

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Children's Immunisation Centre Ltd - London

10 Harley Street, London, W1G 9PF

Date of Inspection: 10 August 2013

Date of Publication: October
2013

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Management of medicines	✓	Met this standard
Staffing	✓	Met this standard
Supporting workers	✓	Met this standard

Details about this location

Registered Provider	Children's Immunisation Centre Limited
Registered Manager	Ms. Lawryn Dickson
Overview of the service	The Children's Immunisation Centre is a private clinic providing a range of immunisations and vaccinations for children. The clinic is only open on Saturday mornings.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 August 2013, talked with carers and / or family members and talked with staff. We reviewed information given to us by the provider and were accompanied by a pharmacist.

What people told us and what we found

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. All of the people seen at the clinic were children. A medical history was taken including information about any known allergies, eczema and other medical conditions. The doctor told us that they went through the information on the patient record card and talked through any additional concerns parents may have.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. There was a safeguarding policy in place. Both the doctor and nurse had a good understanding of abuse and had received recent training.

The clinic specialised in giving vaccines to children. There were appropriate arrangements in place for the transportation and storage of vaccines.

There were enough qualified, skilled and experienced staff to meet people's needs.

We saw evidence of staff appraisals and continuing professional development.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. All of the people seen at the clinic were children. They attended to have single vaccinations against illnesses such as chicken pox and rubella. A medical history was taken including information about any known allergies, eczema and other medical conditions. This information was stored on a patient record card and updated as and when there were any changes in their health. The doctor told us that they went through the information on the patient record card and talked through any additional concerns parents may have. They gave a full explanation of the vaccine and outlined possible side effects, for example developing a high temperature, and how to manage it.

The doctor told us it was important to ensure that the child was "fit" to have the vaccination. They would assess the information given in addition to asking further questions to ensure it was safe to give the vaccine. If a child was assessed as unwell on the day the vaccination was due, the doctor would not administer it. Children were asked to wait in the waiting room for a short period of time after receiving their vaccination to monitor any adverse effects. The doctor or nurse would return to the waiting room to formally discharge them. We observed this happening on the day.

People we spoke with were positive about the clinic. One person who was attending for the first time told us that before they attended the clinic they had read information on the website which was "very comprehensive". All the people we spoke with said they felt their child's needs had been assessed and treatment was delivered appropriately. One person told us that the doctor and nurse were "very good with children" which was important to them in terms of providing appropriate care for their child. Another person said that they were always "shown the name of the vaccine and date of expiry". This gave them confidence that their child was safe and receiving the correct treatment.

There were arrangements in place to deal with foreseeable emergencies. A doctor and nurse were on duty on the day of our visit. Both of them had been trained in medical

emergencies. The doctor had completed basic and intermediate life support training. The nurse was a paediatric nurse and had received specialist paediatrics life support and cardiopulmonary resuscitation (CPR) training. Emergency medicines and oxygen were available and staff had received training to use these.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. There was a safeguarding children and adults procedure that had been updated in 2013. The policy outlined the different types of abuse and how to identify abuse.

The manager told us that children were never seen alone or without adult supervision. They were always seen by the doctor and the nurse even if a parent was present. People we spoke with confirmed that they were always with their child when they were being vaccinated. People we spoke with told us they felt "very safe" with their child being seen at the clinic.

All staff on duty on the day of the visit had received safeguarding training in adults and children protection, within the last year. The doctor and nurse both demonstrated a good understanding of abuse and issues related to safeguarding. They had good knowledge of how to report abuse both internally within the organisation and also to other authorities such as social services. They both knew the contact details of the local safeguarding team.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The provider had arrangements in place to ensure that vaccines were kept at the correct temperatures during clinic hours.

Medicines were prescribed and given to people appropriately. Children's health allergy status were rechecked when they arrived at the clinic to ensure the information was accurate. Information about vaccines was provided to people before any medicines were administered, including information on potential side effects.

The provider kept a log of adverse events, and provided evidence of an occasion when they had reported an adverse event to the medicines regulatory authorities. The provider told us that they would only contact the patients GP if consent had been given, however they were going to review this to consider informing the patients GP if someone had an adverse event to medicines administered at the clinic.

On the day of the inspection we checked the medicines stored at the clinic, and we found that these were all in date, and the provider had effective processes in place to check the expiry dates regularly to ensure that medicines were not used past their expiry date. These checks were carried out before each clinic session. Safe arrangements were in place for the disposal of medicines and sharps. We assessed how medicines were stored, and found that medicines were stored securely, either in the main building refrigerator or in a separate clinic refrigerator during clinic hours.

Medicines were kept safely. As the main refrigerator for the building was not owned by the provider, there was an agreement in place for the house manager of the building to monitor the temperature of the fridge on a regular basis to ensure that medicines were stored at the correct temperatures. When we reviewed the monitoring records, we saw that there was an occasional gap in monitoring. The provider discussed with the house manager immediately following our inspection to make firmer arrangements for this monitoring and also changed their procedures so that they would now oversee the monitoring on a regular basis to ensure it was being done.

We found that the vaccines were transported from the providers head office to the clinic on

the day before each clinic session. The boxes used to transport the vaccines were guaranteed to keep the vaccines at the required temperatures in transit and the provider gave us evidence to support this. Records were kept of the date and time of the despatch, and the date and time the vaccines arrived at the clinic. As the vaccines arrived on a day when the provider and staff were not at the clinic, the responsibility for receiving the vaccines and placing them into the refrigerator was delegated to staff working in the communal building. Clinic staff told us that this was done immediately, however building staff told us that the vaccines were received and placed in the office until they were taken to the refrigerator. Only one date and time was recorded so it wasn't clear exactly what time the vaccines were placed in the fridge, however as the vaccines were placed in the refrigerator on the same day as they were received, and the transportation boxes guaranteed that the vaccines were stored at the correct temperatures for up to 2 days, the exact time they were placed in the refrigerator was not critical. Directly following our inspection, the provider amended the form used to record the despatch history and sent us a copy as evidence that there would be sufficient checks at the different stages of transportation and receipt to ensure that the vaccines had been kept at the correct temperature up to the time they were administered.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. On the day of the inspection there was a doctor, nurse and receptionist on duty. The manager told us that this was the usual staffing ratio for the clinic and with this ratio they could see up to about forty people. Twenty nine people were expected to visit the clinic on the day we attended. We observed people in the waiting room, which was very busy at times. People we spoke with were happy with the staffing ratios and felt there were enough staff on duty. All the people we spoke with were generally happy with the waiting times. One person told us that the appointments were "fantastically quick".

The clinic was only open on Saturday mornings. The doctor present on the day of our visit had worked in the clinic for over 7 years. The nurse had worked at the clinic for over a year and was a specialist paediatric nurse. All nurses who worked at the clinic were paediatric nurses. In the event of staff sickness or annual leave, alternative permanent staff were available to cover. Staff were suitably qualified. We saw evidence of the doctor's registration with the General Medical Council and nurse's registration with the Nursing and Midwifery Council.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard

Reasons for our judgement

Staff received appropriate professional development. The manager told us that staff were encouraged to develop professionally. Opportunities were available for staff to attend training to further their careers. For example one member of staff was receiving training so that they could become the registered manager of one of the organisations registered locations. Records were seen to show that clinical staff attended continuing professional development (CPD) to maintain their registration.

There was an induction policy and procedure in place for new staff. This included shadowing and a buddy system. The manager told us that to ensure staff have been appropriately trained to provide care they held supervision sessions and regular briefings delivered by staff. For example, the doctor had recently delivered refresher training on life support for paediatrics to other staff. Staff had received training in immunisation. the doctor was responsible for providing immunisation training to other staff. We saw records to verify this training.

Staff told us that when a new vaccination was introduced they receive information about it. Staff also had a vaccination immunisation booklet they could refer to. It contained comprehensive details about all the vaccinations they administered including side effects and the properties of it. All staff were assessed on their performance annually. We saw annual appraisals and other records confirming this. Staff we spoke with said they felt "supported" and confirmed they had appraisals every year.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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