

Vaccination UK Limited

The Globe Travel Health Centre

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 21 May 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.

The Globe Travel Health Centre is a private clinic providing travel health advice, travel and non-travel vaccines, blood tests for antibody screening and travel medicines such as anti-malarial medicines to children and adults. In addition, the clinic holds a licence to administer yellow fever vaccines.

This location is registered with CQC in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of travel health.

The clinic is registered with the Care Quality Commission under the Health and Social Care Act 2008 to provide the following regulated activities:

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

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

Summary of findings

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 asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 26 completed comment cards which were wholly positive about the standard of care received. Patients reported staff were kind, knowledgeable, friendly, professional and caring. There were several comments relating to how informative the consultation process was.

Our key findings were:

- The clinic had clear systems to manage risk so that safety incidents were less likely to happen. The provider discussed any incidents with the wider corporate team where lessons learned were shared to improve their processes across locations.
- The provider ensured nurses were signed up to receive both safety alerts and foreign office notifications.
- The provider ensured that care and treatment was delivered according to evidence based guidelines and up to date travel health information.
- 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 and fridge temperature monitoring.
- Consultations were comprehensive and undertaken in a professional manner. Patients commented on how informative consultations were.
- The service encouraged and valued feedback from patients and staff.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Care Quality Commission comment cards completed by patients prior to our inspection were all positive about the standard of care received. They told us the nurses were caring, friendly, and professional.
- There was a leadership structure in place with clear responsibilities, roles and systems of accountability to support good governance and management. Staff felt supported by the leadership team and worked well together as a team.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

- The provider had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There were effective arrangements in place for the management of medicines and use of patient group directions.
- There was a system in place for reporting and recording incidents including significant events. Lessons were shared at monthly meetings to make sure action was taken to improve safety in the service. These were also shared at provider level and lessons learned from other clinics were implemented to reduce the risk of events occurring.
- There were effective arrangements in place for the management of vaccines and medicines, including an effective cold chain system.
- The clinic had arrangements in place to respond to medical emergencies and had access to emergency equipment.
- There were effective systems in place to manage infection prevention and control.

Are services effective?

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

- Staff were aware of current evidence based guidance and had access to the most up to date information.
- A comprehensive travel assessment was undertaken prior to recommending or administering treatments.
- Staff had the skills and knowledge to deliver effective treatment and advice. Staff were extensively trained in travel health related issues.
- Staff demonstrated they understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Patients received an individualised travel risk assessment and health information including additional health risks related to their destinations.
- Nursing staff understood the requirements of legislation and guidance when considering consent including parental consent.

Are services caring?

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

- Patients were involved in decisions about their care and treatment.
- There was information available to patients in the waiting area and on the website.
- The clinic ensured that people's religious and social needs were fully investigated and used to inform decision making.
- All of the CQC comments cards we received were positive about the service they had experienced. They reported staff as being friendly, caring and respectful.

Are services responsive to people's needs?

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

Summary of findings

- Consultations and treatment were available to anyone who chose to use it and paid the appropriate charges. This was explained on the website, in the patient information pack and also when contacting the service direct.
 - Longer appointments were provided for patients with additional needs, and where necessary appointment times were outside of usual clinic hours to support patients being able to access the service.
 - During consultations, patients received personalised travel health information which detailed any additional health risks of travelling to their destinations, as well as the vaccination requirements.
 - Information about how to complain was available at the clinic and on the website. Learning from complaints was shared with staff at quarterly meetings.
 - The provider was open to feedback from patients and acted upon this.
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Are services well-led?

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

- The service had a comprehensive governance framework which supported the delivery of quality care. This included an organisational overview of policies, incidents, complaints and areas of risk.
 - The provider had a clear vision and strategy to deliver high quality travel healthcare and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
 - There was a clear leadership structure and staff said they felt supported by management.
 - Staff had received comprehensive inductions and attended staff meetings and training opportunities. There was a strong focus on continuous learning and improvement at all levels.
 - There was a culture of openness and honesty.
 - Feedback was proactively sought from patients and staff.
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The Globe Travel Health Centre

Detailed findings

Background to this inspection

The head office for the provider Vaccination UK Limited is based in Hertfordshire. The management team and Clinical Director are based there. The Globe Travel Health Centre is located at 26 Cattle Market Street, Norwich, Norfolk, NR1 3DY. The building consists of a waiting room, toilet and consultation room where the vaccinations are undertaken. This is the only location registered for this clinic.

The Globe Travel Health Centre is registered with the Care Quality Commission under the Health and Social Care Act 2008 to provide the following regulated activities:

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

The service offers travel vaccination and related health care advice.

The Clinical Director is the registered manager. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

The service is open between 8am and 5pm Monday to Wednesday. However, due to the recent appointment of another nurse, the clinic plan to open on a Thursday and Friday and two Saturdays per month. The clinic is currently open on one Saturday per month. The clinic were flexible and adapted to patient needs and would often open earlier, or stay open later to fit with patient's work patterns.

We inspected the service on 21 May 2018. The inspection was led by a CQC inspector and a GP specialist advisor.

Before visiting, we reviewed a range of information we hold about the service. We also asked the service to complete a provider information request. During our visit we:

- Spoke with the Clinical Director.
- Spoke to one travel nurse, a receptionist and administration manager.
- Reviewed a sample of the personal care or treatment records of patients.
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the clinic.

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

Safety systems and processes

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

- The Clinical Director and clinical lead were the safeguarding leads for the provider. The nursing team had received training on adult and child safeguarding to level three. Non-clinical staff had received training on adult and child safeguarding to level two. Nurses had received specific training to recognise and report suspected risks related to female genital mutilation and could evidence where they had identified a patient at risk and reported it appropriately.
- There was a corporate Caldicott Guardian in place and the Clinical Lead had a safeguarding responsibility for all locations. (A Caldicott Guardian is a senior person responsible for protecting the confidentiality of service-user information and enabling appropriate information-sharing.)
- A range of safety risk assessments had been carried out in regards to the premises. These included risk assessments relating to the management of fire safety, health and safety, lone working and Legionella.
- The provider had a range of safety policies which were regularly reviewed and communicated to staff. All policies and procedures were accessible to all staff.
- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. 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).
- Nurses undertook professional revalidation in order to maintain their registered nurse status.
- There was a chaperone policy and posters offering a chaperone service were visible in the waiting room. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure).

- There was an effective system to manage infection prevention and control. Monthly audits were undertaken by the nurse and the most recent audit, completed in April 2018, had not identified any actions required.

Risks to patients

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

- There were arrangements in place to ensure clinics were only run when there was a suitably trained nurse available. The clinic had recently employed another nurse to increase the days the clinic could open.
- Clinical staff had appropriate indemnity insurance in place.
- There were systems in place to respond to a medical emergency. All staff had received training in basic life support.
- Emergency equipment was available within the building, which included access to oxygen. Emergency medicines stored by the clinic were appropriate.
- We saw records to show that emergency medicines and equipment were checked on a regular basis. All the medicines we checked were in date.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients. On registering with the service, and at each consultation, patient identity was verified and recorded in their records. There was a clear policy and system in place to ensure that any children attending the clinic for vaccines were accompanied by a parent. Individual patient records were written and managed in a way that kept them safe. The e-clinic 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.

- There were patient group directives (PGDs) in place to support safe administration of vaccines and medicines. (PGDs are written instructions for the supply or administration of medicines to groups of patients who

Are services safe?

may not be individually identified before presentation for treatment.) All PGDs were signed by the lead GP for Vaccination UK Limited, the Clinical Director and the nursing staff. Staff were not able to sign the document until they had read it through.

- A programme of 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 patient 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. There was a clear policy in place for the management of medicines and how they were stored.
- We found that medicines were stored securely and were only accessible to authorised staff.
- Nurses carried out regular audits 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.
- The provider had an electronic fridge temperature recording system as an additional safety mechanism. This alerted the Clinical Director and management staff immediately if fridge temperatures were out of range and allowed a more prompt response from staff in order to safely manage vaccines.
- 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 clinic had a good safety record.
- Written risk assessments had been completed in relation to safety issues. These included fire safety, the management of legionella and health and safety. Identified actions had been completed; for example, a window had been fixed to ensure it complied with fire safety standards.

- Staff were aware of how to alert colleagues to an emergency. Emergency equipment and medicines were available which were accessible and within date.
- Additional security measures were in place when staff were lone working. Staff we spoke to were able to give examples of safety measures in place to support lone working.

Lessons learned and improvements made

The provider learned and made improvements when things went wrong. They continually monitored and reviewed risks.

- Significant events and complaints were investigated at monthly meetings and shared at a corporate level. There was analysis of themes, trends and numbers of incidents across all Vaccination UK locations to support any identified changes in processes or service delivery. This helped staff to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The clinic had recorded four significant events during the preceding year. One related to a patient who had fainted during consultation. The clinic took immediate action to ensure the patient was safe. Following this event, the clinic implemented new systems which included asking patients on registration whether they were prone to fainting due to injections. If the patient confirmed that they were, the clinic allocated extra time in the consultation and ensured the clinician was fully aware.
- Significant events were shared at a corporate level and safety measures from other clinics were shared and implemented at all clinics. The provider had noted that staff had fed back that the incident reporting form was too long and in response the provider had simplified the form.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The service received safety alerts and these were reviewed by the company's Clinical Director and any action necessary was cascaded to clinics via the company's computer system. Alerts were received by nurses as soon as they logged on to their computer and directed them to the appropriate action which was recorded once completed.

Are services safe?

- The company had also ensured that all nurses were signed up to receive foreign office alerts. This allowed them to keep abreast of changes in other countries which may affect the clinic and their work.

Are services effective?

(for example, treatment is effective)

Our findings

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.

- A patient's first consultation was a minimum of 20 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. Nurses showed clear knowledge about the potential concerns about children being taken abroad for a medical procedure such as female genital mutilation. They could demonstrate where they had raised concerns about this and reported it through the appropriate channels.
- Consultation length was tailored to the patient's individual needs. If patients shared that they were apprehensive about injections or prone to fainting, extra time was factored into their consultation appointment.
- Patients received a tailored health assessment. The clinic provided them with a booklet of what vaccinations they had received and which also contained information relating to vaccines. During consultation, the nurse provided a comprehensive individualised travel risk assessment, health information related to their destinations and an immunisation plan tailored to their specific travel needs. They also provided advice on how to manage potential health hazards and some illnesses that were not covered by vaccinations.
- Additional virtual clinical support was available during each consultation from the medical team based at head office.
- Latest travel health alerts such as outbreaks of infectious diseases were available.
- We saw no evidence of discrimination when making care and treatment decisions in the records we viewed.

Monitoring care and treatment

- Batch numbers of all vaccinations given were recorded in patient notes. The clinic had implemented a system of emailing outcomes of consultations to the patients GP, with their consent. A printed copy could also be supplied to the patient, should they want this.
- Vaccination UK Limited had a programme of clinical audits which covered all the travel clinics. Audit results, recommendations and learning was shared and monitored to completion. For example, the Globe Travel Health Centre had completed a medicines management audit which covered labelling of medicines, storage, ordering, stock control and policies.
- The clinic regularly carried out vaccinations in schools. There were several audits relating to this work, including a school quality assurance audit, a records audit and a school immunisation procedure audit.

Effective staffing

- Nurses who worked at the clinic had the skills, knowledge and experience to carry out their roles. They had received specific training appropriate to their roles and could demonstrate how they stayed up to date. One senior nurse could evidence they had completed the Diploma in Tropical Nursing, and another was about to commence the Diploma in Travel Medicine.
- 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 such as attendance at national conferences and study days. The provider had recently implemented a national study day for staff in all of the clinics. This was designed to keep clinicians up to date with best practice and provide standardised training.
- The service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation.
- New nurses received a tailored induction pack. This included bi-weekly meetings to discuss progress, core competencies which had to be completed prior to signing off induction and clinical practice assessments. All new staff were appointed a mentor within their clinic.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

- The provider shared relevant information with other services, such as hospital consultants in a timely way.
- Outside of the patient consultations, the service worked with other travel and health organisations to ensure they had the most up to date information. A nurse at the clinic worked part time in a GP practice to keep all of her nursing skills up to date.
- The clinic directly informed patients' GPs of their treatment with the patients consent. However, if patients did not consent to this, they provided patients with a printed copy of their vaccinations, including blood test results to share with their GP or practice nurse.
- The clinic clearly displayed consultation and vaccine fees in the waiting area and also on their website.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives whilst travelling.

- The consultation with the nurse 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

consultation 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.
- All patients were asked for consent prior to any treatment being given. Consent to share information was recorded.
- When providing care and treatment for children and young people, parental attendance was required. Identification was sought in line with their policy and next of kin details recorded.
- 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.

Are services caring?

Our findings

Kindness, respect and compassion

- We observed that staff were respectful and courteous to patients and treated them with dignity and respect. We noted that the consultation room door was closed during the consultation and conversations could not be overheard. The clinic had purchased a radio to ensure that patient consultations could not be overheard in the waiting room.
- All of the 26 patient comment cards we obtained were positive about the service they had experienced. Staff were described as being friendly, caring and professional.
- The clinic had completed patient surveys. The most recent, completed between November 2018 and April 2018 showed that all eight respondents were satisfied with their consultation.
- The clinic ensured that people's religious and social needs were fully understood and used to inform decision making. There was a sign in reception that advised patients to speak to the nurse if they were fasting and another informing patients that the clinic aimed to respect patient's religious needs.

Involvement in decisions about care and treatment

- Comprehensive information was given about treatments available and the patient was 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.

- Several of the comment cards commented on how comprehensive and informative the consultations with the nursing staff were.
- Patients also received an individualised comprehensive travel health advice detailing the treatment and health advice relating to their intended region of travel.
- Staff told us that although the number of non-English speaking patients was very low, interpreter or translation services could be made available if required. However, this usually meant that a separate appointment needed to be made.

Privacy and Dignity

The clinic respected and promoted patients' privacy and dignity.

- Staff recognised the importance of dignity and respect.
- The service complied with the Data Protection Act 1998.
- All patient records were electronic and held securely. Staff complied with information governance and gave medical information to patients only.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. The provider understood the needs of its population and tailored services in response to those needs.

- Same day appointments were available.
- Patients were able to book online or via telephone.
- The clinic often adapted opening times in order to meet patient need and demand.
- The clinic facilities were appropriate for the services delivered.
- Information was available on the website, informing prospective patients of the services provided.
- There were staff available to assist with registration, should the patient encounter any issues.
- During consultation, patients received personalised travel health information, which detailed any additional health risks of travelling to their destinations as well as the vaccination requirements. This also included general tips and health advice for travellers and identified the prevalence of diseases in areas of the world.
- The organisation 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 patients 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). (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) Other travel related items, such as tick removal products, were also available to purchase.
- There was access to translation services should the need arise and was available by arrangement.

Access to the service

- Feedback showed patients were able to access care and treatment within an acceptable timescale for their needs. The clinic were receptive to patient requests and often opened earlier or closed later to accommodate patients working patterns and provide care at an opportune time for them.
- Patients accessed the service via the website which directed them to a customer contact centre. The clinic was open between 8am and 5pm on Mondays, Tuesdays, Wednesdays and one Saturday per month.
- The clinic had recently employed another nurse. This gave them the opportunity to open the clinic on Thursdays and Fridays and additional Saturdays. The immediate plan was to open for two Saturdays per month, with the hope to extend this in the future.
- Consultations and treatment were available to anyone who chose to use it and paid the appropriate charges. This was explained on the website, in the patient information pack and also when contacting the service direct.

Listening and learning from concerns and complaints

- The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care. These were discussed at monthly staff meetings at the clinic and again at provider level.
- Information about how to make a complaint or raise concerns was available in the waiting area and it was easy to follow.
- The complaint policy and procedures were in line with recognised guidance. This clinic had received six complaints in the last year. The service learned lessons from individual concerns and complaints. For example, further guidance was added to the waiting room to inform them of consultation pricing.
- The provider took actions from the outcomes of complaints to improve care nationally. All staff received feedback on any complaints and subsequent actions relevant to the service they provided.

Are services well-led?

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

Our findings

Leadership capacity and capability

- Vaccination UK Limited had an overarching governance framework, which supported strategic objectives, performance management and the delivery of quality care. This encompassed all Vaccination UK Limited Clinics and ensured a consistent and corporate approach.
- Policies, procedures and standard operating procedures were developed and reviewed at organisation level. These were cascaded and implemented in the network of Vaccination UK Limited clinics. Staff had access to these and used them to support service delivery. The manager of the Globe Travel Health Centre had input in to the review and implementation of the policies.
- We saw there were effective arrangements in place for identifying, recording and managing risks; which included risk assessments and significant event recording. These were discussed in monthly meetings for the team, and at a corporate level.
- There was a comprehensive understanding of both local and organisational performance. A range of regular meetings were held which provided an opportunity for staff to be engaged in the performance of the service.
- Staff we spoke with demonstrated they had the capacity and skills to deliver high-quality travel services. They were knowledgeable about issues and priorities relating to the quality and future of services, understood the challenges and were addressing them.
- Staff told us that the provider was supportive, visible, approachable and supported staff development.

Vision and strategy

The provider had a clear vision and strategy to deliver high quality travel healthcare and promote good outcomes for travellers. The vision was displayed in reception and was; 'to make a significant and valued contribution to the health and well-being of individuals and local communities by providing high quality, evidence based treatment and advice to individuals in a variety of settings'.

Culture

- There was a clear organisational leadership, management and staffing structure. There was a range of departmental staff based at head office, which included the Clinical Director, Human Resources Manager, Lead GP and General Manager. The nurses reported to the Clinical Director. There was a range of minuted meetings held centrally and available for staff to review. We reviewed copies of some of these meetings.
- Staff were aware of their responsibility to comply with the requirements of the Duty of Candour. (This means that people who used services were told when they were affected by something which had gone wrong, were given an apology and informed of any actions taken to prevent any recurrence.)
- There were processes for providing all staff with the training and development they needed. This included appraisal, external courses and the opportunity to undertake a diploma and qualification in travel health.

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 and understood. Vaccination UK Limited had established policies, procedures and activities to ensure safety which were available to all staff. These were tailored and made specific to the location.
- Staff were clear on their roles and accountabilities.
- Six monthly strategy meetings and operational reporting structures provided assurances that the service was operating as intended.

Managing risks, issues and performance

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

- We saw there were effective operational arrangements in place for identifying, recording and managing risks.
- There was an effective process to identify, understand, monitor and address current and future risks within the clinic. For example, the staff undertook a variety of checks to monitor the safety of the clinic.

Are services well-led?

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

- The provider had recently reviewed and improved the auditing system to ensure that a range of both clinical and non-clinical audits were being completed to give a better overview of the performance of the clinics.

Appropriate and accurate information

- 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.
- The provider used information technology systems to monitor and improve the quality of care. For example, each vaccine name and batch number was recorded on to each patient record once administered. The provider had invested in improved fridge monitors which gave live updates of fridge temperatures whenever these were required. They automatically informed staff if the temperature had gone out of range so that this could be quickly acted upon.
- Data or notifications were submitted to external organisations as required. For example, an annual audit was undertaken as part of the Yellow Fever vaccine licence.

Engagement with patients, the public, staff and external partners

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

- The clinic proactively sought patients' feedback via a feedback form which was completed quarterly. Eight patient responses had been completed in between November 2017 and April 2018, all of which were positive about the service received.

- 100% of patients were satisfied with their consultation and 100% would recommend the service to a friend. There was one negative comment relating to the prices.
- As a result of feedback from staff and patients, the waiting room had been re-organised to place the reception desk near to the window.
- Staff were encouraged to provide feedback at their regular meetings. Changes had been made as a result of staff feedback; for example, the significant events form had been changed to make this easier to complete.

Continuous improvement and innovation

- There were systems and processes for learning, continuous improvement and innovation.
- There was a focus on continuous learning and improvement at all levels. For example, the company had arranged a national learning day to further enhance the skills of staff employed.
- The induction system had undergone a review and new systems had been implemented to enhance the induction and provide more comprehensive clinical supervision and feedback.