

Clari Health Travel Clinic Edgbaston Birmingham

Inspection report

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

This service is rated as Requires improvement **overall.**

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Clari Health Travel Clinic Edgbaston, Birmingham as part of our inspection programme.

Clari Health Travel Clinic Edgbaston Birmingham provides travel vaccination service, including those for the prevention of yellow fever. Seasonal influenza vaccination is provided to those who are unable to receive it from their NHS GP. The service provides information on vaccines that help prevent the most common diseases as well as health and prevention information on major travel diseases. Services are provided by two female registered nurses who are trained in travel health. Nurses are supported by a qualified doctor (medical director) and a management consultant, who are contracted by the provider.

The Operations 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 21 completed Care Quality Commission (CQC) comment cards which were all positive. For example, patients found it easy to access services, staff were friendly; helpful and provided wide-ranging travel health advice. Patients felt staff took a genuine interest in their well-being and services were very efficient

Our key findings were :

- There were arrangements in place to keep clients safeguarded from abuse. Nurses completed safeguarding training appropriate to their role and demonstrated awareness of what to do if they had concerns regarding the wellbeing of a child or adult.

- Oversight of infection prevention and control (IPC) was not entirely embedded. Following our inspection, the provider supplied evidence which showed actions had been taken to address identified issues.
- Agreements regarding the use of emergency equipment were not clear or embedded in line with the providers policy and procedures. Following our inspection, the provider supplied evidence which showed discussions had been held to provide clarity around clinical emergency procedures.
- Vaccines and medicines were not stored securely. Following our inspection, the provider supplied evidence which showed issues relating to the security of vaccines had been addressed.
- The service was actively involved in quality improvement activity. Clients' needs were assessed, and treatment delivered in line with current legislation, standards and guidance, such as National Travel Health Network and Centre (NaTHNaC) travel guidance.
- The nurses had completed most mandatory training and we saw evidence of training scheduled where training had been booked as part of an induction programme.
- Clients' records were stored in line with the General Data Protection Regulation (GDPR). Staff demonstrated awareness of data protection; and we saw that training had been scheduled as part of nurse's induction programme.
- Nurses demonstrated awareness of how to obtain consent to care and treatment in line with legislation and guidance.
- Completed Care Quality Commission (CQC) comment cards as well as feedback received through online surveys were positive about the level of care as well as quality of service received.
- The provider had a governance framework to manage activities; however, oversight of some systems and processes were not carried out effectively and processes such as the providers risk assessment and management policy was not embedded and clarity amongst staff was limited.

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

- Improve recording of consent to care and treatment in line with legislation and guidance.
- Continue working towards completing mandatory training identified by the provider.

Overall summary

- Maintain oversight of governance arrangements to monitor safety using information from a range of sources.

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 leads inspector. The team included a practice nurse specialist adviser and a second CQC inspector.

Background to Clari Health Travel Clinic Edgbaston Birmingham

Clari Health Ltd is the provider of Clari Health Travel Clinic Edgbaston Birmingham which is situated on 38 Harborne Road, Birmingham, B15 3HE.

Clari Health Ltd consists of three other locations located in Leeds, Liverpool and London. As part of this inspection we did not visit any of the other locations.

The service provides a personalised risk assessment, travel health advice and travel vaccinations, including those for the prevention of yellow fever. Seasonal influenza vaccination is also provided to those who are unable to receive it from their NHS GP. Services are provided by two female registered nurse who are trained in travel health. The nurses are supported by a qualified doctor (medical director) and a management consultant, who are contracted by the provider.

The clinic is open:

Tuesdays 9am to 1pm

Wednesdays 5.30pm to 8.30pm

Fridays 9am to 5pm

Saturdays 9am to 5pm

Service users are required to make appointments either online by accessing Clari Health Ltd website or by contacting the clinic by phone. The service does not accept walk-in appointments. The nurses see between 50 and 60 clients per month.

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

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

How we inspected this service

Before visiting, we reviewed a range of information we held about the clinic. We also reviewed any information that the provider returned to us, the providers' website and any links to social media.

During our visit we:

- Spoke with members of the clinical team as well as members of the management team.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at information the clinic used to deliver care and treatment plans.

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

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

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

Are services safe?

We rated safe as Requires improvement because:

- Oversight of infection prevention and control (IPC) was not carried out effectively. For example, guidance outlining what to do in the event of a needle stick injury was not readily available, staff did not have access to spill kits and were unable to provide assurance that appropriate maintenance and cleaning programmes were in place for carpets.
- Arrangements regarding emergency equipment was not embedded and staff did not demonstrate clarity on process for responding to medical emergencies.
- Vaccines and medicines were not stored securely.
- Following our inspection, the provider acted to address issues identified during our inspection.

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 locums. 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.
- Nurses had completed Female Genital Mutilation (FGM) awareness training.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- 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.

- Nurses were lone workers; as a result, staff explained chaperoning duties were carried out by receptionists who were not directly employed by the provider. Whilst policies we viewed identified the use of chaperones would be very rare due to the type of service provided the provider had arrangements for any requests. The management team provided evidence of completed chaperoning training for staff who were not directly employed by the provider; however, were unable to evidence they had gained assurance that staff who acted as chaperones had received a DBS check. Following our inspection, the provider explained clients were no longer offered a chaperone service and the service website, appointment confirmation email as well as posters in the clinical room outlined this. Clients were advised they were able to bring their own chaperone to their appointments and the provider supplied evidence which confirmed this.
- There was a system to manage infection prevention and control (IPC); however, there were areas where oversight of IPC was not carried out effectively. The IPC policy outlined that the IPC lead or registered manager would carry out an audit; however, there was no evidence that one had been carried out in the last 12 months. Staff explained the service was registered in March 2019 and IPC audit were to be carried out yearly. Staff were unable to provide assurance of appropriate maintenance and cleaning programmes in place such as deep cleaning where carpets were used. Following our inspection, the provider supplied evidence which showed an IPC audit form was uploaded to the providers shared drive. The provider supplied further evidence which showed an IPC audit had been carried out in October 2019 as well as evidence of an updated IPC policy.
- During our inspection, spillage kits to enable staff to deal with spillage of bodily fluids were not available. Staff explained the landlord held responsibility for stocking spill kits; however, we were told they had been used by another service within the building. The provider had not gained assurance of any actions taken to replace spill kits. Following our inspection, the provider supplied evidence which showed they had ordered spill kits.
- Legionella risk assessment had been carried out in the last 12 months and there was evidence of water testing carried out by an external contractor. There were systems in place for safely managing healthcare waste.

Are services safe?

- The provider ensured equipment were safe and maintained according to manufacturers' instructions.
- The provider gained assurance and provided supporting evidence which showed the building owner ensured that appropriate environmental risk assessments were carried out, which considered the profile of people accessing the building and those who may be accompanying them.

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.
- 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. They knew how to identify and manage patients with severe infections, for example sepsis.
- There was suitable equipment to deal with medical emergencies and medicines were stored appropriately and checked regularly. However, staff did not demonstrate clarity regarding arrangements for responding to medical emergencies. For example, agreements regarding the use of emergency equipment were not clear or embedded in line with the providers policy and procedures. The management team explained, the service only stocked adrenaline and other emergency medicines recommended in national guidance were not kept as they were not relevant to the type of service delivered. However, the provider had not carried out a risk assessment to support their decision making. Following our inspection, the provider supplied an action plan which showed, discussions had been held with staff as well as the building owners to ensure clarity around responsibilities and processes for responding to medical emergencies.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate professional indemnity arrangements in place.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Nurses 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 systems which mainly enabled appropriate and safe handling of medicines.

- There were systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment mainly minimised risks. For example, the service kept prescription stationery securely and monitored its use; however, at the time of our inspection, staff were unable to lock vaccination fridges. Vaccine fridges had a separate temperature recorder (data loggers which enabled nurses download temperature data) staff checked data loggers monthly to gain more detailed information about vaccination fridge temperatures. We found other medicines which were not required to be stored in vaccination fridges were not stored securely. Following our inspection, the provider supplied evidence which showed actions to address issues identified had been carried out.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Nurses gave advice on medicines in line with current national guidance. The service had Patient Group Directions (PGDs) in place to ensure nurses prescribed, administered or supplied medicines to patients in line with legal requirements (PGDs provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a prescriber).

Are services safe?

- 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.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- 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.
- Regular meetings were held between nurses and senior management where they discussed risks.

Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service identified issues, shared learning and took action to improve safety in the service. For example, panic buttons were installed in clinical rooms; policies and processes were updated such as nurses were required to contact clients within 48 hours following any clinical concerns.
- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team. The nurses received alerts from NaTHNaC which were specifically related to travel health.

Are services effective?

We rated effective as Good because:

- Clients' needs were assessed, and treatment was delivered in line with relevant and current legislation.
- The service had a programme of quality improvement activities which they used to monitor the quality of service delivered.
- Staff had the skills, knowledge and travel health experience to carry out their role effectively. We found that staff who were going through their induction programme had completed most mandatory training.
- Clients were provided with a wide range of travel health advice to enable them to plan and remain safe while abroad.

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 (relevant to their

service)

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines as well as National Travel Health Network and Centre (NaTHNaC).
- Clients' immediate and ongoing needs were fully assessed. Travel health assessments were carried out for each person prior to their appointment. This included details of any medical history, any allergies, previous treatments relating to travel and whether the client was currently taking any medicines. Assessments were then reviewed by nurses and a tailored treatment plan devised for each client, detailing the most appropriate course of treatment and travel health advice. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Nurses advised clients what to do if they experienced any side effects from vaccinations and medicines. Clients were also provided with additional leaflets containing relevant travel health information.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, the management team carried out weekly audits of clinical files to ensure client records included signed consent forms, risk management forms as well as task forms for medicines used outside of licence. Audit findings showed records were being maintained in line with the service requirements. The management team explained audit findings were discussed with the nursing team on a regular basis. However; during our inspection, a random sample of files showed consent was not routinely recorded in client's files.
- The service carried out yellow fever audits using a NaTHNaC self-assessment tool to ensure the service-maintained criteria's set out by Public Health England (PHE) as part of the yellow fever vaccination programme. The audit also ensured the service remained compliant with their yellow fever vaccination centre registration.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. At the time of our inspection, nurses were working towards completing all mandatory training as part of an induction programme.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff and we saw records which showed nurses were working through their induction. For example, nurses had completed most training identified by the provider as mandatory training. We saw arrangements in place for nurses to attend IPC, information governance (IG) and fire safety training as part of their induction programme. Although some mandatory training had not been completed at the time of our inspection; nurses we spoke with demonstrated understanding of IPC, IG and fire safety procedures.
- Relevant professionals (medical and nursing) were registered with the 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

Are services effective?

to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop as well as opportunities to complete mandatory training as part of their induction.

- Nurses had received specific training in providing travel health advice as well as vaccinations and could demonstrate how they stayed up to date with any changes.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Nurses referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, nurses ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Nurses explained clients were signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All clients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or where there were contraindication to receiving immunisations. For example, when clients were in receipt of other health related medicines which had the potential of causing harm if used together with travel medicines.
- There were clear and effective arrangements for following up on clients to check their well-being following travel vaccinations.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health during travel as well as maximise their independence.

- Nurses assessed clients' needs and provided individual tailor-made advice, so they could self-care and remain healthy whilst abroad.
- Nurses had a range of leaflets as well as access to online resources relating to travel health which they handed to clients.
- Risk factors were identified, highlighted to clients such as recommendations of food and beverages which were either safe or unsafe to consume. Nurses discussed major travel diseases, such as traveller's diarrhoea, Zika and dengue fever. If there were no vaccines for some of these diseases, nurses explained they advised clients how to avoid them with preventive measures.
- Where clients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance; however, this was not routinely documented in patient records .

- Nurses we spoke with demonstrated clear understanding of when and how to obtain consent to care and treatment in line with legislation and guidance. A random sample of records viewed mainly included details which demonstrated consent had been obtained prior to treatment. The management team recognised this during our inspection and took action to ensure discussions regarding consent were routinely recorded.
- Nurses supported patients to make decisions. Where appropriate, they assessed and recorded a client's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated caring as Good because:

- Completed Care Quality Commission (CQC) comment cards showed that the service treated clients with kindness, respect and compassion.
- Records showed that clients were provided with a wide variety of travel health advice to enable them to remain safe while abroad.

Kindness, respect and compassion

Staff treated treat clients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care clients received as well as client satisfaction.
- Nurses understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all people who used the service.
- Feedback from patients was positive about the way staff treat people. For example, we received 21 completed Care Quality Commission (CQC) comment cards which were all positive. Client felt staff were helpful, friendly, professional and took a genuine interest in their well-being.
- The service used online platforms as well as a text messaging service to obtain patient views. Staff provided records which showed they received 11 completed surveys which were positive, and the service was rated four point five stars.
- The service gave patients timely support and information; completed CQC comment cards confirmed this.

Involvement in decisions about care and treatment

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

- Interpretation services were available for clients who did not have English as a first language. Nurses explained they had access to information in languages other than English, informing patients this service was available. Some nurses were multi-lingual staff. Information leaflets were available in easy read formats.
- Clients received an individualised comprehensive travel health brief which detailed the treatment and health advice related to their intended travel destination. Clients were given the option not to receive all the recommended vaccinations. However, nurses explained in these cases a comprehensive discussion with clients regarding potential risks was held and documented in client's records.
- Clients told us through comment cards, that they felt listened to and supported by nurses and had enough time during consultations to make an informed decision about the choice of travel treatment available to them.
- For clients 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.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Nurses recognised the importance of people's dignity and respect.
- Consultations were conducted in clinic rooms; doors were closed, and conversations could not be overheard.
- Data was managed and stored in a way which maintained its security, in line with the General Data Protection Regulation (GDPR).

Are services responsive to people's needs?

We rated responsive as Good because:

- Staff understood clients travel needs and provided a wide range of advice to support clients to remain safe while abroad.
- Clients had timely access to treatment and completed CQC comment cards confirmed this.
- The service had systems and processes in place to ensure complaints and concerns were responded to in a timely manner. We saw evidence of learning and actions taken to improve services.

Subheadings:

Responding to and meeting people's needs

The service organised and delivered services to meet clients' needs. It took account of client needs and preferences.

- The provider understood the needs of their clients and improved services in response to those needs. For example, the service ensured more detailed information was obtained through to customer call centre to ensure enough information was obtained ahead of client's appointment.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances as well as people with mobility issues could access and use services on an equal basis to others. For example, clinic rooms were located on the second floor; however, nurses had access to rooms on the ground floor for patients who were unable to access the second floor.
- Equipment and materials needed for consultations, assessment and treatment were available prior to client's appointment. There was information on the providers website regarding travel health, vaccinations and pricing structure. Leaflets detailing the pricing structure was also available and handed to clients during their appointment.

- The clinic was a registered yellow fever centre and complied with the requirements under the Conditions of Designation and Code of Practice for Yellow Fever Vaccination Centre (YFVC).

Timely access to the service

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

- Clients had timely access to initial assessment and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- The service website contained details of opening and appointment times. Clients were able to make appointments either through the booking system on the website or by calling the service.
- Clients with the most urgent needs based off their travel arrangements had their treatment prioritised.
- Completed CQC comment cards showed that clients felt the appointment system was easy to use.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded 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. For example, records showed staff held meetings with complainants to resolve concerns and staff received additional training as well as shadowing opportunities to support them in their role.

Are services well-led?

We rated well-led as Requires improvement because:

- Leaders had the skills to deliver high-quality, sustainable care; however, there were areas where oversight of governance arrangements was not carried out effectively.
- Medicines were not stored securely to ensure access was restricted to authorised staff and monitoring of vaccination fridge temperature was not effective.
- Systems and processes for responding to clinical emergencies were not entirely clear or embedded.
- Following our inspection, the provider developed an action plan and supplied evidence which showed actions to address issues identified during our inspection had been addressed.

Subheadings:

Leadership capacity and capability;

Leaders had the skills to deliver high-quality, sustainable care; however, there were areas where skills were not transferred into their daily role.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. However, we identified oversight in areas such as governance arrangements, IPC and management of some clinical risks were not carried out effectively.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Nurses explained management were approachable and there were clear lines of communication. For example, the service made use of a software which enabled managers to connect with teams such as sending messages as well as file sharing.
- 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. For example, to provide quality care and services; ensuring staff remain up to date with knowledge to carry out their role and encouraging staff to provide first class travel health advice.

- The service developed its vision, values and strategy. All staff were engaged in the delivery of the vision and strategy.
- Staff 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. Members of the management team explained they recognised staff achievement through their employee of the month initiative.
- 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. For example, we saw documents which showed complainants were contacted in a timely manner and explanation of actions carried out were provided as well as an apology. 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 needed. This included 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. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

- 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.

Governance arrangements

There were responsibilities, roles and systems of accountability to support good governance and management in most areas. However, we found some systems as well as responsibilities had not been completely established or embedded.

- Structures, processes and systems to support good governance and management were set out, understood; however, there were areas where oversight did not provide assurance that systems to support good governance was operating effectively. For example, oversight and arrangements for IPC was not carried out effectively and the providers policy for responding to medical emergency was not fully embedded. Systems did not provide assurance that medicines were being stored securely with access restricted to authorised staff and monitoring of vaccination fridge temperature was not effective.
- Following our inspection, the provider supplied copies of an action plan and supporting evidence which showed actions had been taken to address all identified issues.
- 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 that they were operating as intended.

Managing risks, issues and performance

There were processes for managing risks, issues and performance; however, the management of risks such as medical emergencies were not clear.

- There was processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, we found some processes; such as managing clinical emergencies were not clear or embedded. Following out inspection, the provider

supplied evidence which showed actions had been taken to improve the coordination as well as better understanding between the provider and building owner regarding procedures to respond to medical emergencies.

- 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.
- Audits 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. For example, yellow fever vaccination audits were carried out and submitted to NaTHNaC in line with guidance.
- 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.

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 public, patients, staff and external partners and

Are services well-led?

acted on them to shape services and culture. For example, to obtain feedback clients were sent an email or text message following their consultation inviting to rate the service. The service also obtained client feedback through online platforms.

- Staff could describe to us the systems in place to give feedback. For example, verbal feedback during annual appraisals as well as through a communication software which the provider used to connect all staff. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- 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.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.