

MASTA Limited

MASTA Travel Clinic Birmingham

Inspection report

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Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection June 2018 – Choose a rating)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Medical Advisory Service for Travellers Abroad (MASTA) Travel Clinic Birmingham under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

Summary of findings

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 and to rate the service.

MASTA Travel Clinic Birmingham is a private clinic providing travel health advice, travel and non-travel vaccines and travel medicines such as anti-malarial medicines to children and adults. In addition, the clinic holds a licence to administer, Yellow fever vaccines and also provides non- travel vaccines. The service was also now providing blood tests for a range of screening including as part of occupation health services. The service is registered with the Care Quality Commission (CQC) 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 service is registered with the CQC under the Health and Social Care Act 2008 to provide the following regulated activities: Treatment of disease, disorder or injury; Diagnostic and screening procedures and is registered with CQC in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At MASTA Travel Clinic Birmingham, services are also provided to patients under arrangements made by their employer or an insurance company with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at MASTA Travel Clinic Birmingham, we were only able to inspect the services which are not arranged for patients by their employers or an insurance company with whom the patient holds a policy (other than a standard health insurance policy).

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 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 CQC comment cards to be completed by clients prior to our inspection so that people who used the service could share their views and experiences of the service. We received one completed comment cards which was positive.

Our key findings were:

- There were systems and processes in place to keep people safe such as safeguarding procedures, effective recruitment procedures and infection prevention and control, but not all risks were fully considered.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded. Significant events were investigated, acted on when necessary and learning shared with staff.
- 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, including up to date travel health information.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care. MASTA Birmingham had received positive feedback from comment cards and surveys completed by people who accessed the service.
- The service took account of patient needs and preferences. Patients could access the service in a timely manner
- There was a corporate leadership structure with clear responsibilities and systems of accountability in place to support the governance arrangements, but some areas lacked effective oversight

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

- Consider photographic identification checks for adults who have parental responsibility for children, in order to ascertain the correct identity.
- Provide clear information for clients regarding accessible facilities within the premises.
- Review governance systems to ensure effective oversight. For example, risk management.
- Review policies in line with their renewal dates.

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

MASTA Travel Clinic Birmingham

Detailed findings

Background to this inspection

Our inspection team was led by a CQC lead inspector. The team included a nurse specialist advisor.

MASTA Travel Clinic Birmingham is located at Neville House, 14 Waterloo Street, Birmingham, B2 5TX. The private travel clinic is a location for the provider MASTA (Medical Advisory Service for Travellers Abroad) Limited. MASTA Limited provides more than 170 private travel clinics across

the UK. McKesson Europe AG (previously Celesio AG) provides pharmacies throughout Europe and recently acquired MASTA Limited.

The service offers travel health consultations, travel and non-travel vaccines and travel medicines such as anti-malarial medicines to children and adults. The service has recently started to offer blood tests for a range of screening for example, patients of who require blood tests for antibody screening. There is one registered nurse on duty who is a specialist travel health nurse. The nurse is supported by a head of operations (non-clinical manager) and a regional manager. There is a corporate governance

structure and a senior leadership team who support the delivery of the service. Staff have access to a medical team for clinical advice and support. The nurse can see up to a maximum of 14 clients per day.

The Birmingham clinic is open from 11am to 6.30pm on Mondays and 7.45am to 3.15pm Wednesdays; appointments are available between these times. MASTA provides a telephone consultation service with specialist travel nurses and has a central customer service team to manage appointment bookings and queries.

This service was previously inspected June 2018 however, the service was not rated at the time. The purpose of this inspection was to provide a rating for the service.

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

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

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

Are services safe?

Our findings

We rated safe as Good because:

There were systems and processes in place to keep people safe such as safeguarding procedures, effective recruitment procedures and infection prevention and control, but not

all risks were fully considered or managed.

Safety systems and processes

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

- The service has conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance.
- There were systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- An adult accompanying a child had parental authority was asked for the Child Health Record (Red Book) or proof of their identity however, this did not include photographic identity.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff who acted as chaperones were trained for the role and had received a DBS check. There was a chaperone policy and posters offering a chaperone service were visible. (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). Staff we spoke with explained that due to the nature of the service there was not a huge demand for chaperones and although there was only one staff on duty at any one time, arrangements were in place to accommodate requests.

- There was an effective system to manage infection prevention and control. Infection prevention and control audits took place and any improvements identified for action were completed.
- The service had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). There was a regular water flushing process, water temperature monitoring and water testing to minimise any potential risks. Staff assured us that a Legionella risk assessment had been carried out and we saw evidence of a risk assessment at our previous inspection in June 2018. However, we were unable to view a recent risk assessment.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- At our last inspection we identified that clinical waste was not disposed of or classified correctly so that it could be managed correctly upon collection. During this inspection we saw this was appropriate. However, there were gaps in the systems for managing healthcare waste. Clinical waste awaiting collection was stored in an area shared with other services. However, there were no labels to ensure they were traceable in the event this was required. Staff acknowledged this was an oversight and during the inspection developed labels which they told us would be in use.
- Fire policies and procedures were in place. The practice was based in a shared building, fire drills and fire alarms testing were undertaken by management services contracted by the landlord and we saw evidence to support this. Staff had completed fire training and there were fire marshals in place. A fire risk assessment was completed in May 2019, however, not all the actions identified had been acted on such as the need for more clear signage.
- A health and safety risk assessment was undertaken in May 2019, a number of actions denied, some had been acted on and others were ongoing however, the risk assessment had not been updated to evidence the completion dates.

Risks to patients

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

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- In the event an emergency did occur, there were systems in place to respond appropriately. The provider had carried out a risk assessment to mitigate the risk associated with not having on-site access to a defibrillator and identified the location of two community defibrillators which were close to the clinic and accessible during the service opening times. We saw instructions placed with other emergency equipment which provided staff with clear directions of where to locate the community defibrillators.
- Staff had received training in basic life support. Emergency equipment was available including access to oxygen. Emergency medicines for the treatment of anaphylaxis were in a secure area of the clinic but easily accessible to staff and all staff knew of their location.
- There was a first aid kit available within the travel clinic and staff had received training in its usage.
- There were indemnity arrangements in place to cover potential liabilities

Information to deliver safe care and treatment

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

- Staff had the information they needed to deliver safe care and treatment to patients. On registering with the service, clients were required to complete a series of questions as part of the assessment process.
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks.
- Staff prescribed, administered or supplied medicines to clients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines

Track record on safety and incidents

The service had a good safety record, but we identified some gaps.

- Risk assessments in relation to safety issues were undertaken. However, these were not always fully embedded. For example, there were systems and processes for infection prevention however, clinical waste was not appropriately labelled. Fire and health and safety risk assessments were undertaken but not all of the actions were completed. There were data sheets for the control of substances' hazardous to health (COSHH) which provided information on what to do in the event of accidental exposure. However, there were no risk assessments.
- The service monitored and reviewed safety activity, this enabled the service to understand most but not all risks but provided a clear and current picture that led to safety improvements.

Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- The service had a comprehensive system for recording and acting on significant events including near misses. There had been no incidents since our previous inspection. However, a new 'Near miss' template had been developed to capture any potential learning.
- Staff we spoke with understood their duty to raise concerns, report incidents and near misses and said leaders and managers supported them when they did so. There were systems for reviewing and investigating

Are services safe?

when things went wrong. The service learned and shared lessons, identified themes and took action. The process for responding to incidents involved investigations at a local level, using a root cause analysis framework. Information was then escalated to the MASTA head office, where all incidents were also reviewed and monitored. Incidents including significant events and near misses were discussed in clinical, regional and national meetings.

- In response to a significant event at another MASTA service location, the provider had made a number of improvements to systems and processes to reduce the likelihood of reoccurrence including changes to the health questionnaire.

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.
- The service had systems in place for knowing about notifiable safety incidents and used a range of information to identify risks and improve patient safety. For example, national infectious disease outbreak alerts as well as alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA).
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. Staff explained that in the event of unexpected or unintended safety incidents the service would provide affected people reasonable support, truthful information; a verbal and written apology.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

The service carried out assessments and treatment in line with relevant and current evidence based guidance and standards.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The 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.
- Clinicians had enough information to make or confirm a diagnosis. A comprehensive assessment was undertaken which included an up to date medical history. In response to a significant event at another service location, the provider had implemented changes to the health questionnaire across all locations to ensure specific information was obtained prior to administering a travel vaccine.
- Additional virtual clinical support was available during each consultation from the medical team located at MASTA head office. Staff we spoke with provided clear explanation of situations when further clinical support would be requested.
- Latest travel health alerts such as outbreaks of infectious diseases were available.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The provider had a programme of quality improvement activity and routinely reviewed the effectiveness and

appropriateness of the care provided. For example, we saw evidence of an audit reviewing compliance of anti-malaria treatment. Annual Yellow fever audits were undertaken in line with national requirements.

- The provider had undertaken an audit of emergency medicines across all service locations to ensure consistency and as a result of findings a new checklist had been developed. A record keeping audit was in progress with the aim to review the quality of information recorded.

Effective staffing

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

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff had received specific training relevant to their role and could demonstrate how they stayed up to date for example, staff had completed the annual Yellow fever training update in March 2019.
- Staff were encouraged and given opportunities to develop such as attendance on a nationally recognised diploma in travel medicine. Regional and national meetings were held where learning and up to date guidance was shared for example, intercollegiate guidelines for safeguarding.
- Annual training days were arranged by MASTA and staff explained that external speakers and educators were invited.
- The service provided staff with ongoing support. This included an induction process; one-to-one meetings face to face and by telephone. A new regional manager was in post to support staff locally.
- Staff had appraisals, clinical supervision and support for revalidation.
- Newly appointed nurses received support for six weeks which included longer appointment times, protected time for learning and development and support from a nominated mentor.
- Nursing staff were registered with the Nursing and Midwifery Council and were up to date with revalidation.

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

- Clients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. 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 and the clients GPs in a timely way. There were processes in place when consent was not given. For example, clients were given a letter and given advice regarding sharing relevant information with their registered GPs.
- Before providing treatment, staff at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history for, example before administering the Yellow fever vaccine. Clients completed a health questionnaire prior to their consultation with staff.
- The development of partnerships with independent pharmacies promoted interactive and co-ordinated travel healthcare.

Supporting patients to live healthier lives

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

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

travel health brief and travel consultation tool used by nurses talked clients through advice to prevent and manage travel health related diseases. For example, precautions to prevent Malaria and advice about food and water safety.

- Where appropriate, staff gave clients advice, so they could self-care.
- Where clients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Nursing staff understood the requirements of legislation and guidance when considering consent and decision making including the Mental Capacity Act 2005.
- Staff had received specific training relevant to travelling abroad for cultural or religious treatments.
- Consent was received verbally and documented within the patients clinical notes.
- Written consent was obtained for clients employed by the Foreign Commonwealth Office in line with the service agreement in place.
- For clients whose costs were not being paid by their employer, treatment costs were clearly laid out and explained before treatment commenced.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated caring as Good because:

Staff dealt with patients with kindness and respect and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from clients was positive about the way staff treat people
- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave clients timely support and information.

Involvement in decisions about care and treatment

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

- A comprehensive travel health brief 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.
- Interpretation services were available for those who did not have English as a first language. We saw no notices

in the waiting areas informing clients the service was available but staff we spoke with explained this would be identified when the appointment was booked, and necessary arrangements would be made. Information leaflets were available in easy read formats upon request, to help clients be involved in decisions about their care.

- Feedback from MASTA comment cards and surveys demonstrated that clients 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.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if clients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The service complied with the Data Protection Act 1998 and the management of personal

data in line with the General Data Protection Regulation (GDPR).

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

The service was responsive to clients' needs and preferences. Clients could access the service in a timely manner.

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. For example, the opening time on a Monday had been changed to accommodate late appointments. Clients had the option of being seen at a local pharmacy who delivered services for MASTA and telephone consultations were available.
- The facilities and premises were appropriate for the services delivered.
- Adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. There were arrangements in place for clients who had difficulty accessing the service such as those with mobility difficulties or required the use of a wheelchair. For example, a mobile ramp was available, there was lift access and clients could be referred to other MASTA travel clinics which were more accessible. However, there were no accessible toilets within the premises. Staff told us that clients could use facilities within the local area although this information was not made clear to clients.

Timely access to the service

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

- Clients accessed the service through a customer contact centre. The service was open between 11am and 6.30pm on Mondays and 7.45am to 3.15pm on Wednesday, with a one-hour closure for lunch. The nurse was 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.
- Booking were managed by MASTA customer services centre; alternatively, clients were able to book appointments direct using the service website. Staff explained that at the time of booking an appointment, clients were given a unique identification number which they were required to present during their appointment.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded/did not respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concern was available. There had been only one complaint since the previous inspection which was ongoing. Staff told us that complaints were listened to and acted on and clients would be treated compassionately.
- The service informed clients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place and systems in place to ensure lessons were learnt from individual concerns, complaints and from analysis of trends to improve the quality of care.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

There were systems in place to ensure good governance, but some areas lacked oversight.

Leadership capacity and capability;

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

- Structures, processes and systems to support good governance and management were in place. The provider had a corporate governance structure with oversight and accountability of the governance across all service locations. However, the system needed further strengthening as we identified some gaps.
- During this inspection we did not visit the head office. We spoke with the regional manager and the registered manager, who was the lead nurse for the Birmingham clinic. They demonstrated they had the capacity and skills to deliver high-quality, travel and non-travel services at the Birmingham 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 were clear on their roles and accountabilities.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. This included the medical team, who monitored disease situations and outbreaks across the world and provided clinical support to the nurse.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. A new regional management role had been established to ensure support and oversight of services locally.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff 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. They had confidence that these would be addressed.
- 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.
- The provider had a whistleblowing policy in place. A whistle blower is someone who can raise concerns about practice or staff within the organisation.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. 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.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However, the governance arrangements needed strengthening.

- Structures, processes and systems to support good governance and management were in place. The

Are services well-led?

Good 

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

provider had a corporate governance structure and a senior leadership team with oversight and accountability of the governance across all service locations.

- The provider had recently appointed regional managers and regular meetings were held locally and nationally to discuss incidents and complaints, these were minuted. However, we identified gaps in areas such as health and safety.
- Staff were clear on their roles and accountabilities for example in areas such as safeguarding children and medicines management.
- MASTA had an operational support structure for nurses who required clinical support during clinics.
- Leaders had established proper policies, procedures and activities to ensure safety but had not always assured themselves that they were operating as intended such as the management of clinical waste and health and safety. Not all policies had been reviewed in line with the providers renewal dates.

Managing risks, issues and performance

There were clear processes for managing risks, issues and performance but these were not always fully embedded.

- There was a process to identify, understand, monitor and address current and future risks including risks to client safety. For example, the staff undertook a variety of daily, weekly and monthly checks to monitor the safety of the clinic. However, we identified gaps in the consideration and management of risk. For example, it was not always clear if all of the actions identified in a risk assessment were completed, some risks had not been fully assessed such as COSSH.
- There were operational arrangements in place for identifying, recording and managing risks, such as an assessment to mitigate risks in the absence of a defibrillator and a comprehensive response following a significant event.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through appraisals, one to one meetings and record keeping audits to review consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.

- Clinical audits had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality.
- The provider had plans in place and staff were aware of what to do in the event of a major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance at corporate level. This included reviewing budget and ensuring the development of core services and new areas of growth and innovation.
- 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. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The provider was registered with the Information Commissioner's Office and had its own information governance policies. All staff had signed a confidentiality agreement as part of their job contract.

Engagement with clients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views from the public, patients, staff and external partners and acted on them to shape services and culture. Feedback was obtained from comment boxes in the reception area, complaints and customer delight surveys which were conducted every three months. There was a low uptake of the survey, the results of the last customer delight survey conducted during March and May 2019 was positive. However, only five out of the 123 clients who

Are services well-led?

Good 

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

attended had completed the survey. We saw feedback received from the comments box, there were 12 completed comment cards which were positive about staff and the service.

- Staff could describe to us the systems in place to give feedback. This included appraisals during one to one meeting and both local and national meetings
- The clinic worked closely with its partnership organisation STA Travel and local pharmacies

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. Learning was shared from other clinic locations and partnership services

- The service made use of internal and external reviews of incidents and complaints.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.
- The provider used information technology systems to monitor and improve the quality of care. For example, each vaccine name and batch number were automatically available on the IT system and were populated by the system onto each client record once administered.