

Superdrug Stores plc

Inspection report

3rd Floor Healthcare
51 Sydenham Road
Croydon
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<https://healthclinics.superdrug.com>

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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 at Superdrug Stores plc on 08 May 2019 as part of our inspection programme. As part of this inspection we visited the following branches of Superdrug Health Clinics:

- York (North Region): Visited on 16 May 2019
- Metro Centre Gateshead (North Region): Visited on 22 May 2019
- Sheffield Meadowhall (Midlands Region): Visited on 14 May 2019
- Manchester Oxford Street (Midlands Region): Visited on 13 May 2019
- Streatham (London Region): Visited on 8 May 2019
- Balham (London Region): Visited on 8 May 2019
- Hounslow (London Region): Visited on 16 May 2019
- Epsom (South Region): Visited on 15 May 2019
- Chichester (South Region): Visited on 14 May 2019

The service provides vaccinations for travel, occupational health, general health, and blood pressure monitoring, phlebotomy and HIV Insti Test.

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

We received 204 Care Quality Commission comments cards from patients; all were positive about the service experienced. Many patients reported that the service provided high quality care.

Our key findings were :

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The service had systems in place to safeguard children and vulnerable adults from abuse and staff we spoke with knew how to identify and report safeguarding concerns. All staff had received safeguarding training relevant to their role.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff we spoke to were aware of current evidence-based guidelines and they had the skills, knowledge and experience to carry out their roles.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Consent procedures were in line with legal requirements.
- Systems were in place to protect personal information about patients.
- The service proactively gathered feedback from patients.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Review service procedures to ensure staff receive regular update training for infection prevention and control and fire safety and staff receive Mental Capacity Act training.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included five CQC inspectors, CQC inspection manager and a practice nurse specialist adviser.

Background to Superdrug Stores plc

Superdrug Stores Plc head office is located at 51 Sydenham Road, Croydon CR0 2EU and has 28 CQC registered health clinics across the country. As part of this inspection we visited nine health clinics across the country.

The clinics at which the provider is registered to carry out regulated activities are:

North:

Metro Centre Gateshead Unit 68 Cameron Walk, The Metro Centre, Gateshead, NE11 9YR

Durham Arnison, Unit G Arnison Shopping Park, Durham, DH1 5GB

Leeds White Rose, 5A Lower Level White Rose Shopping Centre, Leeds LS11 8LL

York, 17 Market Street, York YO1 8LS

Inspectors visited the York and Metro Centre Gateshead clinics.

Midlands:

Sheffield Crystal Peaks, 12/13 Crystal Peaks, Sheffield S20 7PQ

Sheffield Meadowhall, 41 High Street, Meadowhall Shopping Centre, Sheffield S9 1EW

Bradford, SU21 Level 10 Charles Street Mall, Bradford Broadway,

Ellesmere Port, Unit R5 Coliseum Shopping Park, Cheshire Oaks, CH65 9HD

Liverpool, 17 Parker Street, Liverpool L1 1DJ

Manchester, 44 Oxford Street, Manchester, M1 5EJ

Leicester Fosse Park, Unit 5B Fosse Park Shopping Centre, Fosse Park Ave, Leicester, LE19 1HX

Birmingham, Level 03, Superdrug Su329, Birmingham, B5 4BA

Birmingham New Street, New Street Chambers, 88-91 New Street, Birmingham, B2 4BA

Colchester High Street, 22-24 High Street, Colchester, CO1 1DB

Preston, Unit H1A1 Deepdale Shopping Centre, Blackpool Road, Preston PR1 6QY

Inspectors visited the Sheffield Meadowhall and Metro Centre Gateshead clinics.

London:

East Ham, 89-93 High Street North, East Ham, E6 1HZ

Hounslow, Units 1-4 Trinity Parade, High Street, Hounslow TW3 1HG

Marble Arch, Oxford Street, Superdrug 508-520, London W1C 1NB

Putney Exchange, Unit B Ground Floor, Putney Exchange Shopping Centre, Putney SW15 1TD

Stratford, The Mall, Superdrug 91-91, Stratford E15 1XQ

Streatham, Unit 3, 142-170 Streatham Hill

Balham, 176 Balham High Road, SW12 9BW

Basildon, Unit 2a Mayflower Retail Park, Basildon, SS14 3HZ

Romford, South Street, Superdrug 60/62, Romford RM1 1RB

Lakeside Thurrock, 107-108 Lakeside Shopping Centre, West Thurrock, Grays, RM20 2ZG

Inspectors visited the Balham, Streatham, and Hounslow clinics.

South (Visited Epsom and Chichester):

Epsom, 55 Ashley Centre, Epsom, Surrey, KT18 5DB

Chichester, 80 East Street, Chichester, PO19 1HA

Dover, Unit 2a St James Development, Dover, CT16 1QD

Inspectors visited the Epsom and Chichester clinics.

The provider is registered with the Care Quality Commission to provide the regulated activity treatment of disease, disorder or injury. The service provides medical services for adults and children. The service website can be accessed through the following link: <https://healthclinics.superdrug.com/>

The provider offers vaccinations, medicines and advice for travel and vaccinations for HPV (Human papillomavirus), occupational health and general health, blood pressure monitoring, phlebotomy and HIV instant Test. Services are available to any fee-paying patients. Services are available to people on a pre-booked appointment basis Monday to Saturday. The provider informed us that they see more than 500 patients a month.

The provider is registered with us to provide nurse led travel clinic service. They also provide a pharmacy led travel clinic service which is registered with the General Pharmaceutical Council (GPhC) and were not inspected.

The healthcare team consists of a healthcare director, head of clinical governance, head of healthcare operations, head of healthcare services, clinical governance manager, clinical development manager, healthcare operations manager, service development manager and services support manager.

The nursing team was led by a national nurse manager and four clinical nurse managers. The nurse field team consists of 39 clinic nurses.

The inspection was led by a CQC inspector and supported by a practice nurse specialist advisor, five CQC inspectors and a CQC inspection manager.

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?

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 including temporary 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. For example, in one clinic, a nurse suspected a safeguarding concern about a child attending the clinic and contacted the local health visitor to discuss and address concerns. When a safeguarding concern is raised the provider performed a root cause analysis to ensure learning could be shared across all their clinics.
- The service had systems in place to assure that an adult accompanying a child had parental authority to give consent.
- 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 where required. 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 a system to manage infection prevention and control; however, we found that the provider had not undertaken any infection prevention and control audits during our first two clinic visits. After we raised this issue with the provider they informed us they introduced a programme for infection prevention and control audits on 10 May 2019 and had completed this audit for all their clinics before we carried our last visit on 22 May

2019. We saw evidence to support this during our visits after 10 May 2019. The provider also sent completed infection prevention and control audits for the two clinics visited prior to 10 May 2019.

- During our first two visits we found that the cleaning equipment was not appropriately stored. After we raised this issue with the provider they informed us they had set up cleaning equipment stations in each health clinic and we saw evidence to support this during our visits after 10 May 2019. The provider informed they had introduced a hand washing audit on 10 May 2019 and we saw evidence to support this during our clinic visits after 10 May 2019.
- 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. They had performed a health and safety risk assessment and manual handling risk assessment for staff on all the clinics we visited.
- Patient Group Directions (PGD) had been adopted by the service to allow the nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PGDs were provided by an independent medical agency and reviewed by a multidisciplinary team before being signed off.
- The nurses had access to Patient Specific Directions (PSD) through an online doctor from an Independent Medical Agency. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

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. The provider employed relief nurses who were flexible and covered clinics during staff sickness and annual leave.

Are services safe?

- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- The service did not have a defibrillator at any of their clinics. It had conducted a risk assessment to ascertain the need to keep a defibrillator at each location and identified this was not necessary. The provider had however ensured staff at each clinic were aware of the location of nearest accessible defibrillator, for instance at shopping centres. They had emergency medicines to deal with anaphylaxis. The provider had access to two on call online doctors for advice during an emergency.
- The service did not have medical oxygen at any of their clinics.
- Each clinic had a clinic audit book for recording daily checks of anaphylaxis kit and refrigerator temperatures that stored vaccinations and daily, weekly and monthly clinic activities.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. The provider had group indemnity insurance which covered all nurses working at the service.
- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. Each clinic had a date code book to record and monitor expiry dates of medicines used by the service.
- The provider had risk assessed the treatments they offered. The nurses conducted a risk assessment to see if a patient is suitable for treatment before administering a vaccine.
- 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.
- There were effective protocols for verifying the identity of patients including children.
- To ensure safety appointments for children could only be booked by calling the service; the provider informed us that parents were explained about the process for parental consent and identity checks during appointment.

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.
- 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.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. The provider undertook a comprehensive health and safety risk assessment of the health clinic, premises risk assessment and a manual handling risk assessment. They also had a detailed operational safety practices booklet; all staff had to read this booklet and sign to confirm that they understood the procedures.
- The provider undertook fire risk assessments in all their clinics and ensured fire procedures were in place.
- 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.

Are services safe?

- 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 used an electronic incident reporting system which allowed them to perform analysis and reviews. The staff recorded incidents, near misses, safeguarding concern and abuse incidents in this system. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, a child had a needle stick injury in one of their health clinics. Following this incident, the provider immediately reviewed the safety procedures at all health clinics to minimise the risk of a recurrence of the incident. A serious case review was undertaken and feedback was provided to the clinic involved and learning was shared across all their clinics. The provider reviewed its

infection control procedures to include further information on storage and disposal of sharps and incorporated 'security of sharps and waste' in its bi-annual clinic audits.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal or written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts and we saw evidence to support this. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

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.

- Patients' immediate and ongoing needs were fully assessed.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. For example, they had an appropriate system in place to administer doses of vaccinations if needed.
- The provider hosted a website which was informative and easy to navigate.

Monitoring care and treatment

The service was actively involved in quality improvement activity. For example, the service undertook bi-annual clinic audits of all the clinics looking at clinical governance, health and safety, professional standards and legal requirements. These audits were undertaken, scored and graded by an independent audit team. Any shortfalls were discussed with the clinic nurse and action plans were devised to aid monitoring and improvement.

- The clinical nurse managers visited the clinics every eight weeks and looked at clinic standards, patient feedback, performance and professional development.
- The provider was in the process of introducing a yellow fever reflective audit for all clinics looking at safety, professional standards, legal requirements and patient care in their clinics and we saw evidence to support this.

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. They had a comprehensive training programme for nurses which included five days face to face training which incorporated a structured two day travel programme and two weeks of clinic shadowing. In addition to these nurses were also required to complete online training on their standard operating procedures

(SOP), a one-day phlebotomy training course, Female Genital Mutilation training, Patient Group Directions training, safeguarding adults and children training and online yellow fever training. The nurses were signed off induction after 12 weeks. During the induction the nurses were supported by a mentor to answer queries and provide guidance when required.

- As part of their induction staff received mandatory training including basic life support, fire safety, infection prevention and control, safeguarding children and adults and information governance training. However, staff did not receive yearly training updates for infection prevention and control and fire safety.
- The provider had developed a bespoke online training platform for staff. It hosted induction modules, SOP training, data protection training and soft skills including leadership, time management, stress at work and coaching.
- All staff received regular mid-year and annual appraisals. Clinicians, including (medical and nursing) staff were registered with the General Medical Council (GMC) or Nursing and Midwifery Council and were up to date with revalidation.
- 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.
- Staff whose role included immunisation had received specific training and they could demonstrate how they stayed up to date.
- Staff also received specific training in administering vaccination for children during induction.
- An independent medical agency provided training for staff, yellow fever support, online doctors, customer service and booking.
- The National Nurse Manager (NNM) held weekly conference calls with the Head of Healthcare and disseminated information to the Clinical Nurse Managers (CNM) via weekly conference calls where they discussed wider issues and performance.
- The CNMs held weekly conference calls with the nursing teams and the NNM held monthly meetings with the CNMs where they discussed clinical updates, regional issues, performance and patient reviews.
- The provider sent monthly clinic newsletters to all staff working in the health clinics with latest updates on

Are services effective?

guidance, training, policy, incident reporting and learning from incidents; they also had a test patient scenario for which staff had to identify the risks involved and describe how they would manage them.

Coordinating patient care and information sharing

Staff 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. For example, the service communicated with the patients' NHS GPs on patients' consent as required.
- The nurses working at the clinics communicated effectively with patient's NHS GPs to ensure safe and effective care for patients. For example, a patient was taking a medicine that may not be suitable for vaccination required a yellow fever vaccination. The nurse identified this as a significant risk, gained patient's consent to contact their GP and developed a plan to ensure the risks were mitigated.
- The provider informed us that they complete the red book for children who received vaccinations through their health clinics so their NHS GP or health visitor knew what immunisations had been given.
- Patients were referred if eligible for any vaccines on the NHS or for any other healthcare concerns as necessary.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- The service provided bespoke travel advice for patients depending on their destination.
- The service had a range of information leaflets for patients related to travel medicine.

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. However, staff had not received training on Mental Capacity Act.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. For example, the provider had received 1,440 reviews on a well-known consumer review website of which 95% of patients rated the provider as excellent.
- 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 were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- 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. Many patients reported that they would recommend the service to others.
- 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.

The provider regularly undertook a mystery shopping exercise with patients who required a travel appointment. They were asked to score different areas. For example, giving vaccination, experience with the nurse, risk assessment, advice provided and finishing the consultation. The provider undertook this exercise at 15 of the 28 locations in 2018 and the patients scored the service they received. For example, the patients scored:

- 98% for providing travel vaccinations.

- 96% for nurse experience.
- 84% risk assessment.
- 93% for travel advice.
- 100% for finishing the consultation.

In 2019 the provider introduced a patient satisfaction survey in which patients were contacted after their visit to their clinic and were asked to complete a detailed questionnaire about their experience. The feedback received was consistently positive about patient's experience in the clinic. For example, results for January and February 2019 (47 responses) indicated the following:

- All of patients scored 100% for staff being friendly and welcoming.
- All of patients scored 100% for staff being helpful.
- All of patients scored 100% for the nurse's professionalism.
- All of patients scored 100% for the nurse being warm and friendly.

Feedback from CQC comment cards:

- **York (North):** We received 27 comment cards which were all positive about the service experienced. Many patients reported the nurse as being professional, knowledgeable, kind, friendly and calming.
- **Metro Centre Gateshead (North):** We received seven comment cards which were all positive about the service experienced. Patients reported the nurse was friendly, professional and provided good advice. They also reported they were happy with the service.
- **Sheffield Meadowhall (Midlands):** We received nine comment cards which were all positive about the service experienced. Patients reported they were treated with dignity and respect, staff were friendly and caring and went the extra mile. Staff provided them with healthcare and vaccination advice and highly recommended the service.
- **Manchester Oxford Street (Midlands):** We received nine comment cards which were all positive about the service experienced. Patients reported they were treated with dignity and respect, staff were friendly and caring and went the extra mile. They felt they were provided with healthcare and vaccination advice and highly recommended the service.
- **Streatham (London):** We received one comment card which was positive about the service experienced.
- **Balham (London):** We received 29 comment cards which were all positive about the service experienced.

Are services caring?

The patients reported that they were offered a thorough service, provided good and detailed advice, explained everything. They felt listened to, said the nurse was lovely, open, honest, knowledgeable, informative, professional, reassuring, caring and made them to feel at ease. Many patients reported that the service was excellent and the clinic was clean and tidy.

- **Hounslow (London):** We received 54 comment cards which were all positive about the service experienced. Many reported that the nurse was patient, gave enough time, communicated effectively and ensured the patients had a full understanding of their treatment including any further injections required and follow-ups where appropriate.
- **Epsom (South):** We received 15 comment cards which were all positive about the service experienced. Patients reported they were provided with travel advice, they said the nurse explained the procedures thoroughly, nurse was friendly, professional, relaxing, caring, helpful, reassuring, knowledgeable. They said it was easy to get an appointment and the service was very good and excellent.

- **Chichester (South):** We received 53 comment cards which were all positive about the service experienced. Patients reported that the nurse was helpful, offered great advice, answered all their questions, was efficient, caring and put them at ease. Parents were very positive about the nurse's approach in supporting children. They also reported that the service was easy to access, informative, person centred and professional.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. In 2018 all healthcare staff received dementia friend training.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

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 provider employed relief nurses who were flexible and covered clinics during staff sickness and annual leave to ensure the services were maintained.
- The provider offered free medical consultations for patients. They also offered advice to customers in the store in between appointments.
- The service signposted eligible patients for free NHS services to their nearest provider. For example, for MMR, Shingles and Flu.
- The provider contacted GP practices located near its health clinics to raise awareness of the service they offered. We were told this had helped many GP practices during peak times.
- In Sheffield the provider raised awareness of chicken pox vaccine at local nurseries and Hepatitis B vaccine at a local boxing club.
- In Hounslow, the nurse was aware of the current trend of reducing uptake rates for childhood immunisations and opportunistically educated parents or carers who had their child or children vaccinated about the risks of non-vaccination and encouraged them to visit their GP and engage with the national vaccination programme.
- The facilities and premises were appropriate for the services delivered. A DDA (Disability Discrimination Act) assessment was undertaken by the provider before a new clinic was opened to ensure they complied with the regulations and a wheelchair could be accommodated.
- The provider offered a phlebotomy service for patients who purchased a blood test kit from an online provider. After the blood sample had been taken the patients had to post their sample to the online provider's laboratory for the results to be analysed and communicated to them.
- Patients were provided with advice and aftercare materials, for example, a patient information leaflet or travel advice sheet.

- For paediatric patients the service sent appointment confirmation with hints and tips to parents, for example, to bring a toy for the appointment. They had stickers and certificates for paediatric patients. Some of the staff we spoke to said that they played cartoon as a distraction for children.
- The provider offered a HIV Insti Test and signposted patients to local sexual health services appropriately.
- The provider had developed HPV vaccine leaflets and a poster in Mandarin to support Chinese students studying English in the UK; the provider informed us that this was done because for people whose first language was not English it could be difficult for them to understand medical terms in English. They had also translated the NHS Choices HPV vaccine website into Mandarin.

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.
- Patients reported that the appointment system was easy to use.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded/did not respond 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 and treatment provided.

Are services well-led?

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.
- 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.

Vision and strategy

The service had 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.
- Staff we spoke with 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.
- 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, including 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. The provider had a free training platform for nurses to support their continuing professional development and revalidation and they could access this platform at any time. The provider recommended a module to be completed through their monthly newsletters, for instance, Hepatitis B, Malaria and Yellow Fever.

- Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The provider held healthcare conferences twice a year where they provided training for staff, shared best practice and gave achievement awards to staff. For example, operational excellence awards and services award for nurses.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
- The provider sent weekly healthcare news to staff to keep them up to date about general updates about the provider.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves they were operating as intended. The provider had a health clinic folder in each clinic which had the policies and procedures which were reviewed every two years.

Are services well-led?

- The provider held joint clinical governance meetings with an independent medical agency and had a weekly clinical governance dashboard for the board of directors.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- 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.
- The provider had plans in place and had trained staff for major incidents.

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. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the patients, staff and external partners and acted on them to shape services and culture. For example, the provider created a banner on their online booking system to ensure the booking team knew which nurses were yellow fever trained and accredited to ensure they appropriately book in patients.
- The provider regularly undertook a mystery shopping exercise with patients who required a travel appointment with feedback given to individuals and any learning shared with all nurses.
- In November 2018 the provider ran a customer panel session with 20 patients to ascertain what new services they would be interested in the service providing, how the provider could help them with their healthcare needs, how much they would expect to pay for different services and if there was anything they could do differently. The provider found that the public were keen to have private services if they were different from the free ones at the NHS or they were easier to access for example, a walk-in service, mole screening and health checks. Following this the provider offered whooping cough vaccine, free blood pressure monitoring for patients and raised awareness about breast cancer during consultations at their health clinics. The provider informed us they were planning to launch more services in response to patient feedback later this year.
- Staff could describe to us the systems in place to give feedback.
- The service was transparent, collaborative and open with stakeholders about performance.

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 provider had a partnership with a charity to raise awareness about breast cancer during consultations at their health clinics. The nurses received face to face and online training to support their understanding in this area. The service had leaflets and posters in their health clinics in relation to this and had added questions in

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their care pathways to raise awareness of breast cancer in both women and men. This was a free service and the provider informed us they had seen 1699 patients since they implemented this service in their clinics this year.

- During the last three years the service had provided free training sessions to the study abroad team at Liverpool University. The session covered general travel health concerns, travel injections and medicines, remote travel, work advice and support, references for further information. The provider informed us they received positive feedback for these sessions.

- The provider had developed an online platform for staff in which staff had access to the latest news, training, messages, policies and procedures.
- 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.