

MASTA Limited

# MASTA Travel Clinic – Kings Cross

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 9 July 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.

MASTA Travel Clinic – King's Cross is a private clinic providing travel health advice, travel and non-travel vaccines, to children and adults. It is licenced to administer yellow fever vaccines. The clinic is registered with the Care Quality Commission under the Health and Social Care Act 2008 to provide the regulated activities Diagnostic and screening procedures and Treatment of disease, disorder or injury.

The registered manager for the location is the senior nurse, one of two nurses who regularly work there. 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.

### **Our key findings were:**

- Each patient received an individualised travel health brief which was tailored to their specific needs and

# Summary of findings

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.

- 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 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 provided by the service.
- Infection prevention and control (IPC) procedures were in place to reduce the risk and spread of infection. However, there was scope for more detailed IPC audits to be carried out.
- There were arrangements in place to deal with medical emergencies, but the location did not have a supply of children's defibrillator pads.
- Vaccines, medicines and emergency equipment were safely managed. There were clear audit trails relating to stock control.

- Consultations were comprehensive and undertaken in a professional manner.
- The provider encouraged and valued feedback from patients and staff
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- 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 managers and worked well together as a team.

There were areas where the provider should make improvements:

- Review the process for carrying out infection prevention and control audits.
- Review the arrangements for dealing with medical emergencies, particularly in relation to children using the service.

Professor Steve Field

CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# 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 systems in place to manage infection prevention and control, although there was scope to improve the thoroughness of infection control audits.
- There were effective arrangements in place for the management of medicines.
- There was a system in place for reporting and recording incidents including significant events. Lessons were shared at quarterly meetings to make sure action was taken to improve safety in the service.
- Risk management processes were undertaken at both a local and corporate level. Staff at the location had a clear understanding of risk processes.
- There were effective arrangements in place for the management of vaccines and medicines, including an effective cold chain system.
- The provider had arrangements in place to respond to medical emergencies and had access to emergency equipment. However, we noted that there were no children's defibrillator pads available at the location.

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### **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, health information including additional health risks related to their destinations and a written immunisation plan specific to them.
- Staff understood the requirements of legislation and guidance when considering consent including parental consent.

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### **Are services caring?**

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

- Feedback showed that staff treated patients with dignity and respect.
- Patients were involved in decisions about their care and treatment.
- Patients were given a longer appointment for their first consultation.
- There was information available to patients in the waiting area and on the website.
- Patients were informed about vaccinations that could be provided by their NHS GPs, where relevant.

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### **Are services responsive to people's needs?**

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

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# Summary of findings

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- Longer appointments were provided for patients with additional needs, and where necessary a second appointment would be arranged to ensure that a person's capacity was fully assessed where required, or so that a carer or advocate could attend.
  - 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.
  - Information about how to complain was available at the location and on the provider's 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 provider 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.
  - Feedback was proactively sought from patients and staff.
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# MASTA Travel Clinic – Kings Cross

## Detailed findings

### Background to this inspection

The head office of MASTA Limited (the provider) is in Leeds, where senior managers and the medical team are based. It operates 18 branded private travel clinics across the UK, including four in London. The provider is licenced to import and distribute vaccination medicines, and to supply vaccines to GP surgeries and NHS services across the country. It also provides travel health training and mentorship for pharmacists and nurses. The provider offers a telephone consultation service with specialist travel nurses and has a central customer service team to manage appointment bookings.

MASTA Travel Clinic – King's Cross is located at Battle Bridge House, 300-306 Gray's Inn Road, London WC1X 8DU. The service at the location commenced in June 2017. The premises are owned and managed by BUPA, with the provider having exclusive use of one consultation room. The clinic 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 clinic is open only on Mondays between 8.30 am and 4.30 pm. Patients are able to attend the provider's other London locations when the King's Cross clinic is not open. The

service is provided to members of the public and under corporate arrangements for some business travellers. In the past 12 months there had been approximately 450 appointments at the clinic.

We inspected the clinic on 9 July 2018. The inspection was carried out by a CQC inspector and a nurse specialist adviser.

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:

- Interviewed the provider's Head of Clinical Standards and its Registered Manager, who is also the Senior Nurse, one of two nurses who work at the clinic.
- Looked at information the clinic used to deliver care and treatment plans.
- The clinic was not operating on the day of our inspection and we spoke with no patients.

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

- The senior nurse was the safeguarding lead at the clinic and both nurses had received training on adult and child safeguarding to level 3. The nurses had received specific training to recognise and report suspected risks related to female genital mutilation. The initial assessment medical questionnaire included specific questions to enable staff to identify and report concerns. Learning from a recent safeguarding incident at another of the provider's London locations had been shared with all staff.
- The provider had a corporate Caldicott Guardian in place and the medical 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.
- The provider had a range of safety policies which were regularly reviewed and communicated to staff. They could be readily accessed via the shared computer system, which staff demonstrated for us on the day. We saw the provider's policies relating to adult and child safeguarding, both of which had been reviewed in June 2018, which contained the contact details of the local safeguarding authority.
- 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.
- The nurses had undertaken 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 consultation 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. Arrangements

were in place for a member of staff from another of the provider's locations to attend when a chaperone was requested and they had been trained to carry out the role and had received a DBS check.

### Risks to patients

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

- The provider had corporate arrangements in place to ensure trained staff were available to provide cover when the duty nurses were absent due to holidays or sickness. New staff members had a three week induction period and were subject to six months' probation.
- Clinical staff had appropriate indemnity insurance in place.
- There were systems in place to respond to a medical emergency. Staff had received up-to-date training in basic life support
- The provider had emergency medicines available to be used in cases of anaphylaxis and there was an oxygen supply maintained on another floor of the building. Anaphylaxis is a serious allergic reaction that is rapid in onset and can be fatal if not responded to. We discussed possible problems accessing the oxygen supply with staff. After the inspection the provider sent us evidence that a separate oxygen supply had been obtained for the sole use of the clinic. There was an automated external defibrillator (AED) – a device used to restart a person's heart in an emergency – accessible in premises reception area. However, we noted that there were no children's pads, which operate at an appropriately reduced charge. We saw records to show that emergency medicines and equipment were checked on a regular basis. All the medicines we checked were in date.
- There was an effective system to manage infection prevention and control (IPC). We saw that staff had annual refresher training. Regular IPC audits were carried out; by the provider in June 2017, and more recently in January 2018 by the building owner. These were limited in detail, for example not mentioning sinks and floors. We discussed this with staff who agreed to conduct a more-detailed audit, with one being due shortly after our inspection. Guidance was provided in respect of handwashing technique, sharps injuries and body fluid spills. A register of staff members' Hepatitis B

# Are services safe?

status was maintained. A risk assessment in respect of legionella – a bacterium that can infect water systems in buildings – had been carried out in September 2017. Water samples were taken frequently for analysis and water temperature was monitored. Shortly before our inspection the provider notified us that routine sampling had led to the sink in the consultation room being isolated and put out of use, while further tests were done on the rest of the water system. The provider later sent us follow up results that were clear and use of the sink had been reinstated. Alternative washing facilities and infection control measures had been used in the meantime.

## 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, client identity was verified and recorded in their records. Individual client records were written and managed in a way that kept patients 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) and patient specific directives (PSDs) 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 may not be individually identified before presentation for treatment. PSDs are written instructions for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis. All PGDs and PSDs were by the provider's medical team and its pharmacy team signed them off and distributed electronically. Staff were not able to electronically sign the document until they had read it through. All were signed individually and a copy was sent to head office.
- 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 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 saw that medicines were stored securely and were only accessible to authorised staff.
- Stock levels were monitored weekly and there was an automated stock control system as an additional safety mechanism. The system preselected the individual vaccines to be administered to ensure only in date ones were given. It pre-recorded the serial numbers automatically as an additional safety process.
- Staff monitored and recorded the vaccines fridge temperature and 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 clients safe. The clinic provided complete medicine courses with appropriate directions and information leaflets.

## Track record on safety

- The provider had a good safety record.
- Written risk assessments had been completed in relation to safety issues. These included fire safety and health and safety. The premises fixed wiring had been inspected in June 2016 and the gas supply in October 2017. Portable electrical and medical equipment had been tested, calibrated and certified in October 2017. Firefighting equipment had been checked in December 2017; the fire alarm had been inspected and certified in January 2018 and was tested weekly; a fire risk assessment of the premises had been carried out in February 2018; and the emergency lighting had been tested and certified in March 2018. There were a number of trained fire marshals and first-aiders. A premises health and safety risk assessment had been carried out in July 2018.
- Staff were aware of how to alert colleagues to an emergency. The provider's business continuity plan had provision for the service to re-locate to other locations in an emergency.

## Lessons learned and improvements made

# Are services safe?

The provider learned and made improvements when things went wrong. The provider had a detailed procedure for incident reporting and investigation.

- Significant events and complaints were investigated and reviewed at quarterly meetings and shared at a corporate level. There was analysis of themes, trends and numbers of incidents across all the provider's locations and partnership organisations 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 location had not recorded any significant events in the past 12 months, but learning from significant events

at other locations had been shared with staff. For example, an incident at another location had led to the provider's standard patient history questionnaire being reworded.

- The provider was aware of and complied with the requirements of the Duty of Candour.
- The provider received safety alerts and these were reviewed by its medical team and any action necessary was passed down to staff via the company's computer system. Alerts were received by nurses highlighted in red text and directed them to the appropriate action which was recorded once completed.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The provider had systems to keep staff 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, guidance issued by The National Travel Health Network and Centre (NaTHNaC), a service commissioned by Public Health England, was monitored and followed.

- A patient's initial 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 provider had recently added some questions to the assessment to alert nurses to any potential concerns about children being taken abroad for a medical procedure such as female genital mutilation. Nurses knew who to contact if they had any concerns.
- Patients were given a personalised travel health brief. The brief provided a comprehensive individualised travel risk assessment, health information related to patients' 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 client to take home.
- Additional clinical guidance and support was available during each consultation from the provider's 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.

### Monitoring care and treatment

- The provider monitored national core competencies and current standards for travel health and immunisation. 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 own GPs.
- The provider 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 provider had introduced a pilot scheme for colour coded labels to be used on anti-malarial medicines to minimise the risk of dispensing errors. The pilot having been successful, this was introduced at all the provider's clinics for clearer identification of each anti-malarial medicine.
- Incidents and complaints at all locations were reviewed corporately and learning passed on.

### Effective staffing

- Nurses, including the provider's bank staff who covered short term absences at the clinic, had the skills, knowledge and experience to carry out their roles. 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. They had received specific training appropriate to their roles and could demonstrate how they stayed up-to-date. Nurses were supported to complete the Diploma in Travel Medicine, and to become a member of The Faculty of Travel Medicine.
- The provider gave staff ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation.
- New nurses received support during their six week induction, which included longer appointment times, protected time for learning and development and support from a nominated mentor.

### Coordinating patient care and information sharing

- The provider did not directly inform patients' GPs of the treatment. However, patients were given a printed record of their vaccinations, including batch numbers, to share with their GPs.
- Consultation and vaccine fees were displayed in the consultation room and on the provider's website. In addition, patients were advised which vaccines were available free from their own GP practice.

# Are services effective?

(for example, treatment is effective)

## Supporting patients to live healthier lives

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

- The provider's travel health brief and travel consultation gave patients advice to prevent and manage travel health related diseases. For example, advising of 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 associated with the countries being visited.
- Patients were able to test products for suitability; for example, if they had sensitive skin before deciding whether to purchase them.

## 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 and the consent was recorded. Treatment was not provided without patient consent. For patients with additional needs, staff ensured that a carer or advocate was present during the consultation. If necessary, a second appointment was arranged to ensure appropriate time was allowed to assess mental capacity where required.
- When providing care and treatment for children and young people, parental attendance was required. The provider obtained evidence of the child's identification evidence and next of kin details were recorded.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

- All staff members had received equality and diversity training and were respectful and courteous to patients. We noted that the conversations in the consultation room door could not be overheard.
- We did not receive any direct feedback from patients, but we saw positive results from the provider's most recent patient survey data regarding their experience with staff at the location.

### **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.

- Patients also received an individualised comprehensive travel health brief detailing the treatment and health advice relating to their intended region of travel.
- Patients were informed which treatments were available at no cost through the NHS.
- Staff told us that interpreter or translation services could be booked if required. However, this usually meant that a separate appointment needed to be made.

### **Privacy and Dignity**

The provider respected and promoted clients' privacy and dignity.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- Information was available on the provider's website informing prospective patients of the services provided. All new patients had to initially register either online or by telephone and were allocated a unique identification number.
- Same day appointments were available when the clinic operated. Patients could attend the provider's other London location in urgent circumstances.
- Telephone consultations with clinicians were available, operated from the provider's head office.
- 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.
- The consultation room was on the ground floor of the building. Access to the front entrance was accessible to patients who had difficulty walking and wheelchair users via a short ramp. There was a portable induction loop in the reception area to assist patients with hearing

disabilities. There were disabled facilities and a room was available to nursing mothers to breast feed or change babies' nappies. The waiting area was shared with other services operating at the premises.

### Access to the service

- Feedback showed patients were able to access care and treatment within an acceptable timescale for their needs. There were opportunities for "walk in" patients to have a consultation, if pre-booked slots had not been allocated.
- Patients could access the service via the provider's website which directed them to a customer contact centre. The clinic was open between 9.30 am and 4.30 pm on Mondays only. Patients could book appointments at the provider's other London locations on other days.
- Patients' initial assessments were conducted during 30 minute appointments; subsequent appointments were 15 minutes long.

### 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 quarterly meetings at head office where all staff were invited.
- Information about how to make a complaint or raise concerns was available at the location and was easy to follow.
- The complaint policy and procedures were in line with recognised guidance. There had been no complaints regarding the location in the past 12 months. However, learning from complaints at other locations were reviewed corporately and shared with all staff as learning points.
- The provider actively sought feedback from patients through comments cards, regular patient surveys and a facility on its website.

# 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;

- The provider had an overarching governance framework, which supported strategic objectives, performance management and the delivery of quality care. This related to all the provider's locations and ensured a consistent and corporate approach.
- Policies, procedures and standard operating procedures were developed and reviewed at corporate level. These were passed down and implemented at all the provider's locations. Staff had easy access to these via the shared computer system and used them to support service delivery.
- We saw there were effective arrangements in place for identifying, recording and managing risks; which included risk assessments and significant event recording. There were quarterly meetings to discuss incidents and complaints.
- There was a comprehensive understanding of both local and corporate 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 services. They were knowledgeable about issues and priorities relating to the quality and future of services. Staff understood the challenges and were addressing them.
- Staff told us that the managers were 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.

### Culture

- There was a clear organisational leadership, management and staffing structure.
- The provider was 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 MSc qualification in travel health.

### Governance arrangements

During 2017, the provider had been acquired by Celesio UK. The provider remained a separate legal entity, but was in the process of aligning its governance structures with those of Celesio

- Structures, processes and systems to support good governance and management were clearly set out and understood. The provider had established policies, procedures and activities to ensure safety which were available to all staff.
- Staff were clear on their roles and accountabilities.
- Staff had structured time planned in clinic diaries for mandatory and relevant training. Training was provided online and this was monitored by corporate management.
- Quarterly senior nurse meetings, local team 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. For example, the staff undertook a variety of checks to monitor health and safety issues at all the provider's locations.
- The provider had a service checklist which was used at all its locations to ensure, for example, that relevant risk assessments and recruitment requirements had been completed.

### 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,

# Are services well-led?

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

integrity and confidentiality of patient identifiable data, records and data management systems. All staff had signed a confidentiality agreement as part of their employment contract.

- The provider used information technology systems to monitor and improve the quality of care. For example, each vaccine name and batch number was automatically recorded on the clinical computer system and was logged by the system onto each client record when administered.
- 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 and the provider had submitted statutory notifications to the CQC.

## **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 'how did we do' feedback form after every consultation. and there were processes in place to ensure feedback was shared across the organisation.

- Regular customer satisfaction surveys were undertaken. We reviewed the most recent survey results from 19 May 2017 – 28 February 2018; 413 patients had attended an appointment and nine had completed a survey; a response rate of just over 2%. Responses were mostly positive and actions were taken to address any issues raised.
- Staff were encouraged to provide feedback at their regular meetings.

## **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. The provider's travel health brief, an individualised travel risk assessment and individualised immunisation plan, had won awards. It was widely recognised as an invaluable tool both to clinical staff and clients.
- The provider was in the process of developing visual cue cards for clients with disability, impairment or language limitations.