

London Travel Clinic Limited

Soho Square

Inspection report

The London Travel Clinic
Soho Square
18 Soho Square
London W1D 3QL
Tel: 020 7659 2110
Website: www.londontravelclinic.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 04 July 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

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

Are services well-led?

We found that this service was not 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.

Dr Stephen Alex Bobak is the registered manager at Soho Square. 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.

Soho Square is an independent travel clinic in London and provides travel health services including vaccinations, medicines and advice on travel related issues to both adults and children. Prior to our inspection patients completed CQC comment cards telling us about their experiences of using the service. There were 13 responses, all providing wholly positive feedback about the service.

Our key findings were:

- There were limited systems in place to keep patients safeguarded from abuse. Information about who to contact with a concern was not accessible to staff. Clinical staff had received safeguarding training however not all non-clinical staff had received training on safeguarding children relevant to their role.

Summary of findings

- There was minimal evidence that risks were assessed and well-managed; the service did not have an effective system of health and safety and premises checks.
- The premises were clean; however, no infection control audits had been completed and infection control risks were present which had not been addressed.
- Procedures for managing medical emergencies were lacking.
- Policies and procedures were generic and did not reflect day to day practice at the service.
- The complaints system was not advertised but the service would provide patients with an email address which they could contact after their appointment, to provide feedback.
- The service had systems in place to respond to incidents. When incidents did happen, the service learned from them and improved.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines. However, there was no evidence of activity which aimed to improve the quality of clinical care provided.
- The appointment system reflected patients' needs. Patients could book appointments when they needed them.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The service did not have an effective system to gather patient feedback.
- Staff felt involved and supported and worked well as a team.
- There was a lack of effective managerial oversight and some areas of governance were not sufficient to ensure safe care and that quality of services improved.

We identified regulations that were not being met and the provider must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

You can see full details of the regulations not being met at the end of this report.

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

- Establish processes for sharing information with private patient's GP in absence of patient consent.
- Review and improve, as far as is practicably possible, the accessibility of the premises for patients with mobility difficulties.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

- There were limited systems in place to keep patients safeguarded from abuse. Staff told us they would call the Police if they had a safeguarding concern. Information about who to contact with a concern was not accessible to staff. All clinical staff had received safeguarding training. We found one non-clinical member of staff who had not had safeguarding training.
- There was a lack of systems to assess risk in relation to safety.
- There was a system for reporting and recording significant events and sharing lessons to make sure action would be taken to improve safety.
- There were systems in place to identify, report, investigate, learn and inform patients when things went wrong with care and treatment.
- There was evidence of risk assessment of patients' immunisation status and their travel destination. We saw evidence of documented medical assessments which included patients' medical and vaccine history.
- The service stocked medicines. The service stocked medicines. We observed that adrenaline was available in the stock of emergency medicines and the service had carried out a risk assessment to identify emergency medicines that it should stock based on their patient group. Staff kept records of their checks to make sure medicines were available, within their expiry dates.
- There was no system to monitor ambient room temperature of medicines stored outside of the vaccine fridges.
- There was no documented business continuity plan for major incidents such as power failure, flood or building damage.
- Staff checked and verified patient identity prior to treatment.

Are services effective?

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

- Staff were aware of and used current evidence based guidance relevant to their area of expertise to provide effective care.
 - We saw that staff assessed needs and delivered care and treatment in line with current legislation, standards and guidance; however, there were no ongoing quality assurance activities in place to allow the practice to assure themselves that these standards were being consistently met.
 - Clinical staff had the skills and knowledge to deliver effective care and treatment; however, one non-clinical staff member whose file we reviewed, had not completed all essential training including safeguarding, fire safety, information governance and basic life support training.
 - There was evidence of appraisals for all staff whose files we reviewed.
 - The service provided patients with a summary of the treatment they had received in order to share this information with their GP.
 - Staff sought and recorded patients' consent to care and treatment in line with legislation and guidance.
 - There was no evidence of a quality improvement programme in place however, the service did undertake reviews of individual consultations to ensure effective care was being provided and quality was maintained.
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Summary of findings

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- The service had systems and processes in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw systems, processes and practices that allowed for patients to be treated with kindness and respect, which maintained patient and information confidentiality.
- Feedback we received from patients was wholly positive.

Are services responsive to people's needs?

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

- The service had good treatment facilities and was well equipped to treat patients and meet their needs.
- The clinic provided a walk-in service and patients could book appointments online and over the telephone. Pre-bookable appointments were available.
- The premises were not suited to patients with mobility difficulties as the premises had no accessible toilets.
- Treatment costs were clearly laid out and explained in detail before treatment commenced. Patients were told about the consultation fee when they booked an appointment.
- The complaint system was not advertised but the service would provide patients with an email address which they could contact after their appointment to provide feedback. There was evidence that systems were in place to respond appropriately and in a timely way.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

- The service had a clear vision to deliver quality care for patients; however, this was undermined by a lack of attention to risks associated with service provision.
- The service held regular governance meetings; however, some areas of governance were not sufficient to ensure safe care at the location, this included arrangements to improve quality and identify and address risk.
- Staff had received inductions, performance reviews and up to date clinical training. However, one non-clinical staff member whose file we reviewed had not received role appropriate training to help them carry out their duties.
- The provider was aware of and had systems in place to meet the requirements of the duty of candour.
- There was a culture of openness and honesty. The service had systems for being aware of notifiable safety incidents, sharing the information with staff and ensuring appropriate action was taken.
- The service did not have systems and processes in place to analyse feedback from staff and patients and the service had not collated any feedback from patients since October 2017. We were told that new mechanisms for gathering patient feedback would be introduced after our inspection.

Soho Square

Detailed findings

Background to this inspection

This was the first CQC inspection of this location. Our inspection was led by a CQC inspector with a GP Specialist advisor and a Nurse specialist advisor. Soho Square provides travel health services including vaccinations, medicines and advice on travel related issues to both adults and children. The service sees around 5,000 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. In March 2018 Vaccination UK purchased the provider, The London Travel Clinic. The legal entity remains the same even though the service was taken over by a new provider.

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.

The service is run by a travel nurse specialist, who is the nurse manager, and five nurses. There is an Operations Manager and two members of the administrative team which is led by the nurse manager. 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 visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. During our visit we:

- Spoke with a range of clinical and non-clinical staff including the clinical lead, the nurse manager, a nurse and administrative staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed service policies, procedures and other relevant documentation.
- Inspected the premises and equipment used by the service.
- Reviewed CQC comment cards completed by service users.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Are services safe?

Our findings

We found that this service was not providing safe care in accordance with the relevant regulation. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

Safety systems and processes

The service had limited systems to keep patients safeguarded from abuse. The service did not have a business continuity plan, risks relating to infection prevention and control had not been assessed and addressed.

- The service had limited systems to safeguard children and vulnerable adults from abuse. We saw telephone numbers and web links for London wide safeguarding agencies but staff we spoke to said they would call the police if they had a safeguarding concern.
- Safeguarding policies were accessible to all staff. However, the policies did not state the name of the safeguarding leads and information on local safeguarding contact details was not easily accessible to staff. Staff we spoke to in the service were not clear on who their safeguarding lead was.
- The clinic had developed systems and processes to enable staff to respond to instances where they considered patients at risk of Female Genital Mutilation (FGM).
- Most staff including all clinical staff had received safeguarding training appropriate to their role. Clinical staff were trained to safeguarding children level 2 or 3 and non-clinical staff to level 1. However, one non-clinical member of staff whose file we reviewed had not completed safeguarding training. We spoke with them and they were not clear how to identify and report concerns. Patients could make an appointment. A chaperone service was available at the clinic. The nurse manager told us she chaperoned patients.
- Staff checks, including checks of professional registration where relevant, were carried out at the recruitment stage and on an ongoing basis.
- Disclosure and Barring Service (DBS) checks were in place for all staff. (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 systems to manage infection prevention and control were insufficient. The building management company was responsible for cleaning the premises however, there were no cleaning schedules signed by cleaners. There was a couch in the consulting room which was not wipe-clean. Chairs in the clinic room were wipeable. No infection control audit had been undertaken in the last 12 months; however, the nurse manager had undertaken monthly spot checks of the clinical area to ensure cleaning had been undertaken. We saw evidence of a monthly hand hygiene audit carried out by the nurse manager.
- We saw a form which nurses had to complete at the start and end of their shift. This included cleaning tasks and checks of the oxygen supply and adrenaline and checks of the medicine stock and the temperature of the vaccine fridge.
- We saw a documented monthly cleaning checklist for the premises. The clinic was clean when we inspected.
- The service provided evidence that electrical equipment had been tested and that medical equipment had been calibrated. The service provided evidence that the fridge thermometer had been calibrated.
- There were systems for safely managing healthcare waste. However, we observed that the service was not using orange clinical waste bags for disposing of clinical waste safely. The provider told us that instead all clinical waste was placed in the sharps bins.
- The practice had arranged for water samples to be taken for analysis of Legionella or other bacteria developing in the water systems; however, no Legionella risk assessment had been undertaken.
- There was no business continuity plan in place. However, we asked staff if they knew what to do in the event of emergency situations and staff were able to outline the action they would take.

Are services safe?

- Records of staff Hepatitis B immunity were kept for clinicians; there was a record of routine vaccinations in staff files as per the Department of Health 'Green Book' guidance.

Risks to patients

The service did not have clear systems to assess, monitor and manage risks to patient safety.

- The service did not have effective systems to assess, monitor and manage risks to patient safety. Staff were not clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- There was a policy to ensure the safety of all staff and patients in the event of a medical emergency. Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support annually.
- Emergency equipment such as oxygen was available in the clinic and was checked daily. However, the defibrillator was stored on a lower floor of the building. The service told us they had ordered a defibrillator for the clinic. Emergency equipment was regularly checked and maintained by the building management company, and we saw evidence of this.
- The practice stocked adrenaline. Adrenaline is a medicine used in cases of anaphylaxis. Anaphylaxis is a serious allergic reaction that is rapid in onset and can be fatal if not responded to. We saw that the stocked emergency medicine was checked to make sure it was available and within its expiry date, and the service kept records of these checks.
- Staff knew how to recognise those in need of urgent medical attention and clinicians knew how to identify and manage these patients.
- There was evidence of professional registration and medical indemnity for all staff whose files we reviewed.
- There were limited systems for managing fire risk. Fire extinguishers were checked annually. We saw evidence of a fire risk assessment which had been carried out. There was no evidence of documented checks of the fire alarms however, we were told that these were completed regularly and saw evidence that the building management company had carried out fire drills.

- We saw evidence of fire safety training for clinical and administrative staff. There was a visible fire procedure in the areas of the premises used by patients.
- The service had no business continuity plan for managing major incidents such as power failure, flood or building damage.
- Patient records were stored securely on the service computer system, and were backed up.

Information to deliver safe care and treatment

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

- Individual patient records were written and managed in a way that kept patients safe. The care records we saw showed that the information needed to deliver safe care and treatment was available.
- The service provided patients with a vaccination record and told them to share it with their GP.
- The service checked and verified patient identity routinely and as part of travel health service guidelines and legal requirements. The service also carried out checks to ensure those accompanying children had the legal authority to consent to treatment. Measures included ensuring children had their 'red book' for immunisation recording.

Safe and appropriate use of medicines

There were documented arrangements for managing medicines that accurately reflected day to day practice at the service. Most of the systems for handling medicines were safe.

- Staff kept records of their checks to make sure medicines were within their expiry dates, and in working order.
- The vaccine fridge had been calibrated. However, we found that there was no system to monitor ambient room temperature for medicines stored outside of the vaccine fridge. This was not compliant with SPC regulation. Summaries of Product Characteristics (SPCs) are a description of a medicinal product's properties and the conditions attached to its use.
- Staff prescribed, administered and gave advice to patients on medicines in line with legal requirements and current national guidance.

Are services safe?

- There were arrangements in place to manage Patient Group Directions (PGDs). We saw signed Patient Group Directions (PGDs) which were specific to the location and these were in date and properly authorised. The PGD was produced by St Bartholomew's Hospital.
- The service reviewed clinical consultation records to check the prescribing and administering of medicines to ensure they were being used safely and followed up on appropriately, in line with national guidelines. The service used the Green Book and BNF guidance.

Track record on safety

There was limited evidence that the service monitored and reviewed activity to understand risks and where identified, they made necessary safety improvements.

- There was no system of comprehensive risk assessments in relation to safety issues including fire safety, infection control and legionella.
- There was no information for staff about where emergency medicines and equipment was stored at the service. One member of staff we spoke to did not know where the defibrillator was kept.
- The service had a waste disposal policy however, the policy referred to the use of orange waste bags to dispose of clinical waste. The service did not use orange waste bags and we were told that instead any clinical waste was disposed of in sharps bins.
- There was a sharps injury policy and we saw information displayed next to sharps bins to instruct people on what to do if they sustained a needlestick injury.

Lessons learned and improvements made

The service had systems and processes in place to learn and make improvements if things went wrong with care and treatment.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems and processes in place to learn and make improvements if things went wrong with care and treatment.
- When there were unexpected or unintended safety incidents, the service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were comprehensive systems in place for reviewing and investigating if things went wrong. The service had not recorded any significant events or incidents in the last 12 months; however, the service told us about a previous incident where a nurse gave a patient the wrong vaccine. The service took action to minimise risks to patient safety and implemented double checking of the name of vaccines and the expiry date with the patient or patient's guardian where appropriate, before administering the vaccine.
- There was a system for receiving, reviewing and acting on safety alerts including patient, medicines and device safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

- The service had systems to keep the clinical team up to date with current evidence-based practice. We saw that the nurses assessed needs and delivered care and treatment in line with current legislation, standards and guidance; however, there was a lack of quality assurance activities in place to allow the practice to assure themselves that these standards were being consistently met.
- The service used medicine information resources as a basis for travel-related advice, vaccination and to inform practice. For example, Green Book, National Travel Health Network and Centre (NaTHNaC), TRAVAX and British National Formulary (BNF). We saw that staff used a multi-drug interaction checker Medscape to check for contraindications.

Monitoring care and treatment

The service had a limited programme of quality improvement to ensure that the effectiveness and appropriateness of the care and treatment provided was being monitored.

- The service ensured diagnosis and treatment was in line with national guidelines and service protocol through observation and reviews of clinical consultations.
- There was limited evidence of quality improvement activity, for example through sample assessments of patient consultations.

Effective staffing

Staff had clinical knowledge and training to do their job effectively. However, some essential training had not been completed.

- One member of non-clinical staff had not completed all essential training including fire safety, basic life support training, safeguarding and information governance. The service told us that they would set aside time to ensure

staff completed all required training. However, all clinical staff whose files we reviewed had completed appropriate updates in travel health including yellow fever.

- The service provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation. All staff whose files we reviewed had received an appraisal within the last 12 months.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating patient care and information sharing

The service had arrangements in place for working with other health professionals to ensure quality of care for the patients.

- Patients would be provided with a copy of their notes documenting the vaccines that they had received to enable patients to share this with their GP.
- If the service identified that patients needed to be referred to another service they would tell the patient to contact their GP. There was no risk assessment of how the service would share information with external organisations, including the patient's GP, in situations where consent was not given but where the risk to the patient of not providing information to other relevant services was too high.
- Vaccination costs and consultation fees were displayed on the service's website. We did not see evidence that patients were given advice about which vaccines were available free of charge from the NHS.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to sustain and improve their health while travelling.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The service provided a travel health booklet with a range of advice to travellers on a full range of subjects.
- The service identified patients who may need extra support and directed them to relevant services.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions by providing information about treatment options and the risks and benefits of these as well as costs of treatments

and services. However, the service used implied consent. There was no record of electronic or physical signature of patients. Staff ticked a box on the medical assessment form during consultation and showed it to patients. We saw evidence that the service recorded patients who had declined vaccines offered to them.

- The service monitored the process for seeking consent appropriately through patient consultation checks.

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- All the 13 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. This was in line with other feedback received by the service.
- We saw evidence that the service had collated patient feedback submitted online up until the service was acquired by Vaccination UK in October 2017. However, there was no evidence of analysis of feedback or this being used to make changes to the service.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- Interpreter services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, staff knew how to access communication aids and easy read materials where necessary.
- The service's website and other sources provided patients with information about the range of services available including costs and consultation fees.

Privacy and Dignity

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The layout of the reception and waiting area did not allow for privacy when reception staff were dealing with patients. However, staff could use available rooms to discuss private matters where necessary.
- The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.
- Patients' electronic care records were securely stored and accessed electronically.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

- The service saw both adults and children. Patients could be seen outside normal working hours with early morning, evening and weekend appointments.
- Appointments were often available the same day including by walk in.
- The premises were not suited to patients with mobility difficulties as the premises had no accessible toilets.
- Interpreter services were available for patients who did not have English as a first language.
- The service was a designated yellow fever vaccination centre; patients could receive all their required vaccinations from the same service.
- Patient feedback consistently referred to the amount and quality of the information the service provided.

Timely access to the service

Patients could access care and treatment from the service within an acceptable timescale for their needs.

- Patients had timely access to appointments and the service kept waiting times and cancellations to a minimum.
- The service had longer opening hours and could accommodate last minute travellers. Services were available by appointment only between 8.30am and 8pm Monday to Friday. The service was also open on Saturdays between 10am and 5pm. Information about opening times was displayed on the service's website.
- There was a 24-hour online booking system for patients to book appointments.
- Patients could contact the service via telephone. Appointments were booked by the receptionist.
- The service provided time critical treatments post exposure such as rabies vaccinations. The service also directed patients to other local NHS services providing the treatment for free. Patients could start their post exposure treatment programme with the service and were provided with all the information needed to carry on their treatment elsewhere if required.

- Patient feedback showed that patients were satisfied with how they could access care and treatment.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had systems in place to respond to them appropriately and to improve the quality of care. Complaints were logged centrally by the provider; however, the complaint system was not advertised and the log used to record complaints had not been kept up to date for several months.

- The Operations Manager was responsible for dealing with complaints and the service had a complaints policy providing guidance for staff on how to handle a complaint.
- The service had received 4 complaints in the last 12 months. There was no information available on the service website or in the service's waiting area for patients about how to complain; however, the service told us that after their appointment, each patient was sent an invoice with a contact email address to provide feedback. There was no information for patients who wished to escalate complaints.
- The service managed a spreadsheet centrally to record and analyse complaints, concerns and feedback including written and verbal feedback. We saw evidence that the service had collated patient feedback submitted online up until October 2017. However, there was no evidence of analysis of feedback or this being used to make changes to the service. We were told that since the service was acquired by Vaccination UK there had been no analysis of patient experience but that systems would be introduced to gather, assess and act on patient feedback.
- We saw a record of one complaint received in October 2017 about staff not telling patients about the national shortage of vaccines prior to their appointment. The patient had complained when they had expected to receive a vaccination at their appointment but did not receive one. The service wrote to the patient to explain that they had not received their order of medicines from the supplier because there was a national shortage of the vaccine but that the courses of the vaccine the patient had already received would provide them with sufficient immunity.

Are services well-led?

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

Our findings

We found that this service was not providing well-led care in accordance with the relevant regulation. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality clinical care to patients; however, there was insufficient oversight of health and safety and risks.

- Leaders had the experience, capacity and skills to deliver the organisational strategy but had not assessed or addressed all risks associated with the delivery of the service. However, from a strategic perspective management were knowledgeable about issues and priorities relating to services. They were knowledgeable about issues and priorities relating to services. They understood the challenges and were addressing them.
- Staff told us leaders were visible and approachable.

Vision and strategy

The service had a vision and strategy to deliver high-quality, patient focussed care.

- There was a clear vision and set of values with a strategy to achieve priorities.
- The provider involved staff in the development of the strategy where appropriate.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were happy and proud to work in the service.
- The service focused on the needs of patients.
- There were systems and processes in place for the service to act on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were key themes of systems and culture around managing incidents and complaints.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- All staff whose files we reviewed had received an appraisal or performance review in the last year.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- There were positive relationships between staff.

Governance arrangements

Some governance arrangements at this service were lacking or not effective.

- There was a lack of systems to ensure effective oversight and management of key areas of risk and safety
- Staff were not clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Overall service leaders had adopted and established policies, procedures and activities to ensure safety; however, they had not assured themselves that they were operating as intended and that policies were site-specific. This included those related to medicine management, waste management, safeguarding and infection control.
- On the day of the inspection, the service did not always have processes in place to ensure that policies and procedures were followed. For example, they did not keep records of the general cleaning undertaken by the building management cleaner. However, we saw evidence following the inspection which included a weekly recorded audit of cleaning completed.

Managing risks, issues and performance

The processes for managing risks, issues and performance were insufficient.

- The processes used to identify, understand, monitor and address risks including risks to patient safety were

Are services well-led?

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

lacking in some areas. For example, there was no effective system in place to assess risks associated with infection control and there were infection control risks which had not been addressed.

- Service leaders had oversight of safety alerts, incidents, and complaints.
- There was no evidence of clinical audit being used to improve the quality of care being provided. However, we saw instances where individual clinical consultations were reviewed by the nurse manager, to ensure that the care provided was in line with guidance and best practice.
- The service did not have a business continuity plan in place.
- The service had plans to manage the supply of vaccines during times of national shortage.
- One member of non-clinical staff whose file we reviewed had not completed basic life support, safeguarding or fire safety training.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and sustainability were discussed in relevant meetings.
- The service had a system of daily email updates and communications.

- The service would submit information or notifications to external organisations as required but were not aware of the contacts for the local safeguarding authority.
- The service had systems in place to maintain patient confidentiality.

Engagement with patients, the public, staff and external partners

There were limited examples of the service involving patients in decisions about service provision

- There was a lack of effective systems to engage with patients.
- The service had gathered and collated patient feedback about the services provided but this had not been reviewed and acted on to shape services. The service ceased collating feedback in October 2017 after the business was acquired by another organisation. The service told us that mechanisms would be implemented in the future to enable feedback to be gathered.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The service was committed to providing a high level of service to its patients, staff had participated in a travel health study day organised by Vaccination UK. Clinical staff who attended the study day heard about updates in world travel health and discussed case studies and best practice.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <p>How the regulation was not being met</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <ul style="list-style-type: none">• There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. <p>Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:</p> <ul style="list-style-type: none">• There was no clear programme of role appropriate training for non-clinical staff. One non-clinical staff member whose file we reviewed, had not completed all essential training including safeguarding, fire safety, information governance and basic life support training. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p>

Requirement notices

- There was a lack of systems to ensure effective oversight and management of key areas of risk and safety.
- There was no ongoing quality improvement activity.
- There was a lack of information to tell patients how to make a complaint.
- There were no documented business continuity plans in place.
- There was a lack of systems to gather, assess and act on patient feedback about the services provided.

There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- The service did not have a clear system to ensure oversight of safety training for staff including infection control training, basic life support, fire safety, and information governance.
- There were no clear governance arrangements for the undertaking of safety risk assessments and checks for the premises, fire safety and infection control, legionella, the management of medicines, waste management and safeguarding.
- There were no clear arrangements to ensure safe processes were in place for medical emergencies and there was a lack of risk assessment of the need for emergency equipment.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.