MASTA Limited

MASTA Travel Clinic - Leeds

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 11 October 2017 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.

The head office for the provider MASTA Limited (Medical Advisory Services for Travellers Abroad is based in Leeds. They have many pharmacy and nurse-led travel clinics located throughout the United Kingdom.

For this inspection we visited the location at MASTA Travel Clinic Leeds, based with the STA travel store, 88 Vicar Lane, Leeds LS1 7JH. It is situated within Leeds city centre and has good access to public transport and road links. There are no car parking facilities onsite, however there are pay for parking facilities within a five minute walk. Opening hours of the MASTA clinic are 10am to 6pm Monday, Tuesday, Wednesday, Friday and Saturday. Thursday opening hours are 11am to 7pm.

MASTA Travel Clinic Leeds is located on the lower ground floor of the travel store. There are stairs leading down to a waiting area and two consulting rooms. Patients with mobility problems are advised there is no lift access and may be referred to an alternative location. In addition there are no toilet facilities for clients. This is identified on the website and also upon making an appointment. However, there is a toilet and kitchen area available to MASTA staff, which is shared with the travel store staff.

Summary of findings

MASTA Travel Clinic Leeds provides pre-travel assessments, travel vaccinations and travel health advice. All services incur a consultation charge to the client. Treatment and intervention charges vary, dependent upon what is provided. The clinic is also a registered Yellow Fever vaccination centre. The service has contracts in place with several large public and private sector organisations, where occupational health vaccinations and blood testing for immunity status are provided to the employees of those companies.

This service is registered with Care Quality Commission (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. Those occupational health related services provided to clients under a contractual arrangement through their employer or government department are exempt by law from CQC regulation. Therefore, they did not fall into the scope of our inspection.

The clinical team consists of a senior specialist travel health nurse, who works four days per week. They are supported by three other specialist travel health nurses who work one day per week and one who works one day per fortnight. All clinicians are female. There are no administration/reception staff based at the location. The clinicians are supported by a range of departmental staff who are based at the head office in Leeds. This includes access to the medical lead, clinical manager and pharmacy staff.

The senior specialist travel health nurse 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.

Our key findings were:

- There was an open and transparent approach to safety.
- There was analysis of reported incidents and complaints which supported improvements in service delivery and customer satisfaction.
- Governance and risk management processes were comprehensive and supported the delivery of quality care. All staff had access to policies.
- There was an infection prevention and control policy and procedures were in place to reduce the risk and spread of infection. Comprehensive cleaning checklists were completed on a monthly, quarterly and annual basis.
- Vaccines, medicines and emergency equipment were safely managed. There were clear auditable trails relating to stock control. There had not been a risk assessment in place to support the lack of a defibrillator on site. However, this was provided to us within two working days post-inspection.
- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- Consultations were comprehensive and undertaken in a professional manner.
- The service encouraged and valued feedback from patients and staff.
- There was a clear leadership structure. Members of the management and clinical teams were accessible and supportive.

There were areas where the provider should make improvements:

- Reassure themselves that standards of cleanliness are maintained in those areas where the service does not have direct responsibility. These are areas MASTA staff have access to and could potentially have an impact in relation to infection prevention and control.
- Improve signage within the travel store to the MASTA clinic to support client access

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.

We found an area where improvements should be made relating to the safe provision of treatment. This was because the provider had not assured themselves that standards of cleanliness were maintained in those areas their staff had access to, but where they did not have direct responsibility for.

- There was a comprehensive system in place for reporting, recording and investigating incidents. Lessons learned were shared to make sure action was taken to improve safety.
- There were systems and processes in place to safeguard clients and staff from abuse.
- Risk management processes were undertaken at both a local and corporate level.
- There were effective arrangements in place for the management of vaccines and medicines.
- The clinic had arrangements in place to respond to medical emergencies. All staff had received basic life support training and had an understanding of what to do in a medical emergency.
- There had not been a risk assessment in place to support the lack of a defibrillator onsite. However, this was provided to us within two working days post-inspection.

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.

Are services caring?

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

- We saw that staff treated clients with dignity and respect, whilst maintaining patient information confidentially.
- Clients were involved in decisions about their care and treatment.
- Clients were given a longer appointment for their first consultation.
- All of the client feedback we saw was positive about the service they had experienced. Staff were described as putting clients at their ease and being caring.

Are services responsive to people's needs?

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

We found an area where improvements should be made relating to the responsive provision of treatment. This was because the provider should improve signage to the MASTA clinic to support client access.

- Consultations and treatment were available to anyone who chose to use it and paid the appropriate charges. This was identified on the website, service leaflet and also when contacting the service direct.
- Clients were positive about access to the service and appointments.

Summary of findings

- Signage within the travel store directing clients to the MASTA travel clinic was not clear.
- There were no facilities to support access to the lower ground floor where the service was located. However, clients were informed of this by the website and through contact with the service. Alternative, more suitable, locations were available if required.
- After consultation, clients 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 clinic and on the MASTA website. 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 service had a comprehensive governance framework which supported the delivery of quality care. This included an organisational overview of policies, incidents, complaints and areas of risk.
- There was a clear leadership structure and staff said they felt supported by management.
- There was a culture of openness and honesty.
- Feedback was proactively sought from clients and staff. We saw examples where feedback had been acted upon, for example refurbishment of the client waiting area.
- There was a focus on continuous learning and improvement at all levels.

MASTA Travel Clinic - Leeds

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection at MASTA Travel Clinic Leeds on 11 October 2017. Our inspection team was led by a CQC inspector and was supported by a nurse specialist advisor and a second CQC inspector. There was also access to telephone advice from a member of the CQC medicines team.

Prior to this inspection we gathered information from the provider from a pre-inspection information request. Whilst on the inspection we interviewed staff and reviewed key documents, policies and procedures in use by the service.

During the inspection we:

- Spoke with the senior specialist travel health nurse, an additional specialist travel health nurse and a clinical compliance manager.
- Observed communication and interaction between staff and clients face to face.
- Reviewed clinical templates used with clients.

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 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 care in accordance with the relevant regulations. There was one area where the provider should make improvements:

- Reassure themselves that standards of cleanliness are maintained in those areas where the service does not have direct responsibility. These are areas MASTA staff have access to and could potentially have an impact in relation to infection prevention and control

Reporting, learning and improvement from incidents

We reviewed the systems in place for reporting and recording incidents and near misses. There had been four incidents reported in the previous 12 months (one of which was also reported as a complaint). We looked at the incident summary, which contained anonymised details of incidents reported, investigations, actions and learning to be shared across the organisation.

Investigations were undertaken at a local level, using a root cause analysis framework. Information was escalated to MASTA head office, where all incidents were also reviewed and monitored. There was analysis of themes, trends and numbers of incidents across all locations to support any identified changes in processes or service delivery. 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. Only when the organisation was satisfied that actions had been completed or the issue resolved would the incident be closed.

Staff were able to demonstrate their understanding and responsibility regarding raising concerns.

Reliable safety systems and processes (including safeguarding)

The clinic had comprehensive systems, processes and practices to keep clients and staff safe and safeguarded from abuse. Relevant legislation and local policies and procedures were accessible to staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a client's welfare. In addition, staff had access to national numbers in the event of any safeguarding concerns.

The senior specialist travel health nurse was the safeguarding lead at the clinic. All the nurses had received training on adult and child safeguarding to level three. There was 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.)

Medical emergencies

The clinic had arrangements in place to respond to medical emergencies. All staff had received basic life support training and had an understanding of what to do in a medical emergency. Emergency medicines to be used in cases of anaphylaxis were safely stored in both consulting rooms. (Anaphylaxis is a serious allergic reaction that is rapid in onset and can be fatal if not responded to.) We saw records to show that emergency medicines and equipment were checked on a regular basis. All the medicines we checked were in date and fit for use.

Staff had access to an oxygen cylinder with adult and children's masks. There was not a defibrillator on site and at the time of inspection a risk assessment was not in place to support the decision. However, within two working days post-inspection a comprehensive risk assessment had been undertaken and was provided to us. This was in line with national resuscitation guidelines (Resuscitation Council UK). We were informed that a risk assessment would be undertaken on an annual basis. We saw notices advising staff of the location of the nearest defibrillator.

Staffing

Staff across all MASTA locations were recruited using a standard framework. We saw the recruitment policy, induction programme, mandatory training plan and appraisal form. Newly recruited staff undertook a programme of induction, which included shadowing other nurses in clinics and assessments of their own consultations.

All staff personnel/recruitment files were stored at the head office in Leeds and not at local clinics. We saw evidence that, prior to employment, appropriate recruitment checks were carried out. For example, proof of qualifications, registration with the appropriate professional body, proof of identity, references and Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a

Are services safe?

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 provider's policy stated that two yearly DBS checks were to be undertaken on all staff. We saw evidence to support this.

All the staff based at the Leeds location were qualified and registered nurses, who had received specialist training in travel health. We saw records and qualifications to confirm this. All nurses were supported to undertake revalidation. Revalidation is the new process that all nurses and midwives in the UK will need to follow to maintain their registration with the Nursing and Midwifery Council (NMC), which allows them to practise.

We saw training records which showed that staff were up to date with mandatory training, such as fire safety and basic life support. Staff also received regular in-house bespoke training and updates appropriate to their role.

Monitoring health & safety and responding to risks

Staff had undergone health and safety training and had access to the relevant policies, which related to monitoring and managing risks to patient and staff safety. Any risks identified by MASTA staff were shared with head office. These were then acted on appropriately and actions recorded. Any risks relating to the building itself were communicated to the contract holder of the premises. Records were kept to monitor when those risks had been reduced.

The provider had indemnity arrangements in place to cover potential liabilities which may arise.

Infection control

There was an infection prevention and control (IPC) policy in place and all staff had been trained in this area. The senior specialist travel health nurse was the IPC lead for the clinic and was supported by a governance team based at head office. We saw audits relating to IPC, which identified any actions and dates for completion.

Nursing staff took responsibility for ensuring the consulting rooms and waiting area were of a good standard of cleanliness and hygiene. We saw records of monthly, quarterly and annual checklists the nurses used to record any areas of concern. Staff had access to handwashing facilities in each consulting room. The contract for general cleaning of the premises, including the kitchen and toilet areas, was held by the travel store and any areas of concern were raised with them.

There were arrangements in place for clinical waste disposal. There were effective arrangements in place to meet the Control of Substances Hazardous to Health (COSHH) requirements. We saw that a legionella risk assessment had been undertaken, and appropriate processes were in place to prevent contamination. Legionella sampling had been carried out, which had identified no contamination. (Legionella is a bacterium which can contaminate water systems in buildings.)

Premises and equipment

The clinic was located in the basement of a travel shop. Access to the MASTA waiting area and consulting rooms were via a staircase, which had a wooden gate at the top. In response to patient feedback the areas of which MASTA had responsibility for (the consulting rooms and waiting area) had recently been painted and refurbished.

There was a verbal contract with the travel store which allowed the MASTA staff to use the kitchen and toilet areas. At the time of inspection it was noted that these areas were unclean, untidy and in a poor state of repair. We raised this with the service and were informed they did not hold the contract for the cleaning and maintenance of those areas. However, they acknowledged there had been some issues which had been raised with the travel shop (responsible for the contract) on several occasions and dialogue with them was ongoing.

There were no toilet facilities for the clients and they were informed of this both via the website and also when booking an appointment. The nearest toilet facilities were approximately three minutes' walk away.

All electrical equipment was tested to make sure it was safe to use. Clinical equipment was checked to ensure it was calibrated and in good working order. There was a fire evacuation plan displayed and firefighting equipment was available.

Safe and effective use of medicines

There were arrangements in place for managing medicines, including obtaining, prescribing, recording, handling, storing and security. The service had policies and standard operating procedures relating to travel health. There were

Are services safe?

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 written up by the medical team and the pharmacy team signed them off. They were then distributed electronically. Staff were not able to sign the document until they had read it through. All were signed individually and a copy 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 medicines had been administered.

Medicines and vaccines were stored securely and appropriately. Vaccine fridge temperatures were monitored and recorded twice a day. Each of the two fridges also had an internal 24 hour electronic thermometer. This was downloaded onto the computer and could show if there had been any temperature anomalies when the clinic was closed. We saw evidence of a cold chain audit which was undertaken on an annual basis.

All medicine and healthcare alerts were monitored, actioned and cascaded to staff for information by the clinical governance team at head office. These included details of any potential or actual shortages of vaccines.

Are services effective?

(for example, treatment is effective)

Our findings

Assessment and treatment

Staff were aware of relevant and current evidence based guidance and standards. The organisation had systems in place to keep all staff up to date. The central MASTA team issued a Travel Health Brief, whereby all information from relevant sources, such as Public Health England and the National Travel Health Network and Centre (which is commissioned by NHS England), was co-ordinated into one place. This supported ease of access and the most up to date information being available to support staff in delivering care and treatment to meet clients' needs.

A longer appointment was given for a client's first consultation, 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. A tailored treatment plan was then devised for each client. This contained which medicines/ vaccines had been administered or recommended and health advice, including areas of concern relating to specific areas of travel. For example, a high risk of malaria or a disease epidemic.

The service recognised that clients may not return to the clinic following treatments. Consequently, they undertook follow-up communication with the client in order to assess the efficacy of any treatments. Results from this were recorded in their record.

A programme of clinical audit was undertaken. Data was collated from all MASTA locations and used in audit. This supported an effective method of monitoring what was happening across the organisation. Shared learning was cascaded to all staff. Monitoring of improvements was done at a local and organisation level. We saw several audits which demonstrated an improvement in the quality of client treatment and advice. For example, an audit regarding yellow fever vaccination had shown an improvement in the documentation of discussions held with clients relating to vaccine and age risk; from 71% to 92% and from 37% to 84% respectively. Training had been undertaken with staff after the initial audit. However, the organisation aspired to a 100% rate and further refresher training had been arranged.

Staff training and experience

There was a comprehensive induction programme for newly appointed staff. This incorporated a course on travel health, shadowing of other specialist travel health nurses and competency assessments.

The nurses had all received comprehensive training relating to their roles, specifically regarding travel health and vaccinations. They received regular updates and had access to the most up to date travel health information. All staff were up to date with mandatory training such as safeguarding, infection prevention and control, fire safety, health and safety awareness and confidentiality. Training and development needs were identified through appraisals, meetings and service development. The specialist travel health nurses were supported to undertake a diploma in travel health. In addition, they were given at least one day per year for personal development.

Nurses were supported with their revalidation to remain on the Nursing and Midwifery Council (NMC) register. The organisation had a system in place to monitor the professional registration of the nurses they employed.

Working with other services

As part of the initial health check prior to treatment offered, clients were asked it they had recently undergone any treatment, such as chemotherapy, or had a medical condition which may cause immunosuppression. In instances where this was confirmed, consent would be sought from the client for the service to consult with their GP or consultant before any treatment would be administered. The outcome would be recorded in the client's notes. This co-ordination of treatment was particularly important when giving live vaccines to clients.

Outside of the client consultations, the service worked with other travel and health organisations to ensure they had the most up to date information.

Consent to care and treatment

Staff understood the relevant consent and decision making requirements, including the Mental Capacity Act 2005.

All clients were asked for consent prior to any treatment being given. Verbal consent was recorded and written consent was scanned into the client's record. We were informed that treatment was not undertaken without a client's consent. We saw evidence that consent forms were completed fully and appropriately signed.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed that staff were respectful and courteous to clients and treated them with dignity and respect. The nurses went into the waiting area to call a client through to the consulting room. We noted that consultation room doors were closed during consultations and telephone calls and conversations could not be overheard.

All of the client feedback we saw was positive about the service they had experienced. Staff were described as being friendly, caring and putting clients at their ease.

Involvement in decisions about care and treatment

Information was given about treatments available and the client was involved in decisions relating to this. We saw evidence that discussions about procedures and outcomes were recorded in clients' records. Written information was available to describe the different treatment options available. At each appointment clients were informed which treatments were available at no cost through the NHS.

Clients also received an individualised comprehensive travel health brief detailing the treatment and health advice relating to their intended region of travel.

Staff told us that although the number of non-English speaking patients was very low, interpreter or translation services could be made available if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Information was available on the MASTA website, informing prospective clients of the services provided. All new clients had to initially register either online or by telephone to receive a unique client identification number. There were MASTA staff available to assist with registration, should the client encounter any issues.

The initial appointment was via a telephone consultation with a specialist travel health nurse. If any treatment was recommended a face-to-face appointment was then booked at a clinic suitable to the client. Clients were verbally advised to bring details of any relevant medical conditions or treatments and previous vaccination records. A follow-up email to confirm the information and appointment details was also sent to the client.

After consultation, clients 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 MASTA organisation had oversight of the national and worldwide supply of vaccinations and monitored where demand may exceed supply. There were contingencies in place to support service provision to clients in those circumstances.

In addition to travel vaccines, the service was able to dispense anti-malarial medication through the use of PDGs/PSDs. Other travel related items, such as water purification products, were also available for clients to purchase.

Tackling inequity and promoting equality

Consultations and treatment were available to anyone who chose to use it and paid the appropriate charges. This was identified on the website, service leaflet and also when contacting the service direct.

The number of non-English speaking clients accessing the service was extremely low, however there was access to translation services should the need arise. We were informed that a member of staff, from another location, was currently tasked with developing pictorial cards to support those clients who may have some language difficulty. These would be cascaded across all MASTA locations.

The service acknowledged there was no disabled access and informed clients of this. Those clients were then directed to alternative locations.

Access to the service

MASTA Travel Clinic Leeds was located on the lower ground floor of city centre travel store and had good access to public transport and road links. There were no car parking facilities onsite, however there were pay for parking facilities within a five minute walk.

There were stairs leading down to a waiting area and two consulting rooms. Patients with mobility problems were advised there was no lift access and may be referred to an alternative location. In addition, there were no toilet facilities for clients. This was identified on the website and also upon making an appointment. However, there was a toilet and kitchen area available to MASTA staff, which was shared with the travel store staff.

Opening hours of the service were 10am to 6pm Monday, Tuesday, Wednesday, Friday and Saturday. Thursday opening hours were 11am to 7pm. Clients could book an appointment online or via the telephone. The majority of appointments were bookable in advance only. However, we were informed that priority appointments were available in urgent circumstances.

On a scale of zero to ten (zero being very poor and ten excellent), the MASTA customer survey for the Leeds location showed clients rated the service as follows:

- How easy was it to make an appointment – average 8.6
- How convenient were the appointment times – average 8
- How prompt was the time of appointment – average 9.4

Concerns & complaints

There was a process for dealing with concerns and complaints. Information was available which detailed the processes and timescales; should clients wish to make a complaint.

Any verbal complaints raised locally were dealt with by the senior specialist travel health nurse. All written complaints were directed to head office. Information regarding verbal

Are services responsive to people's needs?

(for example, to feedback?)

and written complaints was collated by head office from all locations. This enabled audit of consistency and themes, which could result in changes being made across the organisation. If a complaint was made to head office, this would be investigated at that level and information cascaded down to the location involved. Any negative feedback obtained through the client survey or feedback forms was also followed up.

We reviewed the one complaint which had been received in the preceding 12 months. This had also been recorded on the incident reporting system. We saw that the complaint had been investigated and responded to appropriately and in line with the organisation's policy.

Are services well-led?

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

Our findings

Governance arrangements

MASTA Limited had an overarching governance framework, which supported strategic objectives, performance management and the delivery of quality care. This encompassed all MASTA Travel Health Clinics and ensured a consistent and corporate approach.

Policies, procedures and standard operating procedures were developed and reviewed at organisation level. These were cascaded and implemented in the network of MASTA clinics. Staff had access to these 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 dedicated MASTA complaint and incident review meetings held every quarter.

There was a comprehensive understanding of both local and organisational performance. A range of regular meetings were held which provided an opportunity for staff to be engaged in the performance of the service.

Leadership, openness and transparency

There was a clear organisational leadership, management and staffing structure. There was a range of departmental staff based at head office, which included the Medical Director, Human Resources Manager, Education Lead Nurse and General Manager. All specialist travel health nurses reported to the senior nurse who reported to a head of operations.

There was evidence of a range of minuted meetings held at both a local and wider organisational level. Minutes were comprehensive and available for staff to review.

Staff said the culture of the organisation was one of openness and they were encouraged to raise any issues, concerns or ideas for improvement. They felt supported both locally and at an organisational level by administration, managerial and clinical staff.

Staff were aware of their responsibility to comply with the requirements of the Duty of Candour. (This means that people who used services were told when they were affected by something which had gone wrong, were given an apology and informed of any actions taken to prevent any recurrence.)

Learning and improvement

There was a focus on ensuring staff had the knowledge and skills to undertake their role. There was a programme of training for staff to access. Staff were encouraged to develop and improve their knowledge. For example, to undertake a diploma in travel health. Dedicated time was made available for staff to participate in learning events.

We saw evidence of analysis of clinical audits, significant events and client feedback. These were used to support improvements in service delivery and client satisfaction.

Provider seeks and acts on feedback from its patients, the public and staff

The service encouraged and valued feedback from clients and staff.

After each consultation the client was asked to complete a satisfaction survey. There was also a 'how did we do' feedback form and box in the waiting area. Each quarter the results were compiled and analysed to identify any themes or areas for improvement. We were informed of changes that had been made to the waiting area as a result of client feedback.

Feedback from staff was gathered through meetings and informal discussions. Changes had been made as a result of staff feedback, for example the central signing system for PGDs had arisen from a suggestion made by a member of staff.