

Heathrow Medical Services LLP

Heathrow Medical Services

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 6 September 2018 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 this service was providing safe care in accordance with the relevant regulations.

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 this service was providing well-led care in accordance with the relevant regulations.

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.

Heathrow Medical Services is a private clinic providing travel health advice, travel and non-travel vaccines and travel medicines such as anti-malarial medicines to children and adults. In addition, the clinic holds a licence to administer yellow fever vaccines. The service is one of the MASTA's approved travel clinic centre.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. Therefore, we were only able to inspect the services provided by the travel clinic nurse which included vaccination and travel clinic services. The provider offered a range of occupational health services and specialist medicals for aircrew, airport and oil and gas employees but these services were out of the scope of this inspection.

The clinical director 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.

Summary of findings

We received seven patient Care Quality Commission comment cards. All of the comment cards we received were positive about the service. Patients said they were satisfied with the standard of care received and said the staff was approachable, committed and caring.

Our key findings were:

- Each patient received an individualised travel health brief which was tailored to their specific needs and travel plans. The health brief outlined a risk assessment; all travel vaccinations that were either required or recommended, and specific health information including additional health risks related to their destinations with advice on how to manage common illnesses.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- There were arrangements in place to protect children and vulnerable adults from abuse.
- The provider ensured that care and treatment was delivered according to evidence based guidelines and up to date travel health information.
- Consultations were comprehensive and undertaken in a professional manner.
- Consent procedures were in place and these were in line with legal requirements.
- Systems were in place to protect personal information about patients.
- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- There was an infection prevention and control policy and procedures were in place to reduce the risk and spread of infection.
- Vaccines, medicines and emergency equipment were safely managed. There were clear auditable trails relating to stock control.
- Information about services and how to complain was available.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- There was a clear leadership structure and staff felt supported by management. The service proactively sought feedback from staff and patients, which it acted on.
- There was a clear vision and strategy and staff spoke of an open and supportive culture.

There were areas where the provider should make improvements:

- Review staff feedback regarding non-clinical staffing levels.

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

Heathrow Medical Services

Detailed findings

Background to this inspection

Heathrow Medical Services is an independent clinic and offers travel health consultations, travel and non-travel vaccines and travel medicines such as anti-malarial medicines to children and adults. The clinic is also a registered yellow fever vaccination centre. The service is one of MASTA's (Medical Advisory Services for Travellers Abroad) approved travel clinic centres. The service has offered 30 travel clinic consultations in the last six months.

Heathrow Medical Services LLP has specialised in offering a range of occupational health services and specialist medicals for aircrew, airport and oil and gas employees but these services are out of the scope of this inspection.

The team consists of a clinical director (also CQC registered manager), a travel clinic nurse and a practice manager supported by a team of administrative staff.

Services are provided from: Heathrow Medical Services, Weekly House, 575-583 Bath Road, West Drayton, UB7 0EH. We visited this location as part of the inspection on 6 September 2018.

Online services can be accessed from the practice website: www.heathrowmedical.com.

The clinic is open between 9am and 4pm on Fridays. Telephone lines are open between 8.30am and 5.30pm Monday to Friday.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury. This service is registered with CQC under the Health and Social Care Act 2008 in respect of the services it provides.

On 6 September 2018, our inspection team was led by a CQC Lead Inspector. The team included a practice nurse specialist advisor.

Pre-inspection information was gathered and reviewed before the inspection. We spoke with a clinical director, a travel clinic nurse, a practice manager and administrative staff. We collected written feedback from three members of staff. We looked at records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service. We reviewed patient feedback received by the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

We found that this service was providing safe care in accordance with the relevant regulations.

Safety systems and processes

The provider had systems to keep people safe and safeguarded from abuse.

- The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible. Staff we spoke with understood their responsibilities to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The clinical director was the safeguarding lead at the clinic. The clinical director had received adult and level three child safeguarding training. The travel clinic nurse had received adult and level two child safeguarding training in line with intercollegiate guidance for all staff working in healthcare settings. All the staff at the service had received training in safeguarding and knew the signs of abuse.
- There was a Caldicott Guardian in place and the clinical lead had a safeguarding responsibility. (A Caldicott Guardian is a senior person responsible for protecting the confidentiality of service-user information and enabling appropriate information-sharing.)
- The provider offered services to children and had a system in place to ensure that children were protected. The service had processes in place to ensure that all children under the age of 16 years old attended the appointment with parent or guardian who had parental responsibility for them and they must be accompanied at all times during consultation. The service offered consultations on a one to one basis to patients aged 16-18 unless they requested to be accompanied by a chaperone. The service did not have a policy in place which required evidence of parental responsibility to be provided before a child could be seen by the travel clinic nurse. However, on the day of the inspection, the provider had developed and implemented a policy to ask for evidence of parental responsibility to confirm their relationship with a parent or guardian.
- There was a chaperone policy and a notice in the waiting room and in the consultation room advised patients that chaperones were available if required.

Some administrative staff who acted as chaperones were not trained for their role. However, all administrative staff had completed training within two days after the inspection.

- 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).
- The service carried out The four staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment.
- There was an effective system to manage infection prevention and control. The contractor was responsible for cleaning the premises. We observed that appropriate standards of cleanliness and hygiene were followed.
- There were systems for safely managing healthcare waste. There was a contract for the removal of clinical waste and we saw that clinical waste and sharps bins were appropriately managed.
- On registering with the service patient's identity was not verified. Patients were able to register with the service by verbally providing a date of birth and address. They were able to pay by the debit or credit card and cash. Patients could choose to provide their debit or credit card details during the registration process.
- At each consultation, patients confirmed their identity face to face and the travel clinic nurse had access to the patient's previous records held by the service.
- The provider had a range of safety policies which were regularly reviewed and communicated to staff. All policies and procedures were regularly reviewed and were accessible to all staff.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The provider had a formal documented business continuity plan in place.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. However, some improvements were required.

- There were arrangements for planning and monitoring the number and mix of staff needed. Staff told us there were usually enough clinical staff to maintain the

Are services safe?

smooth running of the service and there were always enough staff on duty to keep patients safe. However, the staff we spoke with and written feedback we received on the day of the inspection raised some concerns regarding inappropriate staffing levels of administrative staff.

- There were arrangements in place to ensure a suitable MASTA trained nurse was available to provide cover when the nurse was absent due to holidays or sickness.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- The service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Emergency equipment was available within the building, including access to oxygen and an automated external defibrillator (AED).
- We saw records to show that emergency medicines and equipment were safely stored and checked on a regular basis. All the medicines we checked were in date.
- A first aid kit and accident book were available.
- The clinical staff had a professional indemnity insurance that covered the scope of their practice.

Information to deliver safe care and treatment

- Individual care records were written and managed in a way that kept patients safe. Patient records were stored securely using an electronic record system. Staff used their login details to log into the operating system, which was a secure programme. Consultation notes were held in an electronic format for all MASTA patients and in paper format for all other patients whose appointments were booked directly with the provider. The clinicians had access to the patient's previous records held by the service. Patient paper consultation notes were stored securely in the locked room in the locked cabinets.
- The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including medical gases, and emergency medicines and equipment minimised risks.

- There were patient group directives (PGDs) in place to support the safe administration of vaccines and medicines. (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.
- A programme of the audit was undertaken in relation to medicines, to ensure that administration and prescribing were carried out in line with best practice guidance. There was evidence of clear recording on client records when a vaccine or medicine had been administered.
- The provider used an accredited company to deliver vaccines and these were only delivered on the days when the clinic was open.
- We found that medicines were stored securely and were only accessible to authorised staff.
- The travel nurse carried out regular checks to ensure storage and administration was in line with best practice guidelines for safe prescribing, such as fridge temperature monitoring and safe security of medicines. Guidance was in place and staff were aware of actions to take if fridge temperatures were outside of the recommended range.
- Arrangements for dispensing medicines such as anti-malarial treatment kept patients safe. The clinic provided complete medicine courses with appropriate directions and information leaflets.

Track record on safety

The practice had a track record on safety.

- The provider conducted safety risk assessments. For example, a fire safety risk assessment had been carried out by an external contractor on 28 August 2018.
- The service had carried out the fire drill and fire extinguishers were serviced regularly. Smoke alarm checks had been carried out on 6 September 2018.
- The fixed electrical installation checks of the premises had been carried out in December 2017.
- The service had a variety of other risk assessments to monitor the safety of the premises such as control of substances hazardous to health (COSHH).
- A legionella (a bacterium which can contaminate water systems in buildings) risk assessment was carried out by an external contractor on 3 September 2018. We noted regular monthly water temperature checks had been undertaken by the contractor.

Are services safe?

- Staff were aware of how to alert colleagues to an emergency. There was a panic alarm for use by the staff in the event of an incident or an emergency.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. There was a recording form available on the internal computer system. The clinic had recorded three significant events in the last 12 months.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example,

following a significant event the practice had reviewed their cold chain protocol, organised a relevant training and reminded all the staff to follow the protocol correctly.

- The service acted on and learned from external safety events as well as patient and medicine safety alerts.
- 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 and written apology.
- They kept written records of verbal interactions as well as written correspondence.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- The service offered vaccination and travel clinic services to adults and children. They offered 30 travel clinic consultations in the last six months. The service was one of MASTA's approved travel clinic centres.
- The provider had specialised in offering a range of occupational health services and specialist medicals for aircrew, airport and oil and gas employees but these services were out of the scope of this inspection.
- A patient's first consultation was usually 30 minutes long, during which a comprehensive pre-travel risk assessment was undertaken. This included details of the trip, including any stopovers, any previous medical history, current medicines being taken and previous treatments relating to travel.
- The patients received a travel health brief. The brief provided a comprehensive individualised travel risk assessment, health information related to their destinations and a written immunisation plan tailored to their specific travel needs. The health brief also provided advice on how to manage potential health hazards and some illnesses that were not covered by vaccinations. This was created and fully discussed during the consultation and a printed copy was provided for the patient to take home.
- Additional virtual clinical support was available during each consultation from the medical team based at MASTA head office.
- We reviewed examples of medical records which demonstrated that patients' needs were fully assessed and they received care and treatment supported by clear clinical pathways and protocols. The travel clinic nurse had access to all previous notes.
- Latest travel health alerts such as outbreaks of infectious diseases were available.

- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

We saw the service had an effective system to assess and monitor the quality and appropriateness of the care provided.

- The provider monitored national standards for travel health and immunisation. Nursing staff received up to date training in line with this.
- Batch numbers of all vaccinations given were recorded and a printed copy was given to patients to share with their GP or practice nurse.
- There was evidence of quality improvement including the audit. This included a medical notes audit and mandatory yellow fever audit.
- There were clear auditable trails relating to stock control. The provider had maintained a spreadsheet to monitor the stock control which included details of expiry dates.
- The travel clinic nurse had carried out peer reviews with the travel clinic nurses working in another travel clinic to monitor the quality and appropriateness of the care provided.

Patient feedback was sought via questionnaires and surveys on the support and care provided. This was highly positive about the quality of service patients received.

Effective staffing

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

- The service had employed a travel clinic nurse. A clinical director and the practice manager were supported by a team of administrative staff to deal with telephone, email and face to face queries and book appointments.
- The clinical director was registered with the Independent Doctors Federation (IDF) the independent medical practitioner organisation in Great Britain.
- The clinicians were registered with the professional organisations including the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC).
- The service had kept the evidence of clinicians' professional qualification in their staff files.

Are services effective?

(for example, treatment is effective)

- All staff had received an appraisal within the last 12 months and some staff had started recently and were not due an appraisal yet. Staff we spoke with informed us they received regular coaching, mentoring and support through regular meetings.
- All staff had received ongoing training relevant to their role.
- The travel clinic nurse had received specific training appropriate to their role and could demonstrate how they stayed up to date.
- 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.

Coordinating patient care and information sharing

- The clinic did not directly inform patients' GPs of their treatment, however, they provided patients with a printed copy of their vaccinations, including batch numbers to share with their GP or practice nurse.
- Outside of the patient consultations, the service worked with other travel and health organisations to ensure they had the most up to date information.
- Correspondence was shared with external professionals and the service ensured that the data was protected. For example, information shared by email with external providers was password protected in order to ensure data security.

Supporting patients to live healthier lives

The travel clinic nurse was proactive in helping patients to live healthier lives whilst travelling.

- The travel health brief and travel consultation provided patients with advice to prevent and manage travel health related diseases. For example, precautions to prevent Malaria and advice about food and water safety. The health brief also provided information about how to avoid and/or manage other illnesses not covered by vaccinations which were relevant to the destinations being visited.

Consent to care and treatment

- Staff understood the relevant consent and decision making requirements, including the Mental Capacity Act 2005.
- The service had a consent policy in place and the travel clinic nurse had received training on consent.
- The clinicians demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).
- We were informed that treatment was not undertaken without patient consent. For patients with additional needs, the nurse ensured that a carer or advocate was present at the appointment and sometimes a second appointment was made to ensure appropriate time was taken to access mental capacity where required.
- We were told that any treatment including fees was fully explained to the patient prior to the procedure and that people then made informed decisions about their care.

Are services caring?

Our findings

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

Kindness, respect and compassion

- The staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- We obtained the views of patients who used the service. We received seven patient Care Quality Commission comment cards. All of the comment cards we received were positive about the service. We did not speak to patients directly on the day of the inspection.
- We reviewed patient feedback available online which was positive.
- Patients said they felt the provider offered an excellent service and the staff was helpful, caring and treated them with dignity and respect. They said staff responded compassionately when they needed help and provided support when required.
- We saw that staff treated patients respectfully and politely at the reception desk and over the telephone.

The provider had collected internal patient feedback. The results showed the service was performing well and the patients were satisfied with the service.

Involvement in decisions about care and treatment

- Comprehensive information was given about treatments available and the patients were involved in decisions relating to this. We saw evidence that discussions about health risks, vaccinations and the associated benefits and risks to specific vaccinations were recorded. Written information was provided to describe the different treatment options available.
- At each appointment, patients were informed which treatments were available at no cost through the NHS.
- Patients also received an individualised comprehensive travel health brief detailing the treatment and health advice relating to their intended region of travel.
- Staff told us that interpreter or translation services could be made available if required.

Privacy and Dignity

The clinic respected and promoted clients' privacy and dignity.

- Staff recognised the importance of dignity and respect.
- The service complied with the Data Protection Act 1998.
- The service had a confidentiality policy in place and systems were in place to ensure that all patient information was stored and kept confidential.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this 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 patients' needs.

- Information was available on the provider's website, informing prospective patients about the services provided.
- After consultation, patients received a personalised travel health brief, which detailed any additional health risks of travelling to their destinations as well as the vaccination requirements. The travel health brief also included general tips and health advice for travellers and identified the prevalence of diseases in areas of the world.
- The provider had oversight of the national and worldwide supply of vaccinations and monitored where demand may exceed supply. There were contingencies in place to support service provision to clients in those circumstances.
- In addition to travel vaccines, the service was able to dispense anti-malarial medication through the use of patient group directives (PGDs). Other travel related items, such as water purification products, were also available to purchase.
- The clinic provided a local flu vaccination service.
- The facilities and premises were appropriate for the services delivered. The premises was accessible for patients with mobility issues. A toilet was available on the ground floor but there was no accessible toilet on the premises. The clinic was situated in a grade II listed building and it was not feasible to make structural changes in the premises. The patients were signposted to other similar services with disabled toilet access. This information was available on the provider's website and discussed if a patient contacted them.
- Occupational health services were provided by the clinic to certain agreed organisations. All information was securely stored and shared with the organisations concerned.

Timely access to the service

- Patients could access the service in a timely way by making their appointment directly with the provider or via MASTA call centre.
- All new patients had to initially register either online or by telephone to receive a unique identification number (via MASTA call centre) or they could book an appointment directly with the provider over the telephone or by email. The provider informed us they encouraged all patients to book the appointment with MASTA and receive a unique identification number, so their vaccination records could be held on MASTA's electronic database.
- Most appointments were bookable in advance only, but there was capacity on some days for the patients to be seen on the day if an appointment was available.
- Patients were directed to other clinics nearby if they were unable to attend during the normal opening hours.
- Feedback showed patients were able to access care and treatment within an acceptable timescale for their needs.
- The clinic was open between 9am and 4pm on Fridays. Telephone lines were open between 8.30am and 5.30pm Monday to Friday.
- In addition, the provider informed us they had employed a new travel clinic nurse and was planning to offer travel vaccination appointments every Thursday from 13 September 2018.
- Consultations and treatment were available to anyone who chose to use it and paid the appropriate charges.

Listening and learning from concerns and complaints

- The service had a complaints policy and there were procedures in place for handling complaints. The policy contained appropriate timescales for dealing with the complaint. There was a designated responsible person to handle all complaints.
- The complaints policy included information of the complainant's right to escalate the complaint to the Independent Doctors Federation (IDF) and Independent Healthcare Sector Complaints Adjudication Service (ISCAS) and the Care Quality Commission (CQC) if dissatisfied with the response.
- Information about how to make a complaint was available on the service's website and on the patient's leaflet.

Are services responsive to people's needs?

(for example, to feedback?)

- The clinic had received one complaint in the last year. The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- There was evidence that the service had provided an apology and used the information provided by the

patient to review the service. For example, the provider had reminded the staff to always check the previous vaccination record and advised to explain the rationale if recommending the vaccine course.

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 this service was providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges to run the service.
- 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 service was managed by a clinical director and a practice manager. The clinical director, who was a UK based GMC registered doctor, had overall responsibility for any medical issues arising.

Vision and strategy

- The provider had a clear vision and strategy to deliver high quality travel healthcare and promote good outcomes for travellers.
- The service's stated aims and objectives were to provide healthcare services using the best evidence and research based practice to achieve positive health outcomes for all patients. This included providing vaccination and travel clinic services to adults and children, as well as a range of occupational health services to employer organisations.

Culture

- The service had an open and transparent culture. We were told that if there were unexpected or unintended safety incidents, the service would give affected patients reasonable support, truthful information and a verbal and written apology.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The service focused on the needs of patients.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were positive relationships between staff and the leaders.
- There were processes for providing all staff with the development they need.

Governance arrangements

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

- The service had a governance framework which supported the delivery of the strategy and good quality care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and health and safety.
- There was a range of service specific policies which were accessible.

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 identified, assessed and managed clinical and environmental risks related to the service provided.
- Service leaders had oversight of safety alerts, incidents, and complaints.
- The service had processes to manage current and future performance. The provider undertook a variety of checks to monitor the safety of the clinic and the performance of the staff. All staff received regular appraisals. Quality and operational information was used to ensure and improve performance.
- The service used information technology systems to monitor and improve the quality of care.
- There were systems in place to monitor the overall performance of the service.
- The provider informed us they had regular meetings. There was a range of minuted meetings held centrally and available for staff to review. We reviewed copies of some of these meetings.
- There was a peer review system in place.
- The organisation supported every nurse with re-validation requirements.
- The service had plans in place and had trained staff for major incidents.

Appropriate and accurate information

Are services well-led?

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

- The provider was registered with the Information Commissioner's Office and had its own information governance policies. There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. All staff had signed a confidentiality agreement as part of their job contract.
- Care and treatment records were complete, legible and accurate, and securely kept.

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients and staff.

- Comments and feedback were encouraged and reviewed. The service had carried out a patients' survey. The results were highly positive about the quality of service patients received and high satisfaction levels. The provider had received 10 responses and achieved 100% positive results about the quality of service.

- Staff meetings were held regularly which provided an opportunity for staff to learn about the performance of the service.
- The service was transparent, collaborative and open with stakeholders about performance.
- The provider had a whistleblowing policy in place. (A whistle-blower is someone who can raise concerns about practice or staff within the organisation.)

Continuous improvement and innovation

- The service consistently sought ways to improve. There was a focus on continuous learning and improvement at all levels within the service. All staff were encouraged to identify opportunities to improve the service delivered.
- The clinicians were engaged in continuous professional development. For example, the travel clinic nurse had attended training sessions regarding Ebola virus disease, female genital mutilation (FGM) and parasite infestations.
- The travel clinic nurse was a trained paediatric nurse and had specific skills to communicate with the children.