Jabs Travel Clinic Limited

Jabs Travel Clinic

Inspection report

F10 – F11
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Overall summary

We carried out an announced comprehensive inspection on 9 January 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led? During this inspection we found that the service was providing caring and responsive care. However the service was not providing safe, or well-led care and breaches to regulation were identified.

This inspection was an announced focused inspection carried out on 8 May 2018 to confirm that the service was compliant with warning notices issued following the January 2018 inspection. A warning notice was issued against regulation 12 (1) (safe care and treatment) and regulation 17 (1) (good governance) and of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This report covers our findings in relation to the requirements against regulation 12 (1) (safe care and treatment) and regulation 17 (1) (good governance).

Our findings were:

Are services safe?

We found that this service was not providing safe 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.

CQC inspected the service on 9 January 2018 and asked the provider to make improvements regarding breaches to regulation 12 and regulation 17 of the Health and Social Care Act. We checked these areas as part of this focused inspection on 8 May 2018 and found those relating to regulation 12 had been resolved and the warning notice met, however there was a continuing breach to regulation 17.

Jabs Travel Clinic provides independent travel advice and treatments. The service is provided by two nurse directors and one part-time nurse employed by the service. A medical director works remotely to provide medical support to the service. The service was a registered yellow fever centre.

One of the nurse directors is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Services are provided from;

Jabs Travel Clinic Limited, F10-F11 The Officers Mess, Coldstream Road, Caterham, Surrey, CR3 5QX

The service is open Tuesdays, Thursdays and Fridays from 8.30am until 6.30pm. On Mondays it is open

Summary of findings

between 8.30am and 1.30pm. On Saturdays it is open between 10.00am and 4.00pm. The service is closed on Wednesdays and Sundays. The services were provided to both adults and children under the age of 18.

Our key findings were:

- Patients were at risk of harm because systems and processes were not in place in a way that kept them safe. For example, risk assessments were not consistently in place and action had not always been taken to mitigate the risks. For example there was no Legionella risk assessment and a risk assessment for medical emergencies did not fully mitigate the risk.
- The provider had up to date policies in place that were relevant to the service provided.
- The provider had taken action to ensure that staff had the appropriate authority for the administration of medicines via the use of Patient Specific Directions (PSDs) used for the administration of certain vaccines.
- Electrical safety checks, maintenance and calibration had been undertaken for relevant appliances in use within the service.
- The provider had a system in place for the receipt and action on safety alerts.
- A cleaning schedule was in place detailing what should be cleaned and the method and frequency of cleaning.
- There was a system in place to report and record significant events within the service.

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

- 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.

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. Some action had been taken to make improvements since our inspection in January 2018; we continued to have concerns relating to how the provider managed risk within the service.

We have told the provider to take action (see full details of this action in the Enforcement section at the end of this report).

- Patients were at risk of harm because systems and processes were not in place in a way to keep them safe. For example, while the provider had taken some action to ensure risk assessments were in place, this did not include a Legionella risk assessment. In addition, where risk assessments had been carried out, action had not consistently been taken to mitigate the risks. For example, an anaphylaxis risk assessment did not adequately consider the time it would take to access oxygen and a defibrillator for staff working alone in the clinic.
- The provider had taken action to ensure that medicines administered via a Patient Specific Direction were properly authorised prior to administration.
- Cleaning schedules had been amended to include instructions for the method and frequency of cleaning.
- Electrical safety checks had been carried out for the appliances in use within the service.
- There was evidence of external maintenance and calibration of relevant equipment.
- There was a system in place for receiving and acting on safety alerts.
- There was a system in place to report and record significant events within the service.

Are services well-led?

We found that this service was not providing well-led care in accordance with the relevant regulations. Some action had been taken to make improvements since our inspection in January 2018. However, we continued to have concerns about the systems and processes in place to manage risk within the service. We have told the provider to take action (see full details of this action in the Enforcement section at the end of this report).

- Patients were at risk of harm because systems and processes were not in place in a way to keep them safe. For example, risk assessments were not in place and action had not always been taken to mitigate the risks. For example there was no health and safety, fire or lone working risk assessment.
- The provider did not have a system in place to ensure policies were available and up to date for all areas of activity within the service. We found no health and safety, fire, recruitment or significant event policies in place. Other policies were out of date.
- There was no evidence of quality improvement initiatives including clinical audit.
- The provider sought and acted on feedback from people who used the service.

Jabs Travel Clinic

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection at Jabs Travel Clinic in Caterham on 9 January 2018 where we found breaches to regulation and issued warning notices to the provider.

This inspection was an announced focused inspection carried out on 8 May 2018 to confirm that the provider was compliant with the warning notices issued.

A warning notice was issued against regulation 12 (1) (safe care and treatment) and regulation 17 (1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This report covers our findings in relation to the requirements against regulation 12 (1) (safe care and treatment) and regulation 17 (1) (Good Governance).

Our inspection team was led by a CQC inspector and supported by a second CQC inspector.

Whilst on the inspection we interviewed staff and reviewed key documents, policies and procedures in use by the service.

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

Safety systems and processes

At our inspection in January 2018 we found that the service used rooms within a shared building. Whilst the landlord was responsible for the maintenance and safety of the overall building there was no evidence that the provider had sought assurances about the safety of the building. For example, there was no evidence of a fire safety assessment and no evidence that the risk of Legionella had been assessed. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

At our inspection on 8 May 2018 we found that the provider had commissioned an independent fire safety risk assessment in February 2018. As a result of this risk assessment there was ongoing action recommended to review and ensure that all persons were able to evacuate the building using the stairs. The provider had updated the fire safety policy in February 2018 and we saw fire instructions on the door of the waiting area that included a clear map of the fire evacuation route. However, the provider had not undertaken a fire drill or rehearsal to ensure that all staff knew what to do in the event of a fire and that lessons could be learnt to ensure that all staff and patients could be safely evacuated should the need arise. The registered manager told us they had approached the landlord of the building to request a fire drill but that the landlord had not believed this to be necessary. However the provider did not then consider undertaking their own rehearsal.

At our inspection on 8 May 2018 we were told that the provider had approached the landlord of the building to request a Legionella risk assessment. The landlord provided the service with evidence of water testing undertaken in the last year that showed there was no Legionella present. However, no risk assessment had been undertaken and no mitigating actions had been implemented such as water temperature testing and regular flushing of water outlets to minimise this risk.

At our inspection in January 2018 we found that cleaning logs did not include a clear schedule of cleaning that included directions for the method or frequency of cleaning. Staff had received training in infection control including handwashing training. At our inspection on 8 May 2018 we found that a cleaning schedule had been put in place, showing what had to be cleaned and when. A log book was in place where staff indicated that the cleaning had been completed, however the log did not reflect all the activities in the schedule. The registered manager amended the log to ensure that the missing tasks were included at the time of our inspection.

At our inspection in January 2018 we found no evidence during inspection of electrical safety checks or calibration for any of the appliances in use within the service. At our inspection on 8 May 2018 we found that the provider had completed electrical safety checks and equipment calibration shortly after our inspection in January 2018. For example, we viewed records of maintenance and calibration for the vaccination fridge and records of portable appliance testing of all electrical equipment.

Risks to patients

At our inspection in January 2018 the provider did not have a policy or system in place for recording, or acting upon learning from, significant events. The provider told us there had been one incident where vaccines had been incorrectly stored. They were able to describe to us the action taken to ensure the safety of vaccines administered but this was not recorded in line with any internal reporting system and there was no evidence of any discussion or sharing of learning. Staff were unaware of a system for significant events.

At our inspection in May 2018 we were told that no significant events had occurred since our previous inspection. The two nurse directors were able to describe action taken in previous events relating to issues with the vaccination fridge. They talked through different suggestions for how they could record events as they occurred and the use of a communication book/diary and email to share information and learning.

At our inspection in January 2018 we found that nurses worked alone in the clinic and the service did not have oxygen or a defibrillator available. A risk assessment relating to how this type of medical emergency would be managed had not been undertaken. The nurse employed at the clinic had a record of basic life support training, one of the nurse directors who worked alone in the clinic had a record of anaphylaxis training but the other nurse director did not have a record of either basic life support or anaphylaxis training.

Are services safe?

At our inspection in May 2018 we found that all nurses had records of basic life support and anaphylaxis training in place with the exception of one of the nurse directors who had undertaken anaphylaxis training but was unable to provide an up to date certificate of basic life support training. However, following our inspection we received email correspondence from an employing manager from another healthcare provider that confirmed they had undertaken this training as part of other employment in the last year. All nurses had further basic life support training booked for July 2018. In May 2018 we found that a risk assessment had been carried out in case of emergency situations, covering the risk of anaphylaxis and/or cardiac arrest. Mitigation for not having direct access to oxygen and/or a defibrillator included that there was one accessible within the business park where the clinic is located. However, this was some distance away from the clinic and unlikely to be accessed prior to an ambulance attending. In addition, there was generally only one staff member on duty to deal with such an emergency. Mitigation for lone working in an emergency was to call for help from a neighbouring business on the same floor of the building. However this had not been discussed or agreed with the staff working there and no training had been provided.

Safe and appropriate use of medicines

At our inspection in January 2018 we were told that Patient Specific Directions (PSDs) used for the administration of certain vaccines were routinely authorised retrospectively by the medical director in one batch at the end of the week. Therefore, we could not be assured that staff had the appropriate authorisation prior to administering medicines in this way.

At our inspection in May 2018 we found that the provider had changed their policy on the use of vaccines administered via a PSD. We were told that where possible Patient Group Directions (PGDs) were used but where a medicine was unavailable or could only be administered using a PSD this would be authorised prior to use. The nurse directors told us they had implemented a system whereby any patient requiring a vaccination this way would be booked into a second appointment at a later date to ensure the administration was properly authorised.

At our inspection in January 2018 we found that medicines were stored in a locked room. A vaccine fridge had a record of appropriate monitoring of temperatures. A data logger was in use and the service recorded monthly printouts of the fridge temperatures, as well as undertaking daily checks. However, we found no record of the fridge having been calibrated. In May 2018 we viewed records to demonstrate the vaccination fridge had been calibrated and maintained.

Track record on safety

At our inspection in January 2018 we found that risk assessments were not in place for fire,

Legionella, health and safety or emergency situations. The clinic manager told us that they thought the landlord had carried out fire and Legionella risk assessments but these were not available on site. Some staff had received fire safety training and extinguishers were in place but fire drills had not been carried out. Lone working was in place but had not been risk assessed and processes in place to ensure the safety of lone workers were insufficient.

At our May 2018 inspection we found that a risk assessment had been carried out for fire safety and emergency situations. However, mitigation relating to these risks had not been properly identified and acted upon. For example, the provider had not undertaken a fire drill or rehearsal and the continued to have staff lone working without properly mitigating the risk of this in relation to anaphylaxis and cardiac arrest. In addition the provider continued not to have a defibrillator or oxygen available within the clinic. A health and safety risk assessment had been undertaken. This included the risk of slips, trips and falls; lone working; and, the use of sharps. However, it did not include risks relating to a lack of hand washing facilities within the treatment room.

At our inspection in January 2018 we found that the service did not have arrangements in place to receive and comply with patient safety alerts, recalls and rapid response reports issued through the Medicines and Healthcare products Regulatory Authority (MHRA). At our inspection in May 2018 we found that the provider had signed up to receive the alerts. They were able to describe the alerts received and how they would address alerts that were relevant to them.

Are services well-led?

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

Our findings

Governance arrangements

At our January 2018 inspection we found that the provider did not have a system in place to ensure policies were available and up to date for all areas of activity within the service. We found no health and safety, fire, recruitment or significant event policies in place. Other policies were out of date. A protocol for needle stick injuries or exposure to body fluids and a clinic set up procedure had both been due for review in August 2017. An environmental cleanliness protocol was dated May 2015. We found that policies did not always include relevant information. For example, a lone working policy included instructions to contact on site security but did not include the contact details for how to do so. We found that nursing staff were not aware of how to contact the security staff.

At our May 2018 inspection we found that the provider had reviewed the policies within the service. For example all policies within the service policy folder had been reviewed and were up to date. These included health and safety, fire safety; significant events and a needle stick injury. The service directors were also able to describe how they were getting ready to implement a General Data Protection Regulation (GDPR) policy within the service by the due date.

Managing risks, issues and performance

At our January 2018 inspection we found that the provider had not ensured that risks to safety within the service were adequately identified, assessed and mitigated. We found no evidence of risk assessments in place within the service. The provider had not assessed the risk of certain activities undertaken as part of the delivery of the service. We found that nurses routinely worked alone in the clinic yet risks relating to lone working had not been identified or adequately mitigated. For example, a lone working policy stated that staff could contact on site security, however we found that there were no details of how to contact on site security within the policy. We found that there was no defibrillator or oxygen kept on the premises and no risk assessment carried out and recorded to demonstrate consideration of the risks and any related mitigation.

At our May 2018 inspection we found that the provider had taken some action to assess risk, however this was not always adequately mitigated. Areas where they had addressed concerns from the previous inspection included making changes to their lone working procedure so that nursing staff made contact with each other at the end of a clinic. They had also undertaken a fire risk assessment and general health and safety risk assessment. However, areas of mitigation that were not sufficient included; carrying out fire drills/rehearsals; handwashing facilities in the treatment room; the impact of lone working and lack of equipment relating to risks to patients of anaphylaxis and cardia arrest; and, the risk of Legionella.

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 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
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good Governance How the regulation was not being met: • The registered person could not demonstrate that they had an adequate governance system in place to manage the assessment, monitoring and mitigation of risks relating to the health, safety and welfare of service users and others who may be at risk. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation