

# Clari Health Travel Clinic Liverpool

## Inspection report

88 Rodney Street

Liverpool

Merseyside

L1 9AR

Tel: 0151 3180885

Website: <https://clarihealth.com/uk/clinic/liverpool-travel-clinic/>

Date of inspection visit: 23/01/2020

Date of publication: 27/02/2020

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. (This service has not previously been inspected by the Care Quality Commission.)

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 at Clari Health Travel Clinic Liverpool on 23 January 2020, as part of our inspection programme to rate independent health providers.

Clari Health Travel Clinic Liverpool is an independent provider of travel related services to adults and children. The service provides a range of travel related health advice, treatments and vaccinations, including those for the prevention of yellow fever.

This service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some services provided for clients under arrangements made by their employer, a government department or an insurance company are exempt by law from CQC regulation.

There is a registered manager for the service. 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.

As part of our inspection we ask for CQC comment cards to be completed by clients. We received six comment cards, which were all complimentary and positive about the service they received. The travel health nurses were praised for their efficient, professional and friendly approach and the information provided.

## Our key findings were :

- The service provided care in a way that kept clients and staff safe and protected from avoidable harm.
- The governance arrangements in place supported safe and effective service delivery and treatment of clients.
- There were systems and processes in place to support infection prevention and control; which included audit and cleaning schedules.
- There were safe and effective systems in place for the management of medicines and temperature sensitive vaccines.
- Staff had received training appropriate for their roles and were knowledgeable about travel health.
- 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.
- Clients' records were stored in line with the General Data Protection Regulation (GDPR).
- Information was submitted to the National Travel Health Network and Centre (NaTHNaC) in line with guidance, such as that relating to yellow fever vaccinations.
- The provider showed a commitment to learning and improving the service. They had learned from issues raised at inspections of some of their other travel clinics.
- Feedback from clients was complimentary and positive about the service, care and treatment they received.

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

- Review and improve the adults' and children's safeguarding policies to incorporate clear details of who staff should contact in the event of a safeguarding incident.
- Review and improve the arrangements regarding use of the defibrillator located on the premises and undertake a risk assessment in relation to this.
- Review and improve the location of sharps bins, out of reach of children, to safeguard clients from risk.

## 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 was supported by a second CQC inspector and a nurse specialist advisor.

## Background to Clari Health Travel Clinic Liverpool

Clari Health Travel Clinic Liverpool has been operating since July 2019. It is an independent health service, whereby clients pay for services. Details of the pricing structure are available on the provider's website and at the time on consultation.

The service is located at 88 Rodney Street, Liverpool, Merseyside L1 9AR, which is owned by a private landlord. The provider leases a room, which is based on the ground floor of the premises. Upon entering the premises, there is a large reception area which is manned by staff who are not employed by Clari Health Ltd. There are no onsite parking facilities, however, there is ample payable car parking nearby.

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

Tuesday 09:00 to 17:30

Thursday 18:00 to 21:00

Saturday 09:00 to 13:00

If a client requests an appointment outside of these times, they are signposted to alternative services.

The service provides a personalised risk assessment, travel health advice and travel medicines and vaccinations, including those for the prevention of yellow fever. Seasonal influenza vaccination is also available. Services are provided by female registered nurses who are trained in travel health. The nurses are supported by the medical director (a qualified doctor) and a management team. The provider had commissioned the services of a new management team, who were based overseas. However, there is close and regular communication between all staff. The customer call centre is also based overseas.

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

Clari Health Ltd is the provider of the service Clari Health Travel Clinic Liverpool. Full details of the service are available on their website <https://clarihealth.com/uk/clinic/liverpool-travel-clinic/>.

### How we inspected this service

We inspected this service on 23 January 2020. Before visiting we reviewed a range of information we hold about the service, also information which was provided by the service pre-inspection, the provider's website and service users' comments which were available on an intranet review platform.

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?

## We rated safe as Good because:

Clari Health Travel Clinic Liverpool demonstrated they provided services in a way that supported the safety of service users and staff.

### Safety systems and processes

#### The service had clear systems to keep people safe and safeguarded from abuse.

- There were policies in place for safeguarding children and vulnerable adults. These had recently been reviewed, however, it was noted that they did not contain clear details of who to escalate issues to, such as contact details for the local safeguarding teams. We were informed that staff were aware of who to contact should the need arise. Staff were up-to-date with the appropriate level of safeguarding training. On the day of inspection, the nurses could demonstrate a good understanding of what to do in relation to any safeguarding concern.
- The service had systems in place to provide assurance that an adult accompanying a child had parental authority. If a client was under the age of 18 years, they were advised of the requirement to bring an adult with them and provide a form of identification. This information was also available on the service website. Consent to treatment was signed by both the parent and child as appropriate.
- There were policies in place to support service delivery and safe care. We saw that all policies and procedures were electronically available to staff. As a result of issues arising from another of the provider's location, a decision had been made to no longer keep hard copies to ensure the most up-to-date policy was being used by staff. Staff were aware of how to access the policies.
- The service did not offer access to a chaperone. This was reflected in the chaperone policy and information available both in the clinic and on the service's website. Clients were advised to take another person with them, should they require a chaperone.
- There was a recruitment policy in place, which included what recruitment checks needed to be 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.) We saw that recruitment of new staff was carried out in line with the policy. A member of the management team had responsibility of human resource (HR) issues, including recruitment.

- There was a system for managing infection prevention and control (IPC). There was an identified IPC lead for the clinic, who had completed appropriate training, and a designated lead for the organisation. The most recent IPC audit had been undertaken in December 2019. We saw that there were no identified areas for action. However, on the day of inspection we saw that a sharps bin was located on the floor, under the couch, rather than being wall mounted. The sharps bin was subsequently moved to a safer place. Additionally, there was no wall-mounted soap dispenser as identified in the audit and IPC policy. We were informed that the service would address these issues. Staff had access to handwashing facilities and alcohol hand gel.
- The clinic room was leased and the provider liaised with the manager of the premises to ensure that facilities were safe and cleaned effectively. We were informed that another non-related service used the room on the days when the travel clinic was not open. Consequently, this could have impacted on equipment being moved, such as the sharps bin.
- 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 systems to assess, monitor and manage risks to service users.

- There was a range of policies and procedures to support health and safety, which included the management of any accidents, lone working and fire safety. We saw that regular fire alarm testing was undertaken. Staff had participated in a fire evacuation drill. Staff had received appropriate training relating to health and safety, such as fire safety.
- We saw appropriate risk assessments had been undertaken, which included those relating to fire, legionella and environmental issues. We saw that actions had been completed for any identified risk, for example having a radiator fixed securely to the wall.

# Are services safe?

- The clinic held adrenaline to deal with anaphylaxis. (Anaphylaxis is a severe and potentially life-threatening reaction to a trigger shock, such as vaccinations.) The nurse had received basic life support training, understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. It was noted there was a defibrillator located in the corridor outside the clinic room. We were informed that there were no arrangements in place for the service's staff to use this and no risk assessment in place regarding the non-use of the defibrillator. We were informed this would be actioned.

## Information to deliver safe care and treatment

### Staff had the information they needed to deliver safe care and treatment to service users.

- 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. 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 the Department of Health and Social Care (DHSC) guidance in the event that they ceased trading.

## Safe and appropriate use of medicines

### The service had systems for appropriate and safe handling of medicines.

- There were processes in place for the management and security of medicines and temperature sensitive vaccines, to minimise risks. Records of checks were kept regarding the expiry dates of vaccines and other medicines.
- There was a dedicated fridge used for the storage of vaccines. We saw records of temperatures were kept on the day the clinic was open. On the days when staff were not available there was the additional use of a fridge

temperature digital data reader, which staff could use to monitor any variables in temperature. This data reader was checked on a weekly basis, or in the event of any deviances in temperature. At the time of inspection, it was noted that the data reader did not record minimum and maximum temperature. However, we were provided with information post-inspection, which demonstrated appropriate readings were downloaded.

- The nurses 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). (PGDs provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine/s to a pre-defined group of patients, without them having to see a prescriber.) There was a clear process in place for the management of the PGDs, to minimise risk and ensure PGDs were correct. We saw evidence that all nursing staff had signed the PGDs and had been signed as being competent to administer vaccines and medicines.

## 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 appropriately. The nurses also received alerts from NaTHNaC which were specifically related to travel health.
- Regular meetings were held between the nurses and the management team 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

## Are services safe?

concerns and report incidents and near misses. The management team supported them when they did so. Staff had received training on what constituted an incident and to report them.

- The service had been operating since July 2019 and at the time of inspection there had only been one reported or recorded incident, regarding the vaccine fridge. We saw that this had been managed and actioned appropriately.
- 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 on issues raised on the day.
- The provider was aware of and complied with the requirements of Duty of Candour.



# Are services effective?

## We rated effective as Good because:

We found that Clari Health Travel Clinic Liverpool was providing effective care that met with evidence-based guidance and standards. There was a system for monitoring quality of care, evidence of accurate recording of information, and staff were suitably qualified and trained in the delivery of travel health.

## 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 participated in quality improvement activity to monitor the services provided.

- As part of the registration compliance requirements as a yellow fever centre, audits were required to be undertaken on an annual basis. We were informed that an audit would be completed at the end of January 2020, using a NaTHNaC self-assessment tool. We saw that yellow fever vaccinations were given in line with guidance for an authorised centre.
- The registered manager undertook quarterly audits of clinical notes and fed back to the individual member of staff any areas for improvement or concern. Audit findings showed that records were maintained in line

with guidance and service requirements. We reviewed a random selection of clinical records and saw they contained appropriate information and recording of client consent to treatment.

- The provider also undertook an audit of call centre telephone calls, to ensure they had been dealt with appropriately. We were informed, that to support improvements, they had changed the location of their call centre.

## Effective staffing

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

- The travel health nurses were appropriately qualified, registered with the Nursing and Midwifery Council (NMC) and were up-to-date with revalidation requirements. (Revalidation is the process that all registered nurses in the UK need to follow to maintain their registration with the NMC, which allows them to practice.)
- There was an induction programme in place for all newly appointed staff, which included training, shadowing another travel health nurse and undertaking competency assessments. We saw evidence to demonstrate that staff had completed an induction programme and training suitable for their role.
- We were informed that staff were supported with their learning and development needs. This included receiving specific training relating to the delivery of immunisations and travel health advice. The nurses could demonstrate how they stayed up-to-date with the latest guidance and travel information.
- 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.
- There was managerial oversight of the training and development of staff.

## Coordinating patient care and information sharing

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

- Clients received coordinated and person-centred care. The nurse referred to and communicated with other services when appropriate.

## Are services 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 were asked for details of their NHS GP and consent to share details of their consultation. A form was completed with the details of treatment provided, such as vaccinations and medicines, which was shared with the client's GP as appropriate.
- The travel health nurses identified medicines which were not suitable for prescribing, if the patient did not give their consent to share information with their GP, or where there were contraindications to receiving immunisations. For example, when clients were in receipt of other health related medicines which had the potential of causing harm if used together with travel medicines.
- There were arrangements in place for following-up clients to check their wellbeing after receiving travel vaccinations. All clients were advised to contact the service should they have any concerns post-treatment.
- Risk factors were identified and highlighted to clients, including recommendations of food and beverages that were either safe or unsafe to consume on their travels. Clients were informed of diseases and risks appropriate to their area of travel, such as diarrhoea, zika and dengue fever. If there were no vaccines or medicines for specific diseases/risks, clients were advised of preventative measures they could take.
- Where clients' needs could not be met by the service, they were redirected to another appropriate service for their needs.

### Consent to care and treatment

#### Consent to care and treatment was obtained in line with legislation and guidance .

- Nurses we spoke with demonstrated they understood the requirements of legislation and guidance when obtaining consent from clients. They supported clients in the decision-making process and understood mental capacity.
- Staff had received training regarding the consent processes. They were aware of the consent requirements when treating young people under the age of 16 years. We saw evidence that children under the age of 18 years were not treated without the presence of a person who had capacity of parental guardianship. Consent was obtained from both this person and the child as appropriate.
- We reviewed a random selection of records which demonstrated consent had been obtained prior to treatment and recorded appropriately.
- Consent was monitored through the auditing of clinical records undertaken by the registered manager.

### Supporting patients to live healthier lives

#### Staff were consistent and proactive in empowering clients and supporting them to manage their own health during travel.

- Clients were assessed and were provided with individually tailored advice, to support self-care and remain healthy during their travels.
- There was a range of written health advice given to clients, as well as signposting to online resources relating to travel health.



# Are services caring?

## **We rated caring as Good because:**

We found that Clari Health Travel Clinic Liverpool staff demonstrated they ensured clients were involved in decisions about their treatment, and they treated clients with professionalism. Clients said they were treated with respect and were listened to.

## **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 six Care Quality Commission comment cards which had been completed by clients using the service. All were complimentary and positive about the service they received. The travel health nurses were praised for their efficient, professional and friendly approach and the information provided.
- The service reviewed client feedback it received via online reviews. We saw that there had been 34 reviews. All were positive and had rated the service as being five out of five stars.
- We were informed that the service was initiating an additional medium for clients to provide feedback, in the form of comment cards which would be provided for clients to complete following their consultation.

## **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 on the provider's website and also at the time of consultation.
- 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.
- Through the CQC comment cards and online reviews, clients said they felt listened to and had enough time during consultations to make an informed decision about the choice of travel treatment available to them.

## **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?

## We rated responsive as Good because:

We found that Clari Health Travel Clinic Liverpool staff ensured they responded to clients' needs for travel health advice and treatment. There was a range of advice and information provided to keep clients safe on their travels.

## 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 registered their arrival. Clients were then directed to the waiting area, where the nurse would greet and collect the client.
- The clinical room was located on the ground floor and could accommodate wheelchair access.
- 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. Leaflets were also available for clients at the time of their consultation.
- The clinic was a registered yellow fever centre and complied with the requirements under the Conditions of Designation and Code of Practice for Yellow Fever Vaccination Centres.

## Timely access to the service

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

- 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 customer call centre. Walk-in appointments were not available.
- Clients who needed a course of vaccinations were given future appointments to suit them.
- Although the service did not operate on a daily basis, we were informed that there was some flexibility with appointments on the days they did operate.
- Comments from clients recorded on CQC comments cards and reviews received by the service, showed clients were satisfied with access to appointments.

## 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. It was noted that clients would be referred to the ombudsman, should they be dissatisfied with the outcome.
- 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?

## We rated responsive as Good because:

We found that Clari Health Travel Clinic Liverpool could demonstrate both local and organisational oversight. They had transformed the management structure to support the delivery of a well-led organisation. The management team had used information from their other locations' inspections to improve services.

## Leadership capacity and capability;

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

- The managers and leaders had oversight of the service. Although the management team was based overseas, staff informed us were easily accessible and engaged with them regularly. On the day of inspection two of the managers attended the clinic in person and we spoke with another manager via the telephone.
- We saw evidence of organisational oversight and an understanding of the requirements needed to deliver quality, sustainable care.
- The registered manager provided additional day-to-day management of the nurses, either face-to-face or via telephone access.
- We were shown the social media group which staff used for daily communication. It was noted that responses to any queries were dealt with quickly.
- Staff worked cohesively to address the business challenges in relation to the performance and delivery of the service.
- The managers responded quickly to any areas of concerns which were raised by staff.

## Vision and strategy

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

- There was a clear vision and set of values and all staff were engaged in the delivery of these.
- There was a strategy in place to ensure their services provided quality care to clients.
- The provider aimed for the service to provide expert travel health advice and treatment.
- There was a strong emphasis on customer care and satisfaction.

## 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 staff.
- Staff we spoke with told us they felt supported, respected and valued. They told us they were able to raise any concerns and were encouraged to do so. Staff reported a positive change in the culture since the advent of the new management team. This was apparent on the day of inspection.
- The service focused on the needs of the clients, to ensure they received the most appropriate care and treatment.
- Staff were 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

### There were clear responsibility, roles and systems of accountability to support governance and management.

- The provider had policies and procedures to support governance and safety. We saw that these had improved from inspections at Clari Health Ltd's other locations. However, it was noted that not all their policies clearly directed staff to the appropriate course of action, such as the local safeguarding contact details.
- The nurses, registered manager and management team understood their roles with regard to governance and management of the service
- Meetings and conversations were held regularly with staff where governance and safety were discussed.
- The service had professional liability and staff indemnity in place.

## Managing risks, issues and performance

### There were processes for managing risks, issues and performance.

- Some risk assessments had been undertaken, such as those relating to the decision not to have their own emergency equipment on site. However, there was no risk assessment in place regarding the lack of shared access to the defibrillator which was available on the premises. We were informed this would be completed.

## Are services well-led?

- Health and safety, fire risk and building risk assessments were undertaken by the manager of the premises. Details were shared with the service.
- There was a business continuity plan in place which identified what would happen should anything arise which could potentially disrupt the service.
- There was organisational and local oversight of patient safety alerts, incidents and complaints.
- We were informed that for operational reasons, a decision had been made to close down two of their clinics. This was to support consolidation and improvements to those remaining clinics, to ensure safe and effective service delivery.

### **Appropriate and accurate information**

#### **The service acted on appropriate and accurate information.**

- The service had systems in place which ensured clients' data remained confidential and secured at all times. Staff had received training in data protection and information governance.
- Clients were asked to provide appropriate and accurate information and signed a disclaimer to this effect. Their NHS GP details were also requested. We were informed that the service did not liaise with the respective GP to

check whether the information provided by the client was correct. However, information was shared with the client's GP as appropriate regarding the care and treatment they had received from the service.

- 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 nurses 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 responses to issues raised at inspection of some of their other travel clinics.