

Axis BMC Travel Clinic Limited

# Axis B.M.C Travel Clinic Limited

## Inspection report

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### Ratings

#### Overall rating for this service

Outstanding



Are services safe?

Outstanding



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Outstanding



### Overall summary

**This clinic is rated as Outstanding overall. (Previous inspection on 10/04/2018 not rated).**

The key questions are rated as:

Are services safe? – Outstanding

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Outstanding

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at Axis BMC Travel Clinic Limited. We carried out this

# Summary of findings

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 clinic was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Axis BMC Travel Clinic provides pre-travel health assessments, travel health advice, anti-malarial medications, travel vaccinations and non-travel vaccinations. The clinic is also a registered yellow fever vaccination centre.

This clinic is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Axis BMC Travel Clinic those occupational health related services provided to clients under arrangements made by their employer or a government department are exempt by law from CQC regulation. Therefore, they did not fall into the scope of our inspection.

The travel health nurse advisor based at the location 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.

As part of our inspection we asked for CQC comment cards to be completed by clients prior to our inspection. We received 18 comment cards which were all positive about the service that had been provided.

## Our key findings were:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The clinic had clearly defined and embedded systems to minimise risks to customer safety.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available.
- There was a clear leadership structure and staff felt supported by management. The clinic proactively sought feedback from staff and customers, which it acted on.

We saw the following outstanding practice:

- The clinic managed local population groups who required vaccines, this included 250 families (wives and children) of the local Serving Officers. Additionally and in collaboration with local GPs and chemists, people with complex needs were referred to the clinic. For example, people who had complicated itineraries or underlying conditions, all of which may mean they needed more detailed risk assessments or discussion with on call consultants. Also, search and rescue teams across many disciplines who required both and ongoing cover for vaccination worldwide.
- The clinic used three sensor clips in the refrigerators, a method of constant internal temperature monitoring every 15 minutes. More importantly, this provided the manager and a receptionist with an "early warning system" (as they received a text message on their phones) and allowed a rapid response by the staff if the refrigerator temperature dropped.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP** Chief Inspector of Primary Medical Services and Integrated Care

# Axis B.M.C Travel Clinic Limited

## Detailed findings

### Background to this inspection

Axis BMC Travel Clinic Limited is the registered provider of services carried out at the location Axis BMC Travel Clinic Limited.

We carried out an inspection of Axis BMC Travel Clinic Limited. Regulated activities provided at this location are carried out by nurses and include pre-travel health assessments, travel health advice, anti-malarial medications, travel vaccinations and non-travel vaccinations. The clinic is also a registered yellow fever vaccination centre.

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The travel clinic is an independent private travel clinic situated at a well-established business park offering free parking. It is located two miles from junction 10 of the M20, offering easy access from all areas of Kent. The clinic is situated on the ground floor of a barn conversion; there is direct access from the car park providing easy access for the disabled and families with small children. Toilet facilities are available on the ground floor adjacent to the clinic entrance.

The clinic is open five days a week; set opening times occasionally vary to accommodate demand: Monday and Thursday 9am to 5pm; Tuesday is 9am to 7pm; Wednesday and Friday are 9am to 4pm.

The clinic has two receptionists and two qualified travel health nurses (female) working variable hours. Clinical support is provided by remote clinical advisors including a consultant pharmacist.

We carried out an announced comprehensive inspection on 02 April 2019.

The inspection team was led by a CQC inspector and included a GP specialist advisor.

Prior to the inspection we gathered and reviewed information from the provider. There was no information of concern received from stakeholders. During our visit we:

- Spoke with registered manager/nominated individual who was also a travel nurse/advisor based at the clinic. We also spoke with the two receptionists.
- Reviewed 18 CQC comment cards where clients shared their views and experiences of the service.
- Looked at documents the clinic used to carry out services, including policies and procedures.
- Reviewed clinical records of clients to track their progress through the service.

To get to the heart of client's 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?

## Detailed findings

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

This clinic refers to people who use the service as clients and we have used this terminology through the report.



# Are services safe?

## Our findings

### We rated safe as Outstanding because:

Clients were protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.

### Safety systems and processes

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

- The clinic 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.
- A proactive approach to anticipating and managing risks to clients who used the service was embedded and was recognised as the responsibility of all staff. For example, the service had systems to safeguard children and vulnerable adults from abuse, this included a Female Genital Mutilation risk assessment for any high-risk countries. The service also had a Female Genital Mutilation (FGM) policy and all staff had received FGM recognition and training. Also, we saw that all staff had undertaken "PREVENT" training a (Preventing Radicalisation and Extremism course which gave a clear and concise overview of the Prevent duty and the UK's Counter-Terrorism legislation). The manager told us that a couple of years ago, they suspected that a young male client was being radicalised and contacted the appropriate agency.
- The clinic had systems to assure that an adult accompanying a child had parental authority.
- The clinic worked with other agencies to support clients and protect them from neglect and abuse. Staff took steps to protect clients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The clinic 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).

- A notice in the waiting room and on each treatment door advised clients that chaperones were available if required. Chaperones were arranged in advance of treatment. All chaperones had received a DBS check.
- Staff demonstrated they understood their responsibilities regarding safeguarding. They knew how to identify and report concerns and had received training on safeguarding children and vulnerable adults relevant to their role with all nursing staff trained to child safeguarding level three.
- The clinic had a variety of risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence that monthly checks of clinic tap water temperatures were carried out.
- The clinic 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 carried out appropriate environmental risk assessments, which considered the profile of clients using the service and those who may be accompanying them.

### Risks to clients

#### There were systems to assess, monitor and manage risks to client 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. For example, how to recognise severe reactions to vaccinations (Anaphylaxis).
- There was a defibrillator in the reception area and oxygen with adult and children's masks was available and signs on the treatment room door indicated which room this was stored.
- The emergency drugs adrenaline and Chlorphenamine (an antihistamine), used in the event of anaphylaxis (a



## Are services safe?

serious allergic reaction that is rapid in onset and can be fatal if not responded to) were safely stored in each clinic room. We saw that syringes were colour coded and pre-loaded with the appropriate dosages for adults and children, as per resuscitation guidelines. We saw records of an episode in 2016 where a life was saved due to the efficiency of equipment and use of both of the emergency drugs.

- When there were changes to services or staff the clinic assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

All nurses had appropriate professional indemnity cover in place.

### Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept clients 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.
- As part of the initial health check prior to vaccinations offered, it was determined if the client had recently undergone medical treatment or had a disorder or disease that caused any immunosuppression. If this was determined to be applicable then the service's clinical staff would seek permission to contact the client's GP or consultant.
- The clinic had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The clinic 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.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

### Safe and appropriate use of medicines

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

- There were comprehensive systems to keep clients safe, which took account of current best practice.

- The whole team was engaged in reviewing and improving safety and safeguarding systems. Innovation was encouraged to achieve sustained improvements in safety and continual reductions in harm. For example, medicines were stored securely and all medicines requiring refrigeration were stored in an appropriate, secure medicine fridge. Temperatures were monitored and recorded in line with national guidelines. We saw that the clinic used three sensor clips, a method of constant internal temperature monitoring every 15 minutes. More importantly, this provided the manager and a receptionist with an "early warning system" (as they received a text message on their phones) and allowed a rapid response by the staff if the refrigerator temperature dropped.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the clinic minimised risks to client safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Patient Group Directives (PGDs) were in place for nurses to administer travel vaccinations and medicines in line with legislation. These had been authorised by a consultant pharmacist.
- The clinic carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing, this included Yellow Fever.

### Track record on safety and incidents

#### The clinic had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The clinic monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- The premises were managed by a landlord. Documents showed the clinic had obtained assurances regarding any risks and had written environmental risk assessments in relation to safety issues. These had been updated in the last month and included fire safety, waste management and the management of legionella.

### Lessons learned and improvements made

#### The clinic learned and made improvements when things went wrong.



## Are services safe?

- 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 clinic learned and shared lessons identified themes and took action to improve safety in the clinic. For example, there was a forum for all the travel clinics in this group. The managers attended meetings six weekly where any incidents were discussed. National incidents were publicised through Nathtac with email alerts and changes in practice would normally be generated through these meetings
- Learning was based on a thorough analysis and investigation of things that went wrong. All staff were encouraged to participate in learning and to improve safety as much as possible. Opportunities to learn from external safety events were identified. For example, we saw minutes of a staff meeting following an external event where attendees were briefed on a recent fatality following a yellow fever vaccine. Actions agreed, were that no yellow fever vaccines were to be given until a history had been established of chest/cardiac surgery and confirmation had been obtained by the client's GP.
- There was a duty of candour policy in place. The clinic encouraged a culture of openness and honesty.



# Are services effective?

(for example, treatment is effective)

## Our findings

### We rated effective as Good because:

#### Effective needs assessment, care and treatment

**The clinic 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 clinic assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as Public Health England and the National Travel Health Network and Centre (NaTHNaC, a body set up to protect the health of British travellers and improve the quality of travel health advice given by GP practices, travel clinics, pharmacies and other healthcare providers, and provide up-to-date and reliable information for the traveller, travel industry and national government).
- We saw no evidence of discrimination when making care and treatment decisions.
- Clients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.

#### Monitoring care and treatment

**The clinic was actively involved in quality improvement activity.**

- The clinic was a registered yellow fever centre and had submitted online numbers of yellow fever vaccines given, age groups and any adverse events. There had been no adverse events. Yellow fever centres are required to submit information annually, this was the only vaccine that had this requirement but their system would allow them to extract statistics on any of the vaccines they gave.
- The clinic used information about care and treatment to make improvements. We saw a monthly audit planner for 2019 and that the clinic made improvements through the use of completed audits. We saw that in the first three months audits had been completed for Health and Safety, electronic travel records and hand washing.
- Clinical audit had a positive impact on quality of care and outcomes clients. There was clear evidence of action to resolve concerns and improve quality. For

example, actions agreed following the Yellow Fever Exemption Clinical Audit undertaken in March 2019 were that no Yellow Fever vaccines were to be given if the client's history established that they had had chest or cardiac surgery, until confirmation had been obtained from their GP.

#### Effective staffing

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

- All staff were appropriately qualified. The clinic had an induction programme for all newly appointed staff.
- Staff whose role included provision of yellow fever immunisation had the necessary specific training to do so.
- Relevant professionals (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 to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

#### Coordinating client care and information sharing

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

- Staff worked independently to provide a service. They had systems in place to work together with other health and social care professionals where required, to deliver effective care and treatment.
- Some travel vaccines are available via the NHS. We saw that the clinic always told clients when vaccines may be available to them free of charge and recorded that on their record card. Information about medicines or vaccines administered or supplied was made available for clients to give to their GP following completion of a course of treatment.

#### Supporting clients to live healthier lives

**Staff were consistent and proactive in empowering clients, and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave clients advice so they could self-care.



# Are services effective?

(for example, treatment is effective)

- The clinic stocked a wide range of travel health related items, such as mosquito nets and repellents, water purification tablets and first aid kits. Staff also advised on and supplied more specialist medical kits and supplies for expeditions to remote locations.
- Clinical staff used consultations to provide information on other information that may be required when travelling. For example, sexual health advice, sun protection advice and personal safety.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We saw evidence that consent, both verbal and written, was recorded on the individual's records.
- Staff checked the identity of clients using photographic identity in the form of a passport. Children were required to have a parental consent signature using the space on the client's record and also detailed the relationship between the adult and child.

## Consent to care and treatment

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

- The clinic monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

### **We rated caring as Good because:**

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

##### **Staff treated clients with kindness, respect and compassion.**

- Feedback from clients was consistently positive about the way staff treated people
- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all clients.
- The clinic gave clients timely support and information.
- During our inspection we observed that members of staff were courteous and very helpful to clients and treated them with respect and in a professional manner.
- All of the 18 Care Quality Commission comment cards we received were consistently positive about the service experienced. Clients said they felt the clinic staff were caring, helpful, efficient and put them at ease; these comments also included parents of children attending the clinic.

#### **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. We saw notices in

the reception areas, including in languages other than English, informing clients this service was available. Information leaflets were available in easy read formats, to help clients be involved in decisions about their care.

- Clients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For clients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with clients in a way that they could understand, for example, communication aids and easy read materials were available.

#### **Privacy and Dignity**

##### **The clinic respected clients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Clinic room doors were closed during consultations and vaccinations; conversations taking place in these rooms could not be overheard.
- Nurses went into the waiting area and called clients into the clinic room, clients were kept informed should there be a delay to their appointment.
- CQC comment cards supported the view that the service treated clients with respect.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### We rated responsive as Outstanding because:

There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. This included people who were in vulnerable circumstances or who had complex needs.

### Responding to and meeting client's needs

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

- Services were tailored to meet the needs of individual clients and were delivered in a way to ensure flexibility, choice and continuity of care. For example, the clinic provided support to a wide range of international search and rescue teams and often provided vaccination at short notice if any extra risks were identified.
- The facilities and premises were appropriate for the services delivered.
- Information about the services provided and the skills and expertise of the clinicians was available on the clinic website. Written client information leaflets about the range of procedures available were provided.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. This included clients who were in vulnerable circumstances or who had complex needs. For example, the practice managed local population groups who required vaccines, this included 250 families (wives and children) of the local Serving Officers. Records showed that the clinic had been recommended by GPs and other vaccine services, for example local chemists, to see clients who had complicated itineraries or underlying conditions, all of which may mean they needed more detailed risk assessments or discussion with Nathnac's on call consultants.
- The clinic provided care for adults and children as required.

- The clinic was a registered yellow fever centre and complied with the code of practice. All staff had attended training for the administration of yellow fever.

### Timely access to the clinic

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

- Clients reported that the appointment system was easy to use.
- The clinic was open five days a week; Monday and Thursday 9am to 5pm; Tuesday 9am to 7pm; Wednesday and Friday 9am to 4pm. In addition, the clinic was flexible in accordance with demand. For example, we were informed that the clinic would open outside of normal opening hours for school children that were going on an overseas trip.
- Referrals and transfers to other services were undertaken in a timely way.

### Listening and learning from concerns and complaints

#### The clinic took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- We saw the clinic had a leaflet available in the waiting area informing clients how to complain. The leaflet included contact details of who to contact should a client be unhappy with the action taken by the clinic. Information about how to make a complaint was also available online via the clinic's website.
- There had been one verbal complaint received by the clinic in the last 12 months. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, investigating a complaint about a communication shortfall between a parent and a member of staff, resulted in training for reception staff about two different vaccines.
- The clinic had complaint policy and procedures in place.

# Are services well-led?

Outstanding



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

## Our findings

### We rated well-led as Outstanding because:

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

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

- Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed.
- The provider and nursing team had the experience, capacity and skills to deliver the clinic strategy and address risks to it.
- Staff were knowledgeable about issues and priorities relating to the quality and future of services offered. For example, staff were aware of national vaccine shortages and what action to take regarding this.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the clinic.

### Vision and strategy

### The clinic had a clear vision and credible strategy to deliver high quality care and promote good outcomes for clients.

- The clinic had a clear vision to provide a high-quality service that put caring and client safety at its heart. The clinic had a realistic strategy and supporting business plans to achieve priorities
- The clinic developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The clinic monitored progress against delivery of the strategy.

### Culture

### The clinic had a culture of high-quality sustainable care.

- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns.
- The clinic focused on the needs of clients. For example, interpretation services were available for clients who did not have English as a first language.
- 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. The clinic 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 had 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.
- The clinic actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

# Are services well-led?

Outstanding



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

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

- Governance and performance management arrangements were proactively reviewed and reflected best practice.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. 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 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 including risks to client safety.
- The clinic 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.
- Clinical audit 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 clinic had plans in place and had trained staff for major incidents.

## **Appropriate and accurate information**

### **The clinic 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 clients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

- The clinic 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 clinic submitted data or notifications to external organisations as required.
- 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 clients, the public, staff and external partners**

### **The clinic involved, clients the public, staff and external partners to support high-quality sustainable services.**

- Client and staff views and concerns were encouraged.
- The clinic encouraged and valued feedback from clients and staff. It proactively sought feedback from clients through their website and also locally at the clinic by filling out feedback forms.
- The clinic was transparent, collaborative and open with stakeholders about performance.

## **Continuous improvement and innovation**

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

- The leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.
- The clinic 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.