

TMB Trading Limited Bristol

Inspection report

Nomad Travel clinic
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Overall summary

We carried out an announced comprehensive inspection on 10 January 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.

Background

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.

This location is registered with CQC, under the location name Bristol, 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 provider is TMB Trading Limited and is operated as a Nomad Travel clinic in Bristol. It 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.

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; Transport services, triage and medical advice provided remotely and Treatment of disease, disorder or injury. The lead nurse 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 also asked for Care Quality Commission comment cards to be completed by clients prior to our inspection. We received 43 comment cards which were all positive about the standard of care received. Clients told us the care and treatment they received was excellent, efficient and caring with all staff being polite, knowledgeable, respectful and helpful.

Our key findings were:

- The clinic had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the provider learned from them and improved their processes.
- The provider routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines and up to date travel health information.
- Each client received individualised travel health information including additional health risks related to their destinations and a written immunisation plan specific to them.
- Staff treated clients with compassion, kindness, dignity and respect. Care Quality Commission comment cards completed by clients prior to our inspection were all positive about the standard of care received. They told us the nurses were caring, efficient, professional and knowledgeable.
- There was a leadership structure with clear responsibilities, roles and systems of accountability to support good governance and management. Staff felt supported by the leadership team and worked very well together as a team.
- The provider was aware of the requirements of the duty of candour.
- Clinic staff were encouraged to plan and develop the service to meet local needs such as responding to local disease outbreaks and visiting schools to provide travel health talks.

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.
- There was a system in place for reporting and recording incidents including significant events. Lessons were shared to make sure action was taken to improve safety in the service.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed needs and delivered care in line with current evidence based guidance.
- Clients received an individualised travel risk assessment, health information including additional health risks related to their destinations and a written immunisation plan specific to them.
- Nursing staff understood the requirements of legislation and guidance when considering consent including parental consent.
- Clinical audits demonstrated quality improvement.

Are services caring?

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

- Information for clients about the services available was easy to understand and accessible.
- We saw staff treated clients with kindness and respect, and maintained client and information confidentiality. This was supported by client feedback via CQC comment cards and service surveys.

Are services responsive to people's needs?

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

- The provider understood its client profile and had used this to meet their needs.
- Clients said they found it easy to make an appointment.
- The clinic was well equipped to treat clients and meet their needs.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff.

Are services well-led?

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

- The provider had a clear vision and strategy to deliver high quality travel healthcare and promote good outcomes for clients. Staff were clear about the vision and their responsibilities in relation to it.

Summary of findings

- There was a clear leadership and management structure and staff 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 an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
 - The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty.
 - Leaders and staff strived for continuous learning, improvement and innovation such as partnership working with university research projects and developing services locally to meet client needs.
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Bristol

Detailed findings

Background to this inspection

Nomad Travel Clinic in Bristol is located at 38 Park Street, Bristol BS1 5JG within the Nomad travel shop. The private travel clinic is a location for the provider TMB Trading Limited who have owned the Nomad travel stores and clinics since June 2016. TMB Trading Limited provide nine travel clinics across England and Wales.

The Bristol clinic had previously been inspected in December 2013 when under previous ownership. At that inspection we found standards of care were being met.

The clinic offers travel health consultations, 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 service works with Public Health England to deliver post-exposure Rabies vaccination. They also provide travel related retail items. The clinic employs five travel nurses and sees approximately 900 clients per month.

The Bristol clinic is open Monday to Saturday between 9.30am and 6pm with the exception of Tuesdays when they are open between 8am and 8pm and Thursday when they open between 9.30am and 8pm. The clinic also opens on most bank holidays between 11am and 5pm. In addition Nomad have a central customer service team to manage appointment bookings.

We inspected the clinic on 10 January 2018. The inspection was led by a CQC inspector who had access to advice from a CQC medicines inspector.

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 lead nurse who was also the registered manager.
- Spoke to the nominated individual who is also the clinical operations manager. (A nominated individual is a person who is registered with the Care Quality Commission to supervise the management of the regulated activities and for ensuring the quality of the services provided).
- Spoke to two travel nurses and the Nomad store manager.
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed comment cards where clients and members of the public shared their views and experiences of the clinic.

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

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

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

Are services safe?

Our findings

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

Safety systems and processes

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

- The provider conducted safety risk assessments. It had a range of safety policies which were regularly reviewed and communicated to staff. Staff received safety information as part of their induction and refresher training. Policies were regularly reviewed, detailed where further guidance could be obtained and 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 three yearly professional revalidation in order to maintain their registered nurse status and all the nurses had recently undertaken this revalidation process.
- The provider had systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. For example, nurses had received specific training to recognise and report suspected female genital mutilation. Staff took steps to protect clients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- There was a chaperone policy and posters offering a chaperone service were visible on the waiting room noticeboard and in consulting rooms. (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). All nursing staff had been trained to be a chaperone.
- There was an effective system to manage infection prevention and control. Annual audits took place along with daily processes and any improvements identified for action were completed.

- Staff ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The clinic had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). We saw a risk assessment that confirmed there to be no significant hazards.

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.
- Clinical staff had appropriate indemnity insurance in place.
- In the event an emergency did occur, the provider had systems in place to respond appropriately.
- All staff had received training in basic life support. Emergency equipment was available including access to oxygen. Emergency medicines for the treatment of anaphylaxis were easily accessible to staff in a secure area of the clinic and all staff knew of their location.
- There was a first aid kit available within the travel clinic. Staff had received training in its usage. In addition nurses and store staff undertook bi-yearly joint training in first aid and anaphylaxis scenarios.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to clients. On registering with the service, and at each consultation client identity was verified and recorded in client records. Individual client records were written and managed in a way that kept clients safe. The 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.

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

Are services safe?

- Staff prescribed, administered or supplied medicines to clients and gave advice on medicines in line with legal requirements and current national guidance.
- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring medicines were kept at the required temperatures which described the action to take in the event of a potential failure.
- Nursing staff carried out regular medicines 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. Annual audits of Yellow Fever vaccine use were undertaken in order to meet the standards of good practice required for the designated licence to administer the vaccine.
- The nurses used Patient Group Directions (PGDs) to administer vaccines and Patient Specific Directions (PSDs). For example, when administering specific vaccines if clients had an allergy to a vaccine component. PGDs and PSDs had been produced in line with legal requirements and national guidance. We saw evidence nurses had received appropriate training and been assessed as competent to administer the medicines referred to either under a PGD or in accordance with a PSD from the prescriber. For administration under a PSD, nurses sought verification from the medical team.
- The provider had an electronic stock control system as an additional safety mechanism.
- Arrangements for dispensing medicines such as anti-malarial treatment kept clients safe. The clinic provided complete medicine courses with appropriate directions and information leaflets.
- We found that clients were treated with off-licensed medicines, such as pre and post exposure intradermal Rabies, as a more affordable alternative for travellers. Adequate information was provided to clients about this; nurses received six monthly observational technique assessments and vaccines were kept as per safety guidance. Treating clients with off-licensed medicines is higher risk than treating with licensed medicines, because off-licensed medicines may not have been assessed for safety, quality and efficacy. The World Health Organisation and Public Health England recommend intradermal Rabies as a form of treatment for those clients possibly exposed to Rabies.

Track record on safety

The clinic had a good safety record. The provider prioritised safety and used a range of information to identify risks and improve patient safety. For example, reported incidents and national infectious disease outbreak alerts as well as comments and complaints received from clients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

There were comprehensive risk assessments in relation to safety issues. The provider continually monitored and reviewed activity. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

Investigations were undertaken by the clinical operations manager. Information was escalated to the Nomad head office, where all incidents were also reviewed and monitored. There was analysis of themes, trends and numbers of incidents across all Nomad locations to support any identified changes in processes or service delivery. For example, following a medicines error additional training for new staff was identified and PGDs to administer the vaccines updated.

Meetings were held at both local and corporate level and we saw that learning from incidents was disseminated to staff. Any changes in processes were also reviewed to monitor effectiveness.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

The service received safety alerts and these were reviewed by the company's pharmacist and any action necessary was cascaded to clinics via the company's computer system.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- Clients received a travel health assessment which provided an individualised travel risk assessment, health information including additional health risks related to their destinations and a written immunisation plan specific to them.
- A comprehensive assessment was undertaken which included an up to date medical history.
- Additional virtual clinical support was available during each consultation from the medical team.
- Latest travel health alerts such as outbreaks of infectious diseases were available. Specific additional training was available at times of disease outbreak such as Ebola and Zika virus outbreaks.
- We saw no evidence of discrimination when making care and treatment decisions. The nursing staff had recently undertaken a study day which included the challenges faced by travellers who were pregnant and/or living with disabilities.

Monitoring care and treatment

The provider had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, through individual audits of client records against standard competencies.

The provider monitored national core competencies and up to date standards for travel health and immunisation. Nursing staff received up to date training in line with this.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop such as attendance at national conferences.
- Nurses had received specific training from Public Health England around post-exposure Rabies treatment.
- 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 seven day induction package and support through checks on their competency for six months which included longer appointment times, protected time for learning and development and support from a nominated mentor.
- The provider ensured the competence of staff employed in advanced roles by carrying out an audit of their clinical decision making.

Coordinating patient care and information sharing

Staff worked together and when necessary with other health professionals to deliver effective care and treatment. There were clear protocols for referring clients to other specialists or colleagues based on current guidelines. When clients were referred to another professional or service, all information that was needed to deliver their ongoing care was appropriately shared in a timely way.

The provider shared relevant information with other services such as Public Health England in a timely way.

The clinic clearly displayed consultation and vaccine fees. In addition clients were advised which vaccines were available free from their GP practice. GPs received a written update on any vaccines or malaria prophylaxis given.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping clients to live healthier lives whilst travelling. For example, the travel

Are services effective?

(for example, treatment is effective)

health consultation talked clients through advice to prevent and manage travel health related diseases such as, precautions to prevent Malaria and advice about food and water safety.

Consent to care and treatment

The clinic obtained consent to care and treatment in line with legislation and guidance.

- Nursing staff understood the requirements of legislation and guidance when considering consent and decision making including the Mental Capacity Act 2005.
- 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.
- Staff had received specific training relevant to travelling abroad for cultural or religious treatments.
- The service had an appropriate process for seeking consent and monitored this.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated clients with kindness, respect and compassion.

- Staff understood client's personal, cultural, social and religious needs.
- The clinic gave clients timely support and information.
- All of the 43 Care Quality Commission comment cards we received were positive about the service experienced. They told us staff were kind, attentive, reassuring and caring.

The comment cards were in line with the results of the recent Nomad Bristol client survey. The survey was carried out in December 2017.

Involvement in decisions about care and treatment

Staff helped clients be involved in decisions about their care:

- Interpretation services were available for clients who did not have English as a first language.
- Travel health information was provided and staff helped clients find further information and access additional services where required. They helped them ask questions about their care and treatment.
- The Nomad client survey (December 2017) asked if the nurses listened to them and answered their questions. 100% stated the nurses were very good at this.
- The Nomad client feedback forms we saw reported that they felt staff involved them in making decisions about their care and treatment.

Privacy and Dignity

The clinic respected and promoted clients' privacy and dignity.

- Staff recognised the importance of dignity and respect.
- Of the 26 clients who responded to the Nomad client survey, 100% stated that the nurses were very good with respecting their privacy and dignity.
- The service complied with the Data Protection Act 1998. Following our inspection the service provided confirmation they had registered with the Information Commissioners Office.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. (For example, extended and weekend opening hours, same day appointment for urgent travel, online services, advanced booking of appointments and over the phone initial consultations).
- The provider improved services where possible in response to unmet needs. For example, the waiting area was moved within the store following client feedback.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when clients found it hard to access services.
- Client waiting lists were in place to prioritise vaccines when there were national shortages, such as the recent Hepatitis A & B shortages.
- The clinic provided off site visits. For example, they visited schools to undertake group vaccinations for children attending school trips overseas. Appropriate processes were in place including NaTHNaC approval to move licensed vaccines off site.

Timely access to the service

- Client feedback and customer surveys showed clients were able to access care and treatment within an acceptable timescale for their needs.

- Clients accessed the service through a customer contact centre. The Bristol clinic was open Monday to Saturday between 9.30am and 6pm with the exception of Tuesday's when they are open between 8am and 8pm and Thursday when they open between 9.30am and 8pm. The clinic also opens on most bank holidays between 11am and 5pm. The nurses were flexible and would accommodate clients outside of these times where possible.
- Clients had timely access to initial assessment and consultations. Those with the most urgent needs had their care and treatment prioritised.
- Waiting times, delays and cancellations were minimal and managed appropriately.

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.

- Information about how to make a complaint or raise concerns was available and it was easy to follow. Staff told us they treated clients who made complaints compassionately and dealt with any concerns immediately.
- The complaint policy and procedures were in line with recognised guidance. Three complaints for this clinic had been received in the last year. The provider ensured all staff received feedback on any complaints and subsequent actions relevant to the service they provided.
- The service learned lessons from individual concerns and complaints. The provider took actions from the outcomes of complaints to improve care nationally. For example, a complaint following an issue with Yellow Fever vaccination had led to the issue being used as a training scenario.

Are services well-led?

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

Our findings

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

Leadership capacity and capability;

The head office for the provider, Nomad is based in London. The medical team and head of operations are based here. During this inspection we did not visit the head office.

We spoke to the nominated individual and to the registered manager, who is the lead nurse for the Bristol clinic. They demonstrated they had the capacity and skills to deliver high-quality, travel and non-travel services at the Bristol clinic. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Staff told us leaders at all levels were approachable. In particular we received positive feedback about the clinical operations manager who spoke to the team most days and the medical team who provide clinical support to the clinic nurses.

Vision and strategy

The provider had a clear vision and strategy to deliver high quality travel healthcare and promote good outcomes for travellers.

Culture

The provider had a culture of high-quality travel healthcare and advice.

- Staff stated they felt respected, supported and valued. They were proud to work in the service. They told us they could raise concerns, were encouraged to do so and would be listened to.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal, provision of travel health courses and attendance at conferences.

- There was a nurse trainer who provided monthly newsletters and on-line hot-topics such as sexual health & assault whilst abroad. Nurses were encouraged to discuss these as a team.
- Nurses were considered valued members of the service. They were given protected time for professional development and evaluation of their clinical work.
- The provider had a whistleblowing policy in place. A whistle blower is someone who can raise concerns about practice or staff within the organisation.

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.
- The governance and management of shared services such as those with independent pharmacies promoted interactive and co-ordinated travel healthcare.
- Staff were clear on their roles and accountabilities including in respect of safeguarding children and medicines management
- Nomad had established policies, procedures and activities to ensure safety which were available to all staff. Quarterly senior nurse 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.

- 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 daily, weekly and monthly checks to monitor the safety of the clinic.
- We saw there were effective operational arrangements in place for identifying, recording and managing risks; which included a risk register and significant event recording.
- The provider had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations.

Are services well-led?

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

- There was clear evidence of action to change practice to improve quality.

Appropriate and accurate information

The provider was registered with the Information Commissioner's Office and had its own information governance policies. There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of client identifiable data, records and data management systems. All staff had signed a confidentiality agreement as part of their job contract.

The provider used information technology systems to monitor and improve the quality of care. 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 clients, staff and external partners to support high-quality sustainable services.

- The clinic proactively sought client feedback via a comment card after every consultation. In addition client feedback surveys were undertaken.
- The clinic worked closely with its partnership organisation Nomad travel health pharmacy and with retail staff who were trained travel experts.

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 collaborated with universities to undertake research projects. For example, three recent research projects included an audit of Typhoid, a post travel questionnaire and research on clients visiting friends and family abroad.
- Learning was shared from other clinics and used to make improvements.
- The provider was in the process of reviewing administration of some vaccines based on research evidence on effectiveness of these. For example, Hepatitis B administration via an intradermal route to improve protection against the disease.
- The clinic staff provided off-site visits to other organisations. For example, they visited local schools or arranged for the school to attend the clinic for travel health talks and vaccines for school trips.
- During a Meningitis B outbreak locally the nurses had contacted the Meningitis Foundation, produced a vaccine leaflet for families, ensured extra stock was available and trained store staff around sensitivities of dealing with child bereavements.
- At the time of our inspection outbreaks of Influenza were headline news. The nurses had proactively placed advertising banners for the vaccine and provided information for the public to walk-in for vaccines.