Bath

Inspection report

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Date of inspection visit: 28/05/2019
Date of publication: 29/07/2019

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection of Bath on 28 May 2019 as part of our inspection programme.

We had previously carried out an announced comprehensive inspection of the service in 18 December 2018 and found that it was compliant with the relevant regulations.

The service is a private travel clinic located in the city of Bath. There was a registered manager in post. 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.

Our key findings were:

- The service had systems to assess, monitor and manage risks to patient safety, and reliable systems for appropriate and safe handling of medicines.
- The service learned from, and made changes as a result of, incidents and complaints.
- The service assessed need and delivered care in line with current legislation, standards and evidence-based guidance, and reviewed the effectiveness and appropriateness of the care provided.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The service treated patients with kindness, respect and dignity, and patient feedback was positive about the service.
- Each patient received individualised travel health information including additional health risks related to their destinations and a written immunisation plan specific to them.
- The service organised and delivered services to meet patients' needs. The service also carried out off site visits, for example to schools and offices, and had policies and processes in place to support these visits.
- There was a clear leadership structure in place and staff felt supported by management.
- The service proactively sought feedback from patients and staff, which it acted upon.
- The service had effective oversight of the clinical care provided to patients.

The area where the provider should make improvements are;

- Establish a risk assessment that clearly details required actions in the event of a cardiac arrest.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Bath

Nomad Travel Clinic in Bath is located at 2-3 Abbey Gate Street Bath BA1 1NP. It is situated within a Cotswold Outdoor Store but is independent of the store. The service is registered to provide the following regulated activities; Treatment of disease, disorder or injury, Diagnostic and screening procedures and Transport services, triage and medical advice provided remotely. The private travel clinic is a location for the provider TMB Trading Limited who have owned Nomad Travel since June 2016. TMB Trading Limited provide nine travel clinics across England and Wales.

The clinic offers travel health consultations, travel and non-travel vaccines, blood tests for antibody screening and travel medicines such as anti-malarial medicines to children and adults. The service works with Public Health England to deliver post-exposure Rabies vaccination and holds a licence to administer yellow fever vaccines.

The clinic employs nurses and a pharmacist to deliver the clinical care and an administrative staff member. It sees approximately 170 patients per month. Virtual support for the travel nurses is provided by the medical team who are based at the head office in London. The Bath clinic is open on Tuesday, Thursday, Friday and Saturdays from 9.30am until 6pm. In addition, Nomad provide a telephone consultation service with specialist travel nurses and have a central customer service team to manage appointment bookings. We did not inspect the advice service as part of this inspection.

The clinical operations manager for the provider, is the CQC nominated individual. A nominated individual is a person who is registered with the CQC to supervise the management of the regulated activities and for ensuring the quality of the services provided.

We carried out this inspection as part of our comprehensive inspection programme of indpendent health providers.

How we inspected this service

During the visit we:

- Spoke with staff, including the CQC nominated individual and registered manager, both of whom also work as nurses in the travel clinic, and the store host for the service.
- Reviewed a sample of patient care and treatment records.
- Reviewed comment cards in which patients shared their views and experiences of 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.

Good

Are services safe?

We rated safe as Good because:

•There were clear systems to keep people safe and safeguarded from abuse.

•There were reliable systems for appropriate and safe handling of medicines.

•The practice had a good safety record.

•The practice learned and made improvements when things went wrong.

Safety systems and processes

- The service had clear systems to keep people safe and safeguarded from abuse.
- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse. The safeguarding policy also contained information about recognising and preventing female genital mutilation (FGM), and staff had completed FGM training.
- The service had systems in place to assure that an adult accompanying a child had parental authority. For example, if the child wasn't going to be accompanied by a parent, the parent had to email the service giving consent and the accompanying adult had to attend with photographic ID and the child's "red book" (the Personal Child Health Record, also known as the 'red book', is a national standard health and development record given to parents or carers at a child's birth).
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken 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
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. An infection control risk assessment had been undertaken and an audit had taken place in March 2019 where no areas for action were identified.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider 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 rented the premises from a landlord and we saw risk assessments had been completed to ensure the premises were safe, for example a health and safety risk and fire risk assessments had been completed in March 2019. We saw evidence of fire alarm testing and fire extinguishers checks. Staff received health and safety training as part of their induction.

Risks to patients

- There were systems to assess, monitor and manage risks to patient safety.
- There were arrangements for planning and monitoring the number and mix of staff needed. If necessary staff could be transferred to cover absences from another nearby Nomad travel service. If locum staff were required appropriate checks were carried out. We saw that a locum could not demonstrate that their mandatory training was up to date, so was not employed to work for the service.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- The service did not have a defibrillator. The service had undertaken the resuscitation councils risk assessment in December 2018, as to whether the service should have a defibrillator on site. The service scored themselves as a moderate risk overall on the assessment, meaning actions should be implemented as soon as possible, but

no later than the next financial year. However, the services risk assessment stated that no further action was required and no rationale for this decision was documented. We were told that this would be discussed with senior management. To ensure risks were mitigated as far as possible, emergency medicines and oxygen were held on site and staff were aware of where the nearest defibrillator was sited and the actions they should take.

- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There was appropriate indemnity, including professional and medical indemnity, arrangements in place to cover all potential liabilities.
- Information to deliver safe care and treatment
- Staff had the information they needed to deliver safe care and treatment to patients.
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, informing the clients own GP of any treatments received.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- Safe and appropriate use of medicines
- The service had reliable systems for appropriate and safe handling of medicines.
- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.
- The service prescribed some medicines outside of their licenced use, for example for the treatment of pre and post exposure for rabies. (Medicines are given licences after trials have shown that they are safe and effective for treating a particular condition. Use for a different medical condition is called unlicensed use and is a higher risk because less information is available about the benefits and potential risks). Patients were asked to read information, provided during the consultation, about the use of medicines outside of their licensed use and the patient consent that the information had been read and understood was recorded within the patients' medical notes.

Track record on safety and incidents

- The service had a good safety record.
- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- Lessons learned and improvements made
- The service learned and made improvements when things went wrong.
- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, and shared lessons identified themes and acted to improve safety in the service. For example, vaccines froze in the fridge as they had been placed against the back plate of the fridge. Appropriate actions were taken and the policy for vaccine storage had been updated specifically stating where within the fridge vaccines should be placed. Incidents for all the ten Nomad locations were shared across all sites to ensure any learning was shared widely.

Good

Are services safe?

- The provider was aware of and complied with the requirements of the Duty of Candour and was referenced in the 'Accident, Incident, Near Miss' policy. The service encouraged a culture of openness and honesty and had systems in place for knowing about notifiable safety incidents.
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- The service acted on and learned from external safety events as well as patient and medicine safety alerts. If an email alert was received, an email was sent to head office confirming that identified actions had been completed.
- We saw evidence that the service had acted upon an alert received from NaTHNac and MHRA (The Medicines and Healthcare products Regulatory Agency) in April 2019 relating to two reports of fatal adverse reactions to the yellow fever vaccine. The service had sent an email out to all staff and discussed it in meetings, reminding all clinicians of the importance of completing a thorough risk assessment before administering the vaccine and the particular risks for patients who may be immunocompromised or aged over 60 years. The service also altered its consent process for yellow fever vaccines as a result of this alert; a specific consent book is now kept and patients are required to sign to confirm they have read the leaflet and understand the particular risks of the vaccine before administration.

Good

Are services effective?

We rated effective as Good because:

- Clinicians kept up to date with current evidence-based practice.
- The practice was actively involved in quality improvement activity.
- Staff had the skills, knowledge and experience to carry out their roles.
- Staff worked together, and with other organisations, to deliver effective care and treatment.
- Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.
- The practice obtained consent to care and treatment in line with legislation and guidance.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service) For example, NaTHNac (National Travel Health Network and Centre), a service commissioned by Public Health England.

- Patients received a travel health assessment which provided an individualised travel risk assessment, health information including additional health risks related to their destination(s) and a written immunisation plan specific to them.
- A comprehensive assessment was undertaken which included an up to date medical history.
- Additional virtual clinical support was readily available during each consultation from the medical team.
- Latest travel health alerts such as outbreaks of infectious diseases were available. Specific additional training was available at times of disease outbreak such as Ebola and Zika virus outbreaks
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- Staff advised patients where to seek further help and support if required.

Monitoring care and treatment

- The service was actively involved in quality improvement activity.
- The service used information about care and treatment to make improvements. For example, face to face consultation reviews were carried out three monthly via peer review.
- An audit of intradermal rabies immunisations had been carried out which identified that the new guidelines had not been added to desktops so that clinicians had easy access. This was immediately actioned.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, 20 consultation notes were audited annually or as required. This had identified that documentation could be improved. Discussion were held with staff and following this five sets of notes were randomly checked to audit improvement, and this was to be carried out three monthly.
- As part of its yellow fever vaccine licence from NaTHNac, the service was required to complete an annual yellow fever return. This included gathering data about the number of vaccines and booster doses administered, the reasons for giving a booster dose, details of serious adverse events reported, the number of vaccines wasted and the reasons for any wastage.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- We saw up to date records of skills, qualifications and training for staff, and we were told that staff were encouraged and given opportunities to develop.
- Relevant professionals (pharmaceutical and nursing) were registered with GPhC (The General Pharmaceutical Council) and the NMC (Nursing and Midwifery Council) and were up to date with revalidation. These were checked annually by the provider.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Good

Are services effective?

- Staff whose role included immunisation had received specific training could demonstrate how they stayed up to date.
- Staff completed the ABC of Travel course with the British Global Travel Health Association, to consolidate knowledge following one year in post.
- Nurses shared learning and information from attending conferences and training with the other nurses working across the Nomad travel clinics.
- There was a comprehensive induction in place clinicians which was aligned to the Royal College of Nurses competencies for delivering travel health medicine.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate such as Public Health England and supported national campaigns. For example, the service was proactively supporting increasing the uptake of MMR immunisation, by discussing at every opportunity to encourage parents to have their children and themselves immunised.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. The service had produced a 'GP notification of treatment' form which was provided to all patients to complete if they wished to; once completed, the service would provide patients' NHS GPs with a written update on any vaccines or medicine given.
- Patients who were vulnerable were identified, by categorisation at the point of appointment making, so that an appointment length to meet their needs could be offered. For example, those who had a long-term condition, were pregnant, had communication difficulties or immune conditions.
- Patients were advised when booking that they would need to bring a record of previous vaccinations with them, as patients often do not realise that the service were not able to access NHS records. If patients had not brought this, they would be asked to rebook when this information was available, and they would not be charged for the additional appointment.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Staff provided patients with advice and information leaflets about how to prevent travel related illnesses and stay safe whilst travelling, which included information about diarrhoea, altitude sickness, sexual health, food and water hygiene, and insect bite protection.
- Nomad had developed a booklet entitled "Sexual Violence Guidance for travellers" which had been found to be particularly useful for humanitarian workers.

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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. All staff had received Mental Capacity Act training.
- The service monitored the process for seeking consent appropriately. For example, when off label medicines were being administered or when a child attended without a parent or legal guardian.

Good

Are services caring?

We rated caring as Good because:

- We were assured that staff treated patients with kindness and respect and maintained patient and information confidentiality. The practice could evidence patient feedback from surveys undertaken and compliments received. All the surveys we saw and comments cards we received, reported positive experiences and outcomes.
- The practice respected patient's dignity and privacy.

Kindness, respect and compassion

- Staff treated patients with kindness, respect and compassion.
- We received four CQC comment cards that were all positive about the way staff treat people. The service also collated reviews from an on-line platform, three had been received which were also all positive.
- The service carried out is own patient surveys. The survey carried out in April 2019 showed that there were nine patient responses to questions. All responses were positive about the care and treatment received. For example, to the question did the clinician inspire confidence and act professionally 88% responded very good and 11% responded, good. The same responses were recorded for clinicians respecting the privacy and dignity of patients.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

•The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services and information leaflets were available for patients who did not have English as a first language.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected/did not respect patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Public or private notes could be written on patients' care records, to ensure that only those staff members who needed to see sensitive information (such as patients' current medicines or health conditions) would have access to this.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

- The service met patients' needs and took account of their needs and preferences.
- Patients were able to access care and treatment from the practice within an appropriate timescale for their needs.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, the service recognised that patients wanted to access the clinic during work lunch hours. In discussion with staff it was decided that the clinic would offer appointments during this time and staff would take their breaks outside of these hours.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.
- At the time of booking an appointment, patients are asked if they require additional time for their appointment because of a complex medical history, disability, or a phobia to needles.
- The service made reasonable adjustments when patients found it hard to access services. Staff told us any additional information about patients' specific needs were recorded on the appointment booking entry; this was then available for store staff to view so they could prepare for the patient's arrival and make any necessary adjustments.
- The service carried out off site visits, for example to schools or companies to administer vaccines. There were processes, specific policies regarding the cold chain and risk assessments in place for off site visits.
- Information about prices and treatment options were available on the service's website

Timely access to the service

- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The appointment system was easy to use. Patients could book appointments online or by telephone via the provider's customer service booking team. The service also accepted walk-in patients although this was dependent on appointment availability. Staff told us telephone consultations were available, but only if specifically requested by patients.
- Appointments were available from; 9.45am to 5.30pm on Tuesdays, Thursdays, Fridays and Saturdays.
- In response to patient demand the service wished to remain open until 8pm. At the time of the inspection this was not possible as the Cotswold Outdoors store they were co located with shut at 6pm. Plans were in place to move premises at the end of June 2019 to accommodate this.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, following a failure to obtain a vaccine for a patient on the day an appointment had been pre-booked. The service recognised that there were sometimes delays when vaccines were being delivered from abroad. To minimise the risk of reoccurrence the service now holds a small number of these vaccines in stock rather than ordering specifically for a patient.
- Where complaints had occurred at other Nomad travel clinics, learning and outcomes were shared across all sites.

Good

Are services well-led?

We rated well-led as Good because:

- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- There was a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
- The practice had a culture of high-quality sustainable care.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- There were clear and effective processes for managing risks, issues and performance apart from, the service did not have a defibrillator on site and the risk assessment was not clear in the actions that should be taken in the event of a cardiac arrest.
- The practice acted on appropriate and accurate information.
- The practice involved patients, the public, staff and external partners to support high-quality sustainable practices.
- There were systems and processes for learning, continuous improvement.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the clinic was running at 87% capacity and to be able to meet patient demand the premises they were shortly moving to, had an additional clinic room that they would be able to utilise.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. For example, lead clinician training was in place.
- All clinical staff had a senior mentor.

Vision and strategy

- The service had/did not have a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- 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 high-quality sustainable care.
- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. For example, when it was identified that consultation documentation could be improved.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

Good

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- We saw evidence of staff and clinical governance meetings being held on a regular basis. These meetings discussed operational developments, governance issues, staffing, training, significant events, complaints and any travel health updates or news.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service maintained a communication folder which included meeting minutes, performance data, alerts and any updates or changes to policies, processes or the service. We saw that staff were required to sign and date information in this folder to demonstrate they had read it.

Managing risks, issues and performance

- There were clear processes for managing risks, issues and performance but these did not always operate effectively
- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. However, the service did not have a defibrillator on site and the risk assessment undertaken by the provider, was not in line with the recommendations of the National Resuscitation Council or their own risk assessment.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality. For example, those relating to the administration of an off-label vaccine.
- The provider had plans in place and had trained staff for major incidents.
- The service had a business continuity plan and had advised staff of the processes in the event of any major incidents. The plan could be access on the shared encrypted 'Dropbox' account from outside of the clinic.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. For example, by regular face to face peer review of consultations. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required. For example, via the mandatory Yellow Fever audit submissions to NaTHNac.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The service used an encrypted cloud-based computer record system which complied with data protection standards.
- The service complied with the General Data Protection Regulation (GDPR) and all staff had completed up to date GDPR training.
- Staff had signed non-disclosure confidentiality agreements.

Engagement with patients, the public, staff and external partners

The service involved/did not involve patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Good

Are services well-led?

- The service contracted the services of an external human resources (HR) company who were able to provide HR assistance in complex situations. Staff were also able to access an employee assistance programme, which included counselling, private legal and financial advice through this. An employees' family were also given access to this support.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- Development opportunities were available for non-clinical staff. For example, clients often asked questions whilst waiting for an appointment and it was felt that there were certain areas, such as bite prevention and water bottle purification kits where the store host could be trained to give this advice. A training package had been developed by the lead clinician and reviewed by the store host, to ensure the terminology used was suitable for non-clinical staff and that it delivered the right information, to achieve the appropriate knowledge level. Five modules had been developed and once the final module had been signed off by management, the training package was to be rolled out across all Nomad sites.