The service told us its travel risk assessment formed the basis of the patient consultation. The service confirmed the travel risk assessment did not allow for any individual notes to be added by the registered manager following a patient consultation. As a result, the service was not able to document any evidence relating to the discussions it had with patients about travel health promotion methods, such as appropriate hydration techniques or the correct use of insect repellent to help prevent the contraction of malaria from a mosquito's bite.
- Since inspection, the service has provided evidence of its amended travel risk assessment to allow for the timely documentation of consultation topics with patients.
- The service confirmed all patients received a vaccination record card of the vaccinations they had received at the service. We were told it was the patient's responsibility to share this record with their named GP.

Safe and appropriate use of medicines

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

- There were policies in place for the management of medicines, including vaccines.
- The service used patient specific directions (PSDs) to administer its vaccinations. We saw evidence of a standard operating procedure (SOP) relating to the creation of PSDs. The SOP included a process by which a patient's medical history was gathered on arrival at the service by the registered manager. The patient's information was communicated to the prescribing practitioner linked to the service, the clinical lead of the provider company. The clinical lead was then responsible for the authorisation of the PSD for each patient.
- Since our last inspection, the service had revised its recording process and confirmed it was now recording the injection site of the vaccine, by ticking a box indicating left or right. The service confirmed it only administered vaccines into a patient's upper arm. The service was now documenting site of injections in line with national guidance as stated in The Green Book. (The Green Book is a document available to all health professionals and vaccination practitioners to keep up to date with developments and best practice guidance in relation to vaccinations).
- The systems and arrangements for managing vaccines minimised risks had improved.
- Since our last inspection, the service had purchased a separate digital thermometer to use in its vaccine fridge. We saw evidence of fridge temperatures being recorded once a day when the clinic was open. Records we reviewed showed that temperatures were recorded within the minimum and maximum ranges.

Track record on safety and incidents

The service had a safety track record but there was continued evidence of the service not formally documenting the actioning of safety alerts.

- There were comprehensive risk assessments in relation to safety issues.
- The service told us they continued to conduct ad-hoc reviews with peer colleagues as required. However, there continued to be no documentation to show these discussions had taken place, nor evidence of reflection. Since inspection, the service has provided written evidence of a discussion with a professional peer relating to Yellow Fever vaccinations and three reflective discussion accounts with a peer colleague for the purpose of the registered manager's revalidation. (Revalidation is a process that all nurses and midwives will need to go through in order to renew their registration with the Nursing and Midwifery Council).

Requires improvement

Are services safe?

- The service had completed an audit on its consent and travel risk assessment process in November 2019.
- The service continued to receive external safety alerts as well as patient and medicine safety alerts from NaTHNaC which is a service commissioned by Public Health England to provide resources to clinicians who administer travel vaccinations. (NaTHNac stands for National Travel Health Network and Centre). The registered manager confirmed these alerts were sent via email and stored in an email inbox for future reference. There continued to be no formal system for recording the relevant actions taken by the service upon receiving these alerts to demonstrate an assessment of risk had taken place.

Lessons learned and improvements made

- The service 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.
- We asked the service to provide a copy of its incident reporting policy. We were provided with an accident reporting policy and accident report form. The policy was intended for those accidents affecting staff, rather than how the service was meant to respond to incidents happening through the provision of its service.
- On review of the service's Standard Operating Procedures, we found evidence of appropriate procedures for the service to follow should an adverse event occur when administering a vaccine to a patient. The SOP indicated the clinical lead of the service was responsible for reviewing all incidents involving medicines and immunisations. The clinical lead was also responsible for subsequently reviewing any policies and the provision of further training as identified by any incident that occurs at the service.
- We saw evidence that two near miss incidents had occurred within the building premises, but these were not related to the service itself. The service confirmed it had not reported any significant incidents since our previous inspection. However, through discussion with the registered manager, we were able to identify learning events that had led to changes at the service. The registered manager told us learning from events, such as a raised awareness of administering Yellow Fever vaccines to patients over the age of 60 years, had changed their way of working.
- The service told us it had not considered recording such learning events, as it just made changes as appropriate and continued providing its service accordingly. As a result, there was no evidence to demonstrate the service was learning from events or monitoring any trends.
- Since inspection, the service produced evidence of a learning event diary log which included five reflective accounts. We saw evidence of learning being identified, but the log did not demonstrate whether an in-depth investigation had taken place to ensure a repeat event did not occur, whether all appropriate actions had been identified nor if actions identified had been completed.

Good

Are services effective?

At our last inspection, we rated the service as inadequate for providing effective services because:

- There was a continued lack of staff training.
- Staff had not received appropriate clinical supervision or annual appraisals.
- Quality improvement activity was limited.

At this inspection, we rated the service as good for providing effective services because:

- Training, relevant to the registered manager's role, had been completed or had been booked to be completed.
- The registered manager had received an appraisal and had identified appropriate learning outcomes to work towards.
- Evidence of audits demonstrated the service was undertaking quality improvement activity.

Effective needs assessment, care and treatment

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

- The service assessed needs and delivered care in line with relevant and current evidence-based guidance and standards, including Public Health England's best practice guidance.
- The registered manager had previously attended training courses throughout the year including receiving updates from NaTHNaC They also continued to be registered with the International Society of Travel Medicine (a member's only community whereby travel vaccine updates and alerts are received) and attended their international conferences.
- The service had systems in place to keep all clinical staff up to date. The registered manager had access to guidelines from a recognised travel information website and used this information to deliver care and treatment that met patient's needs. The service continued to check this website on a regular basis and received email communication about news updates.
- We saw comprehensive travel risk assessments continued to be for patients to record their previous medical history and their travel requirements prior to recommending or administering treatments.
- The service offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group.

Monitoring care and treatment

The service had improved its commitment to quality improvement activity but evidence of regular peer support was limited.

- Since our last inspection, the service had completed three audits to demonstrate its commitment to undertaking quality improvement activity. We saw an infection prevention and control audit, a consent and risk assessment audit, to ensure the service was following its own processes, and a training audit.
- Following our last inspection, the service had made contact with fellow peer colleagues to share experiences and discuss findings of completed audits. We were told the first meeting was booked for June 2019.
- At this inspection, when we asked the registered manager about support from peer colleagues, they confirmed conversations took place as required. Since inspection, the service has provided evidence of reflective discussions taking place with a peer colleague for the purpose of the registered manager's NMC revalidation.
- We saw evidence of a peer review policy to be used by the service, but on review, the policy did not appear relevant to the service itself.

Effective staffing

The service's registered manager had the skills, knowledge and experience to carry out their roles. The service was able to demonstrate that required training had been completed or had been booked to be completed.

- We saw evidence of a certificate obtained for the provision of Yellow Fever treatment from NaTHNaC. (NaTHNaC (National Travel Health Network and Centre) is a service commissioned by Public Health England to provide up to date and reliable information about travel health). This was dated 27 February 2018 and was valid for two years.
- The registered manager was a registered nurse and had completed their annual registration renewal with the Nursing and Midwifery Council (NMC) until August 2020.
- The service provided evidence of its registered manager completing online training modules in fire safety, infection prevention and control, safeguarding children

and adults, information governance, informed consent and confidentiality in July 2019. The registered manager had also completed an online training module for immunisation and vaccination update, and anaphylaxis training to level 2 in September 2019.

- The service provided demonstrated it had been seeking formal face-to-face basic life support training course for its registered manager since our last inspection but it had encountered difficulties in accessing an appropriate course. The service confirmed a formal basic life support training course was booked for 25 February 2020.The service provided formal documentation of an annual appraisal being completed with the provider company's clinical lead in July 2019 following our last inspection. We saw evidence that learning outcomes had been identified, and there was a plan in place to re-appraise in July 2020.
- We saw the registered manager had undertaken an observed clinical supervision with the provider company's clinical lead in July 2019.

Coordinating patient care and information sharing

- Patients received coordinated and person-centred care.
- The information needed to plan and deliver care and treatment was available to the service in a timely and accessible way through the service's booking system and the use of a travel risk assessment. The travel risk assessment included details about the destinations clients intended to travel, length of trip, previous medical history and any known allergies.
- Patients were given a vaccination record card which they could share this with their own GP if they wished.

Supporting patients to live healthier lives

- The service continued to have information available on their website about certain types of illnesses that can be vaccinated against, and appropriate preventative measures to take when travelling to reduce the risk of contracting Malaria. There was also links to updated guidance available.

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. The service had a consent policy which was in line with national legislation.
- The travel risk assessment form used by the service had a section for recording the consent of patients to receive their vaccinations.

Good

Are services caring?

At our last inspection we rated the service as good for providing caring services. At this inspection we continue to rate the service as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We received 28 Care Quality Commission comment cards from patients who had used the service. Feedback from patients was positive about the way staff treated people, and patients had received a professional and friendly service.
- The service gave patients timely support and information.
- The service had a patient feedback link on their website which patients were encouraged to complete. The service stated comments left previously had not contained any information to help drive improvement for the service. However, through discussion during the inspection about a negative review previously received by the service, the service was able to verbally identify ways in which it could prevent the circumstances contained in the review from occurring again. We requested a formal record of this learning to be documented following the inspection and sent to the inspector, but this was not received.
- The service had received three comments online via its website since our last inspection. All three were positive about the service they had received.

Involvement in decisions about care and treatment

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

- From the 28 CQC comments cards received from patients using the service, we were told information provided about travel vaccinations was helpful and informative.
- There was clear and informative information on the service's website detailing what types of services were offered and examples of vaccinations available. The service website also provided clear guidance about the costs of each vaccination.
- There was a link on the website to frequently asked questions and updated news articles with regards to travel vaccinations.
- Staff communicated with people in a way that they could understand. The service told us it could provide information to patients in an alternative format, such as larger print, by offering an enlarged photocopy of information. Otherwise the service said it would verbally discuss all options with patients during a consultation to ensure access to information was maintained.
- Since this inspection, the service has confirmed its arrangements for access to a telephone translation service, should it be required for patients whose first language was not English. The service said it would otherwise use an online translation service to ensure patients were fully informed. The service has confirmed information about the service's translation service has been added to its website.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- The consultation room door was closed during patient consultations. Conversations could not be heard outside this door.
- The service had a process whereby patients would give their name at reception and would then be booked in by the receptionists rather than completing a visitors book. The service explained that this was to maintain the privacy of patients attending the building. We were told that the reception area was a shared reception area for all services operating from the building including aesthetic treatments which are out of scope for registration with CQC.
- The waiting area was located off the main reception space. A separate room was available for patients to use if they so wished.
- We saw evidence of a confidentiality agreement to protect the privacy of patients when visiting the service.

Good

Are services responsive to people's needs?

At our last inspection we rated the service as good for providing responsive services. At this inspection we continue to rate the service as good for providing responsive services.

Responding to and meeting people's needs.

- The service was located in a building owned by the provider company. The building hosted several other independent health services. The service's consultation room was located on the ground floor and was easily accessible for people with mobility difficulties.
- The service was a registered Yellow Fever centre and was, therefore, able to accommodate people's needs around the demand for this vaccination.
- The service told us it was able to offer short-notice appointments on a case by case basis. If it was unable to accommodate a patient's request, the service said it would signpost patients to another service.
- The service's website stated that it could offer flexible appointments and at our previous inspection, the service told us it was willing to offer appointments outside of normal working hours. However, following this inspection, the service provided a policy stating evening appointments could not be offered outside of normal opening hours due to the service not being assured of an additional clinician being available on the premises for safety reasons.

Timely access to the service

- The service's website stated the service was open Monday to Friday 9.00am-5.00pm but during inspection the service confirmed it offered clinics Tuesday to Friday only.
- Prospective patients could complete an online contact form to book an appointment at any time of day for the service to respond when it was next open. For urgent appointments, patients were advised to contact the service through the main telephone line. Following initial enquiries, all other communication between the service and patients was done by telephone.
- If the service was closed, we were told a notification banner was added to the service's website. We saw evidence of this relating to the service's Christmas and New Year closure period. Patients were also informed by calling the service's telephone number.
- From the 28 CQC comments cards received from patients using the service, we were told patients had been able to make appointments easily.

Listening and learning from concerns and complaints

- The service did not have information available on their website about how to make a complaint. However, there was a copy of the service's complaints procedure located in the reception area of the building premises and in the consultation room.
- The service told us it had not received any formal written complaints in the previous 12 months but a negative review had been previously received via the link on its website. We saw evidence of the service responding to that review with an explanation of the circumstances surrounding the patient's review and offered an apology for the confusion experienced.

Inadequate

Are services well-led?

At our last inspection, we rated the service as Inadequate for providing well-led services because:

- Systems and processes for assessing, monitoring and improving the quality and safety of the services being provided continued to not be fully embedded.
- The service had failed to respond to all the issues identified in its previous inspection report, and make reasonable adjustments to the service to ensure full compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we have continued to rate the service as Inadequate for providing well-led services because some issues identified at our last inspection had not been fully addressed and we identified additional concerns. For example:

- Systems and processes were not consistently established and operated effectively to ensure compliance with requirements to demonstrate good governance.
- The service had continued to fail in responding to some issues as identified in its previous inspection report, and make reasonable adjustments to the service to ensure full compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, adherence to cold chain protocols, and overall assurance of governance compliance.

Leadership capacity and capability;

- The service was the only registered location for the provider company. The registered manager of the service was also the registered manager and was one of the directors of the provider company. The other director of the provider company was the clinical lead for the service but was not directly employed by the service to fulfil that role.
- The registered manager continued to be knowledgeable about issues and priorities relating to the provision of an independent travel service.
- We saw the service had responded to some concerns identified at our previous inspection, but more needed to be done to be fully compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Vision and strategy

The service had a vision and strategy to deliver high quality care and promote good outcomes for patients. However, despite evidence of some areas of improvement, our inspection findings again identified several areas of concern, some that were still existing following our previous inspection and others that had been newly identified at this inspection which demonstrated that the service had continued not to fully consider the governance arrangements in relation to its service.

- The service had a vision and set of values to provide a responsive service that put caring and client safety at its heart. The registered manager confirmed they felt they provided a better service than before based on the changes the service had implemented following our previous inspection. But the service's governance arrangements and systems and processes continued not to support its vision and values. For example, not all policies appeared relevant to the service, another contained inaccurate information about relevant legislation, and we saw evidence of the service not adhering to its own cold chain policy. For example, the service was still not monitoring minimum and maximum fridge temperatures in line with its own policy, standard operating procedure or national recommendations.
- Since our last inspection, the service had created its own business continuity plan. On review, it described how it would respond to situations that meant it could not run, such as a power cut or issues with the building it resided within it. However, the business continuity plan did not name the service specifically so we were unable to assurance ourselves that the plan had been appropriately considered as relevant to the service.

Culture

- The service focused on the needs of patients. The service told us it felt the actions it had taken since our last inspection had made its service better and safer. However, we still saw that the service had not considered the importance of demonstrating learning.
- Openness, honesty and transparency were expected when responding to incidents and complaints. The service told us it had not experienced any incidents or received any complaints, but it continued to be able to provide verbal accounts of incidents that learning could

have been identified from. Since inspection, we have been provided with a reflective learning event log which demonstrated the service was willing to amend its previous level of documentation.
- The service was aware of and had systems to ensure compliance with the requirements of the duty of candour should such a situation arise.
- The service had improved how it provided clinical supervision to its registered manager and had ensured an annual appraisal was completed in line with its own policies.

Governance arrangements

Governance arrangements had been improved but some of these continued to not be fully embedded into practice.

- The service had a number of policies in place. We saw some policies had not being identified as belonging to the service. Specifically, on review of the peer review policy supplied by the service post-inspection, it was not relevant to the service. Several policies had not been annotated to demonstrate a creation date nor an intended review date to ensure policies could be regularly reviewed to maintain relevancy and appropriateness. Since inspection, the service has offered an explanation as to why its policies were not appropriately annotated to demonstrate creation and review dates. The service confirmed this remained a working progress and will be reviewed at our next visit.
- On review of the accident reporting policy we found it contained inaccurate information relating to appropriate legislation, such as the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013. We raised this error with the service who confirmed the policy would be amended to ensure its accuracy.
- Systems and processes were in place and the service had started to document actions following our inspection but not consistently. For example, evidence of action taken following receipt of safety alerts had not been recorded,
- The service was able to demonstrate that its registered manager had undertaken appropriate training since our inspection. Further training was booked 25 February 2020.
- We saw evidence of an over-arching clinical management matrix which provided the service with a central point of reference for its governance arrangements. This was a newly implemented document and was still a working document and required further revision to ensure all areas of governance had been included. For example, the governance arrangements relating to the management of safety alerts by the service.
- Due to the service only employing one member of staff, there was no evidence of formal meetings taking place. However, in discussion with the registered manager during inspection, we were able to identify that discussions with the service's clinical lead and a sub-contracted administrator from the provider company took place. Since the inspection, we were provided with a planned agenda for a meeting scheduled for 31 January 2020.

Managing risks, issues and performance

The service had made some improvements since its last inspection with regards to managing risks, but these improvements had not encompassed all previously identified issues and this inspection also identified further issues.

- The service now was able to demonstrate it registered manager had completed relevant training appropriate to their role at the service. The only training outstanding on the day of inspection was face-to-face basic life support training as the service had determined necessary. We saw that training having been booked for 25 February 2020 with a recognised provider.
- The service had created a clinical management document since our last inspection to support improved monitoring oversight of risks. It was a working document and was still under development. For example, formal recording of safety alerts had not yet been added to the document, and no formal evidence of significant event or incident recording had been commenced within it. We were advised there had been no such events since the last inspection but the service provided us with verbal accounts of incidents or learning events that had occurred in the previous 12 months, which could have been used to ensure improvements in the quality of care.
- We saw evidence of fire procedures on display throughout the building.

Appropriate and accurate information

Inadequate

Are services well-led?

- The registered manager kept up to date with information and business objectives as appropriate.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The service submitted data or notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

- The service collected patient feedback through an online feedback tool via their website as well as through an online review tool and social media sites.
- Patients were encouraged to complete feedback following treatment through these channels, but no formal evaluation tool was used by the service to gather patient feedback.
- A previously received negative review had been responded to by the service. However, we saw limited evidence to demonstrate that the service had learnt from the review or made any changes to its service as a result.
- Since our last inspection, the service had received three reviews via the online method, all of which were positive. As a result, the service had not been able to identify any actions for improving its service.

Continuous improvement and innovation

- The service continued to be part of the international travel society of medicine. It also belonged to an online community forum and attended international conferences to learn from other organisations who provided travel vaccinations globally where possible. However, we saw limited evidence of a culture to promote proactive continuous improvement.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** **There continued to be a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. For example:** • The service was unable to demonstrate appropriate assessment of risk, specifically in relation to the recording of actions taken on receipt of safety alerts received by the service. • Inconsistent governance arrangements had led to up to 13 documents, including the service's business continuity plan, travel risk assessment and catalogue of policies being created without proper assurances of accuracy or relevancy.