

Clari Health Ltd

Clari Health Leeds Travel Clinic

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 31 January 2019 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 in some areas this service was not providing safe care in accordance with the relevant regulations. The impact of our concerns is minor for clients using the service, in terms of the quality and safety of clinical care. The likelihood of these occurring in the future is low as they have been put right post-inspection.

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 in some areas this service was not providing well-led care in accordance with the relevant regulations. The impact of our concerns is minor for clients using the service, in terms of the quality and safety of clinical care. The likelihood of these occurring in the future is low as they have been put right post-inspection.

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.

The service provides travel health advice and travel vaccinations. This service had not been previously inspection by the Care Quality Commission (CQC).

The registered nurse who delivered the service based at Leeds is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

We received 15 CQC client comment cards. Fourteen were positive regarding the information and service provided and said that staff were friendly, helpful and caring. There was one mixed comment regarding having to wait to gain access to the building.

Our key findings were:

- There were arrangements in place to keep clients safeguarded from abuse. However, a nominated safeguarding lead, who had undertaken the appropriate level of safeguarding training, had not been identified at the time of our inspection.
- There were some policies in place to support service delivery and safe care. However, not all were dated or had a recorded review date. There were some policies not in place that we would expect to see, such as those relating to chaperones, client consent or lone working.
- There was a recruitment process in place, including ensuring appropriate checks were undertaken prior to employment.
- The premises were clean, tidy and fit for purpose to deliver the service. However, an infection prevention and control lead had not been nominated at the time of our inspection.
- There were systems in place for the management of medicines and vaccines. However, it was noted that in the fridge some vaccines were stored inappropriately and there was evidence of overstocking.
- The nurse knew how to deal with medical emergencies. However, there was no emergency equipment in the clinic nor had a risk assessment been carried out in relation to the decision not to keep them on site.

- Clients' needs were assessed and treatment delivered in line with current legislation, standards and guidance, such as National Travel Health Network and Centre (NaTHNaC) travel guidance.
- The nurse had not completed some areas of training, such as the appropriate level of safeguarding, basic immunisation, IPC, fire safety and training in the Mental Capacity Act 2005.
- Clients' records were stored in line with the General Data Protection Regulation (GDPR). However, it was unsure on the day of inspection whether staff had received training in data protection and information governance.
- Feedback from clients was positive about the service they received. Reviews contained praiseworthy comments of the nurse who delivered the service.
- Information was submitted to NaTHNaC in line with guidance, such as that relating to yellow fever vaccinations.
- The provider showed a commitment to learning and improving the service. The majority of areas which had been raised as a concern or area of action had been addressed by the provider both during the inspection and post-inspection. We received evidence to support this.
- Evidence was provided post-inspection, before the report was written, that showed the provider had resolve the majority of the issues raised.

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

- Review and improve the stocking and storing of vaccines in the fridge.
- Review and update the training requirements for staff working in the service.
- Review and improve the scope and range of risks assessments required to support safe provision of the service.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Clari Health Leeds Travel Clinic

Detailed findings

Background to this inspection

Clari Health Ltd is the provider of the service Clari Health Leeds Travel Clinic. The website is <https://clarihealth.com/uk/clinic/leeds-travel-clinic>

Clari Health Leeds Travel Clinic is located on the second floor of the This Is My: building, 93 Water Lane, Leeds, West Yorkshire LS11 5QN, which is a short walk away from Leeds train station. There is free onsite car parking. There is a large waiting area on the ground floor of the premises. Clients can access the clinic via the stairs or a lift.

Service users are required to make an appointment either online via the website or by contacting the clinic by telephone. The service does not accept walk-in appointments. Excluding bank holidays, the opening hours of the clinic are:

Tuesday 8.30am to 5pm

Thursday 10am to 8pm

Friday 8.30am to 2pm

Saturday 9am to 2pm

The service provides a personalised risk assessment, travel health advice and travel vaccinations, including those for the prevention of yellow fever. Seasonal influenza vaccination is also provided to those who are unable to receive it from their NHS GP. Services are provided by a female registered nurse who is trained in travel health. At the time of our inspection, there was only one clinician providing the service. We were informed the provider was looking to recruit additional staff. The nurse is supported by a qualified doctor (medical director) and a management consultant, who are contracted by the provider.

The service is registered with the CQC under the Health and Social Care Act 2008 to provide the following regulated activities:

- Diagnostic and screening
- Treatment of disease, disorder or injury

We inspected this service on 31 January 2018. Our inspection team was led by a CQC lead inspector and included a nurse specialist adviser and a second CQC inspector.

Before visiting we reviewed a range of information we hold about the service and also information which was provided by the service pre-inspection.

During the inspection:

- we spoke with staff
- reviewed CQC comment cards where service users shared their views
- reviewed key documents which support the governance and delivery of the service
- made observations about the areas the service was delivered from

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 in some areas this service was not providing safe care in accordance with the relevant regulations. The impact of our concerns is minor for clients using the service, in terms of the quality and safety of clinical care. The likelihood of these occurring in the future is low as they have been put right post-inspection.

Safety systems and processes

The service had systems to keep patients safeguarded from abuse. However, there were some areas which required reviewing.

- The provider had policies in place for safeguarding children and vulnerable adults, with clear contact information for local child and adult safeguarding teams should staff need to contact them. On the day of inspection, the nurse could demonstrate a good understanding of what to do in relation to any safeguarding concerns. The nurse had received some basic training in safeguarding but not to the recommended level. There was not a nominated safeguarding lead in the service. We received evidence post-inspection which showed that the nurse was the identified lead and had since received safeguarding training appropriate for that role.
- The service had systems in place to provide assurance that an adult accompanying a child had parental authority.
- There were some policies in place to support service delivery and safe care. However, not all were dated or had a recorded review date. Some policies did not identify who the lead person was, such as those for safeguarding and infection prevention and control. We have received evidence post-inspection which showed these issues had been rectified.
- At the time of our inspection there was no evidence of a chaperone policy in place or information displayed, alerting clients to request a chaperone if needed. Additionally, there was no policy in place relating to patient consent. We have received evidence post-inspection which showed these issues had been rectified.
- We saw evidence that recruitment checks had been undertaken prior to employment. These included proof of identity, checks of professional registration and qualifications. Disclosure and Barring Service (DBS)

checks were undertaken. (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 nurse was covered by professional indemnity to carry out duties in the service.

- At the time of our inspection there was no identified infection prevention and control (IPC) lead and the nurse had not received updated training in IPC. We have received information post-inspection which showed that the nurse was now the nominated IPC lead and had received appropriate training.
- There were no hand washing facilities in the clinical room. However, the nurse had access to hand gel and facilities outside of the clinical room. Procedures for hand washing and the use of hand gel were contained within the IPC policy.
- The premises were leased and the provider liaised with the landlord to ensure that facilities were safe and cleaned effectively. Equipment was maintained in accordance with manufacturers' instructions. Electrical and clinical equipment was tested and calibrated in line with guidance. There were processes in place to manage clinical waste.

Risks to patients

There were some systems in place to assess, monitor and manage risks to patient safety.

- The provider had not undertaken a risk assessment regarding health and safety or the lone working of staff. We received the appropriate risk assessment post-inspection.
- The clinic held adrenalin to deal with anaphylaxis. (Anaphylaxis is a severe and potentially life-threatening reaction to a trigger shock, such as vaccinations.) However, the service did not have either a defibrillator or oxygen and had not undertaken a risk assessment as to why they did not keep them on site. We received from the provider, post-inspection, the risk assessment regarding the decision not to keep emergency equipment on site. The nurse had received basic life support training, understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- At the time of our inspection there was only one nurse who provided the service. We were informed that if

Are services safe?

there were any issues resulting in the absence of staff, this would lead to the cancellation of the clinic for the relevant times. The provider informed us they were currently in the process of recruiting additional staff.

- There was a policy in place relating to fire safety. Regular fire alarm testing was undertaken and the nurse had participated in a fire drill with other services within the building. At the time of the inspection the nurse had not completed fire safety training. However, we received evidence post-inspection that this had been completed.
- The nurse had appropriate professional indemnity cover in place.

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. Paper records were stored in a locked filing cabinet and electronic records were stored in line with the General Data Protection Regulation (GDPR).
- Clients accessing the service were asked to provide basic travel information when booking their appointment. As part of the nurse consultation a travel questionnaire was completed with the client and risks identified.
- There were systems in place for sharing information with other agencies, as appropriate, to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with DHSC guidance in the event that they ceased trading.

Safe and appropriate use of medicines

Staff were not always aware of the systems for appropriate and safe handling of medicines.

- Emergency medicines used for anaphylaxis were stored securely.
- Vaccines were stored in a dedicated fridge. However, at the time of inspection it was noted that some vaccines had been stored at the bottom of the fridge and some were also touching the sides. These were relocated within the fridge at the time of our inspection. We also saw that the vaccine fridge was overstocked, which was

raised with the nurse. (Overstocking of the fridge can increase the danger of poor air flow and potential freezing of stock. Reference: The Green Book: storage, distribution and disposal of vaccines March 2013.)

- Vaccine fridge checks were undertaken when the nurse was on duty and we saw records to evidence this. The fridges also had a separate temperature recorder which enabled the nurse to download temperature data for the periods when they were absent.
- The nurse kept up to date on the use and type of vaccinations relating to travel health through training and specialist resources, such as the Green Book (Public Health guidance on infectious diseases) and National Travel Health Network and Centre (NaTHNaC) travel guidance.
- Vaccines and medicines were supplied and administered to clients following a Patient Group Direction (PGD). We noted these were all in date. However, at the time of inspection it was noted that they were not appropriately authorised and signed. Following our feedback, the provider took immediate action to rectify this. They also confirmed that an assessment of the nurse's competencies in administering vaccines had also been carried out.

Track record on safety

During the period the service had been operating they had a good safety record.

- Activity was monitored and reviewed. This helped the provider understand risks.
- There were arrangements in place to deal with patient safety alerts. Alerts from the Medicines and Healthcare products Regulatory Authority (MHRA) were received and dealt with. The nurse also received alerts from NaTHNaC which were specifically related to travel health.
- Regular meetings were held between the nurse and the provider where any areas of risk could be discussed.

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

Are services safe?

and managers supported them when they did so. The service had been operating since November 2017 and at the time of inspection there had not been any reported or recorded incidents.

- The provider encouraged a culture of openness and honesty. This was also apparent during the inspection and post-inspection when providing us with evidence and acting quickly on issues raised on the day.
- The provider was aware of and complied with the requirements of Duty of Candour.

Are services effective?

(for example, treatment is effective)

Our findings

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

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 the nurse assessed needs and delivered care and treatment in line with current legislation, standards and guidance, such as National Travel Health Network and Centre (NaTHNaC) travel guidance.
- Clients' needs were fully assessed. A travel risk assessment form was completed for each person prior to their appointment. This included details of any medical history, any allergies, previous treatments relating to travel and whether the client was currently taking any medicines. This form was then reviewed by the nurse and a tailored treatment plan devised for each client, detailing the most appropriate course of treatment and travel health advice.
- The nurse advised clients what to do if they experienced any side effects from the vaccinations and medicines. Clients were also provided with additional leaflets containing relevant travel health information.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service had evidence of some quality improvement activity to monitor the services provided.

- The service conducted yellow fever audits using a NaTHNaC self-assessment tool. There had been an audit conducted in January 2019. Due to the short period the service had been operating, there had only been small numbers of yellow fever vaccinations given. The audit would be repeated in January 2020. We saw that yellow fever vaccinations had been given in line with guidance for an authorised centre.
- We were informed of a programme of audit regarding clinical notes which would be undertaken on a quarterly basis. However, at the time of our inspection this had not yet commenced.

Effective staffing

Staff had some skills, knowledge and experience to carry out their roles. However, not all mandatory training had been completed.

- The nurse had completed an induction programme suitable for their role. They had also shadowed a travel specialist nurse elsewhere.
- The nurse was appropriately qualified and registered with the Nursing and Midwifery Council (NMC). They were supported to undertake revalidation. (Revalidation is the process that all nurses in the UK need to follow to maintain their registration with the NMC, which allows them to practise.)
- There was evidence the nurse had completed some mandatory training, such as basic life support and basic safeguarding. However, at the time of inspection they had not completed the recommended level of safeguarding training, infection prevention and control and fire safety training. We were provided with evidence post-inspection that this training had been completed. This included completion of level three safeguarding, recommended for someone who acts in the capacity of safeguarding lead.
- The nurse had completed specific training in providing travel health advice and vaccinations. However, at the time of the inspection they had not completed a basic immunisation training course. We were provided with evidence post-inspection showing a date for this training had been booked. We also received evidence which showed that the nurse had been assessed as being competent by the medical director.
- We were informed that the nurse had access to clinical and non-clinical support on a daily basis. Appraisals would be conducted on an annual basis. Any issues outside of an appraisal would be discussed as they were raised.

Coordinating patient care and information sharing

The service had some systems in place for coordinating patient care and sharing information as and when required.

- Patients received coordinated and person-centred care. The nurse referred to and communicated with other services when appropriate. For example, the nurse had contacted a travel clinic in a different area to arrange for clients to receive their travel vaccination boosters. This was due to timescales and the client not being able to attend the clinic in Leeds.

Are services effective?

(for example, treatment is effective)

- Before providing treatment, the nurse at the service ensured they had adequate knowledge of the patient's health and their medicines history. We were informed that clients were encouraged to be truthful about medical information which could impact on the safety and efficacy of travel health treatment. A consent form was signed by all clients, whereby they agreed all information provided was correct.
- Clients' NHS GP details were requested and recorded, however on the day of inspection we did not see any examples where information had been shared.
- If there were any safeguarding concerns the nurse followed the safeguarding policy.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients.

- Clients were assessed and given individually tailored advice, to support them remaining healthy whilst abroad.
- There was a range of written health advice given to clients
- Risk factors were identified and highlighted to clients, including recommendations of food and beverages that were either safe or unsafe to consume.

- Where clients' needs could not be met by the service, they were redirected to the appropriate service for their needs.

Consent to care and treatment

Consent to care and treatment was obtained 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. However, at the time of inspection the nurse had not completed training in the Mental Capacity Act 2005. We have received evidence post-inspection that this had been completed.
- The nurse was aware of the consent requirements when treating young people under the age of 16 years. We saw evidence that for those under 16, vaccinations were only provided with evidence of date of birth and parental/guardian consent which was recorded.
- Consent was obtained using a written consent form which was scanned into the client's records.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated clients with kindness, respect, dignity and professionalism.

- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all people who used the service.
- We received 15 Care Quality Commission comment cards which had been completed by clients using the service. All were positive regarding the information and service provided and said that staff were friendly, helpful and caring.
- The service reviewed client feedback it received via online reviews. We saw that there had been 24 reviews. All were positive and had rated the service as being five out of five stars.

Involvement in decisions about care and treatment

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

- Each client received an individualised comprehensive travel health brief which detailed the treatment and health advice relating to their intended region of travel. In some cases, different treatment options and information were provided to support the client in decision making. Additional information leaflets were available to clients
- Clear pricing information was provided.
- If needed, staff had access to interpreting services for clients who had difficulty speaking and understanding English.
- Clients ultimately had the choice not to receive all the recommended vaccinations. However, the nurse did have a comprehensive discussion with the client regarding the risks of not receiving treatment and documented this.

Privacy and Dignity

The service respected clients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Consultations were conducted behind closed doors, where conversations were difficult to overhear.
- Staff complied with information governance and used client data in a way which maintained security, in line with the General Data Protection Regulation (GDPR).

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found the 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 clients' needs.

- The facilities and premises were appropriate for the services being delivered. There was a reception area in the building entrance where clients initially reported. Clients were then directed to the waiting area, where the nurse would greet collect the client.
- There was access to the clinical room on the second floor, via the stairs or lift (which was wheelchair accessible).
- Equipment and materials needed for consultation, assessment and treatment were available at the time of clients attending for their appointment.
- There was information on the service website regarding travel health, vaccinations and a pricing structure.
- The clinic was a registered yellow fever centre and complied with the code of practice.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- At the time of our inspection the service was operating weekly on Tuesday 8.30am to 5pm, Thursday 10am to 8pm, Friday 8.30am to 2pm and Saturday 9am to 2pm. There was only one clinician employed to deliver the service. We were informed that the provider was currently looking to recruit additional clinical and non-clinical staff to support service delivery.

- The service website contained details of opening and appointment times. Clients could make an appointment either through the booking system on the website or by telephoning the service. Walk-in appointments were not available.
- Clients who needed a course of vaccinations were given future appointments to suit them.
- Comments from clients recorded on CQC comments cards and reviews received by the service, showed clients were satisfied with access to appointments. We received one negative comment regarding access, as on the day of their appointment they had been required to wait for the premises to open.

Listening and learning from concerns and complaints

The service informed us they took complaints and concerns seriously.

- There was a policy in place for dealing with complaints. On the day of inspection, it was noted that responses to complainants would be provided if requested and that there were no ombudsman details should the complainant wish to escalate an issue. Both these issues were rectified to ensure all complainants would receive a response and provided with ombudsman details. We received an updated complaints policy which reflected those changes.
- At the time of our inspection, the service had not received any complaints so we were unable to assess how they responded to complaints. We were informed that any complaints would be used to improve service delivery.
- All clients were emailed after their appointment to request feedback. All feedback received up to the day of inspection had been positive.

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 in some areas this service was not providing well-led care in accordance with the relevant regulations. The impact of our concerns is minor for clients using the service, in terms of the quality and safety of clinical care. The likelihood of these occurring in the future is low as they have been put right post-inspection.

Leadership capacity and capability;

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

- The provider had oversight of the service and was easily accessible.
- Day-to-day management was provided by the nurse in the service, who was supported by the contracted manager and medical director.
- The nurse was the registered manager for the service who understood their responsibilities.
- Staff worked cohesively to address the business challenges in relation to the performance and delivery of the service.
- The provider responded quickly to any areas of concern raised on the day of inspection.

Vision and strategy

The service had a clear vision to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values and all staff were engaged in the delivery of these.
- The provider aimed for the service to provide expert travel health advice and treatment. There was a strong emphasis on customer care and satisfaction.
- We were informed that the provider had a strategy to develop travel health services in other locations.

Culture

The service had a transparent culture which promoted high quality care.

- We were informed that there was an honest, open and no blame culture. This was apparent on the day of inspection from both the provider and the nurse. Both responded to any areas of concern that we raised on the day of inspection.
- The nurse we spoke with told us they felt supported, respected and valued and were proud to work in the service. They told us they were able to raise any concerns and were encouraged to do so.
- The service focused on the needs of the clients, to ensure they received the most appropriate care and treatment.
- The nurse was supported to attend any learning and development as befitted the service. They were encouraged to liaise with other colleagues in the travel health profession.

Governance arrangements

Staff understood their roles and responsibilities to support governance and management, however on the day of inspection there were areas which required action.

- The provider had some policies and procedures to support governance and safety. However, on the day of inspection there were not the range of policies we would expect to see, such as those relating to patient consent, chaperone and lone working. Some of the policies had not been dated, nor did they contain a review date. The provider supplied us with evidence post-inspection that these issues had been addressed and the policies put in place and shared with the nurse.
- The provider, nurse, contracted business manager and medical director understood their roles with regard to governance and management of the service. However, there were some areas which had not been completed appropriately, such as the signing of the patient group directions and the completion of certain risk assessments. We were provided with the evidence that these had been completed post-inspection.
- Meetings and conversations were held regularly with staff where governance and safety were discussed.

Managing risks, issues and performance

There were some processes to identify, understand, monitor and address current and future risks. However, there were some areas which required action.

Are services well-led?

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

- Some risk assessments had been undertaken, however none had been completed regarding the decision not to have emergency equipment on the premises, or regarding the lone working and security of staff. We were provided with evidence regarding these post-inspection.
- There was a business continuity plan in place which identified what would happen should anything arise which could potentially disrupt the service. It did not include information regarding the shortage or unavailability of staff.
- There was oversight of patient safety alerts, incidents and complaints.
- We were informed that annual audits with regards to yellow fever vaccinations would be submitted to NaTHNaC in line with guidance. The last audit had been in January 2019.
- At the time of inspection, there was not a structured programme of audit. However, we were informed that the medical director would be undertaking periodic audits of the nurse's care records and those of any subsequent clinical staff who would be working in the service.
- There were processes in place regarding major incidents. However, at the time of inspection the nurse had not completed fire safety training. We were provided with evidence post-inspection that this had been completed.
- The service had systems in place which ensured clients' data remained confidential and secured at all times.
- Clients were asked to provide appropriate and accurate information and signed a disclaimer to this effect. Their NHS GP details were also requested, however, the service did not liaise with the respective GP to check whether the information provided by the client was correct.
- The service submitted data or notifications to external organisations as required.
- Quality and operational information, combined with client feedback, was used to improve performance.

Engagement with patients, the public, staff and external partners

The service involved staff and clients to support a high quality sustainable service.

- The provider involved staff in the development of the service.
- The nurse engaged with external agencies and providers of travel health services.
- Feedback from clients was encouraged. After each consultation an email was sent to client to provide a review and rating of the service. These were done using an online review system.

Continuous improvement and innovation

The provider showed a commitment to learning and improving the service. This was evidenced by the timely responses to those areas raised for action, both during the inspection and post-inspection.

Appropriate and accurate information

The service had some processes in place to act on appropriate and accurate information.