

Aquamarine Medicals

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

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

The service was registered with Care Quality Commission (CQC) on 31 May 2022 and this is the first inspection since registration.

This service is rated as Good overall.

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 Aquamarine Medicals on 01 November 2022 as part of our planned inspection programme.

Aquamarine Medicals is a location and the registered provider is Aquamarine Medicals Limited.

Aquamarine Medicals Limited was incorporated in January 2020 with Aquamarine medicals operating as a sole trader from 2018 to 2020. At this time the provider was an occupational health assessment provider for the maritime and offshore industries and as such was out of scope for CQC registration. On 31 May 2022 Aquamarine Medicals Limited registered with CQC to be registered for the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury, in order to offer travel and occupational vaccination, phlebotomy services and drug screening tests on a private basis from their existing premises.

This service 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 types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We inspected those procedures offered by Aquamarine Medicals which are regulated activities, for example, travel vaccination, phlebotomy services and drug screening tests on a private basis.

The clinic provided services for privately funded patients who self-refer to the service and a wider service to the community through service provision to organisations. Consultations were provided face to face or online. Vaccinations were provided for adults and children. The service vaccinated children from the age of 2 weeks if appropriate, within the licence for the vaccine. The service has recently been accredited to provide Yellow Fever Vaccine. For undertaking blood tests, the minimum age treated was 18 years (unless for occupational purposes such as joining the Royal Fleet Auxiliary and then the minimum was 17 years).

The service inspected was in its infancy and had seen and treated up to 50 patients each month.

Overall summary

Aquamarine Medicals have two company directors. A qualified and practicing doctor is a director and 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 people'. 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.

Further staff included another doctor, three trained nurses, one health care assistant with a phlebotomy qualification and two administrative staff.

As part of the inspection we looked at patient feedback received by the service. The service told us, once they are more established, they will undertake regular feedback via email surveys after consultation. During the inspection, we reviewed online written comments from people using the travel health service. Feedback from patients and staff was consistently positive

Our key findings were:

- The service had clearly embedded systems, processes and operating procedures to keep patients safe, to manage a safe environment, to manage incidents and significant events and to safeguarded patients from abuse.
- Staff had the information they needed to deliver safe care and treatment to patients. There was a system in place for reporting and recording of incidents and significant events and the service learned and made improvements when things went wrong.
- The provider assessed and delivered care and treatment in line with current legislation, standards and guidance. Patients using the service were assessed, given information and given travel advice. The service monitored the effectiveness and appropriateness of the care it provided. Staff had the skills, knowledge and training to provide an effective service. Consent was obtained and recorded.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The service organised and delivered services to meet patient's needs. Opening times and appointments were flexible enabling patients who worked to attend during the evenings and at weekends. The service took complaints and concerns seriously, however no complaints had been received since the service opened.
- Management had the capacity and skills to deliver quality sustainable care. There were clear responsibilities, roles and systems of accountability to support good governance and management. There were effective processes for managing risks, issues and performance. There were systems and processes for learning, continuous improvement and innovation.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector and included a CQC Inspection Manager.

Background to Aquamarine Medicals

- Aquamarine Medicals is operated by Aquamarine Medicals Limited and is registered with the CQC to provide the regulated activities: Diagnostic and screening procedures, and treatment of disease, disorder or injury from the registered location:
- 1 Emma Place Ope, Stonehouse, Plymouth, Devon. PL1 3FD
- The service provides travel and occupational vaccination and a phlebotomy service within an existing specialist occupational health business.
- Travel vaccinations are provided for any age group. The phlebotomy service is only for 18 years of age and older with the one exception of 17 years old joining a military auxiliary service.
- Aquamarine Medicals are near Plymouth town centre. There is street parking available nearby. The premises are accessible by public transport and are at ground floor level and accessible to individuals who have a disability. There are three consulting rooms, one toilet, one small kitchen, one small room where hearing tests are conducted in a hearing booth and a reception area.
- The service is open Monday to Thursday 0800 to 1730, with online appointments also available on Fridays. Out of hours telephone calls go to an answering service who then message the registered manager. Out of office emails are monitored by the registered manager.
- People can contact the clinic by telephone or through the website *Info@aquamarinemedicals.co.uk*

How we inspected this service

Before the inspection, we asked the provider to send us information about the service. This was reviewed prior to the site visit.

We also reviewed information held by CQC on our internal systems.

During the inspection we spoke with the provider, reviewed documentation and records including clinical records. We made observations of the premises, facilities and the service provided.

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?

We rated safe as Good because:

- The service had clearly defined systems, processes and operating procedures to keep patients safe, to monitor the environment and safeguard patients from abuse.
- Infection prevention and control systems (IPC) and processes were effective.
- Staff had the information they needed to deliver safe care and treatment to patients.
- There was a system in place for reporting and recording of incidents and significant events and the service learned and made improvements if things went wrong.

Safety systems and processes

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

- The provider conducted risk assessments to ensure a safe environment. Safety policies were regularly reviewed, and staff were updated with safety information as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse and staff knew how to identify and report abuse concerns. Clinical staff received up-to-date safeguarding and safety training level three, in line with current intercollegiate requirements. Reception staff received training to level two. Staff acted as chaperones when needed and chaperone training had been provided.
- There was a proactive approach to anticipating and managing risks to patients using the service. For example, staff had received training about female genital mutilation (FGM) to inform any travellers going to high-risk countries.
- All children under the age of 18 required an accompanying parent. All children under the age of 18 years required photographic identification to confirm their age. We saw the service had systems in place to ensure that an adult accompanying a child had parental authority.
- 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).
- The provider had obtained evidence of current registration with professional bodies such as the Nurses, Midwives Council and General Medical Council for clinical staff. Assurance of professional revalidation with the bodies was also obtained.
- The provider carried out appropriate environmental risk assessments, which considered the profile of patients using the service and those who may be accompanying them,
- The premises were clinically suitable for the assessment and treatment of patients. The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- There was an effective system to manage infection prevention and control. The facilities were clean and audits of the environment ensured ongoing good levels of hygiene. Further checks including checks on hot water systems for legionella were maintained. (Legionella is a bacterium which can be found in water systems and must be monitored to reduce any risks of infection).

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective induction system for staff tailored to their role.

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Should staff have any safety concerns, alarms were available in each room. There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. All staff had completed basic life support training and a defibrillator was maintained at the premises. Both doctors were advanced life support (ALS) trained with one doctor an ALS instructor who regularly teaches on ALS courses. Staff had completed a quarterly walk-through of an emergency scenario as a training exercise to develop their response to an emergency.
- One oxygen cylinder was available on site in case of an emergency and this had appropriately signage and was safely stored.
- Staff had received training for anaphylaxis (this is a severe, potentially fatal allergic reaction requiring immediate medical attention).
- Staff advised patients what to do if after treatment they felt unwell. Advice emails and leaflets were available post treatment and a call line was available for further support. Information was sent out after every consultation, to provide a source of information and advice subsequent to the appointment. Tailored information was sent to each person after a consultation for them to be able to refer to easily when travelling – for instance travelling with medication, female travellers and travelling with diabetes.
- There were appropriate indemnity arrangements in place for staff and for the location.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. Computerised records were password protected.
- A comprehensive previous medical history was completed for each patient. We saw three care records which showed that information needed, such as information about allergies, medicines being taken and any current health risks, 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 provider had a service level agreement for the laboratory used for travel health screening and blood testing. For example, bloods for diagnostic purposes were sent by tracked post to a laboratory and results were securely emailed back to the service.

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 were safe. Staff prescribed and administered vaccines to patients and gave advice in line with legal requirements and current national guidance. The service had an immunisation and vaccines policy and followed British National Formulary and The National Travel Health Network and Centre (NaTHNAC) guidelines.
- There were systems and arrangements for safe storage of medicines, including oxygen, emergency medicines and vaccinations requiring refrigeration. Staff kept accurate records of temperature checks for medicines that required refrigeration.
- All patients had a full assessment and personalised plan of any agreed vaccination. Travel vaccinations were administered under a patient group direction (PGD), these were a written instruction to administer a medicine to a patient, in planned circumstances. In this instance the PGD's were written by the medical staff at the service and identified the staff able to administer the vaccine and under what circumstances. The PGD instructions were signed and dated and had a date for planned review. Any occupational vaccinations could be administered using a patient specific direction (PSD). A PSD is a written instruction, signed by the prescriber to be administered to a named patient.

Are services safe?

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. Risk assessments were monitored and updated when needed. Documents showed the provider had obtained assurance regarding fire safety, electrical safety and waste management.
- There was a system for receiving and acting on safety alerts. The service had systems in place for receiving alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA).

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. The service was only recently opened but had a clear understanding and policy for managing incidents and significant events.
- There were systems for reviewing and investigating when things went wrong. The service learned and took action to improve safety in the service. There had been one significant event since the service opened. This related to an information technology issue which was investigated, and appropriate action taken to prevent reoccurrence. There was no impact or outcome for any patients.
- There was an improvement log system accessible to all staff (with option of this being anonymous) to encourage reporting problems, near misses but also for suggestions to improve service. Notifications through this system were reviewed at least fortnightly at senior management meetings and feedback to staff at regular staff meetings.
- 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.

Are services effective?

We rated effective as Good because:

- The provider assessed and delivered care and treatment in line with current legislation, standards and guidance. Patients using the service were appropriately assessed, provided with information and travel advice.
- The provider kept up to date in their specialist field. They reviewed and monitored care and treatment to ensure the treatments provided were effective.
- Staff had the skills, knowledge and experience to carry out their roles and they had protected time for learning and development.
- Consent was obtained and recorded.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. Clinicians had enough information to decide about vaccination.
- The service clinicians assessed patients' needs and delivered care and treatment in line with clear clinical pathways and protocols. The clinicians at the clinic were aware of where to find best practice guidelines including national and international travel websites and National Institute for Health and Care Excellence (NICE) guidelines. For example, the clinic staff used Department of Health 'Green book' nationally recognised travel advice for guidance and to identify other specialist sites.
- For all vaccination and blood tests an online assessment was completed by the patient in the first instance, this provided the clinicians with information prior to the consultation. Following this, an appointment was made for a face to face or online assessment, using a records system to record information securely.
- Information regarding side effects from the medicines and vaccines was discussed with patients and an electronic or paper copy covering any risks and side effects was given to them at the end of their appointment. Patients using the service were also issued with additional health information when travelling, including food and water safety, road safety and where to access advice and further treatment.
- We saw no evidence of discrimination when making care and treatment decisions. The premises were easily accessible and flexible arrangements were possible to meet any specific needs.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The provider had a schedule of audits to ensure the patients using the service had effective outcomes for their treatments. Audits completed included Infection control audit, handwashing audit and personal protective equipment audit. As a result of environmental audits the provider was looking at contingency plans for utility services to enable access to electricity supply for a duration if loss of power occurred.
- As the service had only recently opened, clinical audits had not been possible but was a consideration for the future.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for newly appointed staff.

Are services effective?

- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ 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. Mandatory training was provided for all staff and a matrix maintained to monitor staff completion. We saw staff were up to date with training and administration staff had undertaken introductory training to travel medicine to help enable them to support clinical services.
- Staff whose role included immunisation and vaccination had completed the Travel Health Diploma and one staff member was working towards an Occupational Health qualification. One of the specialist nurses was a regular academic Faculty Member on the Royal College of Physicians and Surgeons of Glasgow (RCPSG) Postgraduate Diploma in Travel Medicine. Another staff member had achieved a Postgraduate Diploma in Remote and Global Healthcare
- The clinic was accredited to provide vaccination for Yellow Fever. Clinics wishing to provide the Yellow Fever vaccine must meet the Yellow Fever Conditions of Designation and adhere to the Code of Practice for designated status to be granted and maintained. It is recommended that at least one healthcare professional attends classroom training and successfully complete an online test and other health professionals undertake either classroom or online training. The clinicians providing yellow fever vaccinations had undertaken the online component of learning, and also the classroom training.
- The provider maintained ongoing staff support, which included one-to-one appraisals.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with other services when appropriate. Patients using the service were provided with initial advice. Staff proactively directed patients to their GP where NHS vaccines could be received.
- Patient information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- Before providing treatment, the clinician at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Clinic staff used a secure electronic application to share, question or seek advice relating to clinical situations from other clinic staff. All staff are aware of how to access further specialist information as needed through the Yellow Fever or NaTHNaC helplines.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP. The provider was insistent that information sharing with the patients' GP was needed and encouraged all patients to agree.
- The provider had risk assessed the treatments they offered. Care and treatment for patients in vulnerable circumstances would be considered on an individual basis and would involve the patients GP.

Supporting patients to live healthier lives

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

- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.

Are services effective?

- The clinicians gave patients advice so they could self-care following their treatment. Risk factors were identified and highlighted to the patient. Following the treatment, if a person was concerned or experienced any discomfort, they could access a 24-hour telephone line provided by the service.
- Clinic staff used consultations to provide wider health advice on other information that may be required when travelling. For example, areas where outbreaks may affect the patient, sexual health advice, specialist medical kits, sun protection advice and personal safety.
- The service monitored the process for seeking consent appropriately.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making. Consent included a period between the initial assessment, booking the appointment and attending for treatment. This was used to ensure the patient had time to carefully consider their choice for treatment and consider all potential risks and complications.
- For occupational vaccinations, consent was sought to inform employer that the patient had received a specific vaccine.
- All consent agreement by the patient was verbal and was recorded in the patient record by the assessing and treating staff. When managing consent for children, staff were aware of the Gillick Competence (Gillick competency guidelines help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe). We saw that checking of parental consent for a child was checked and recorded.
- Staff supported patients to make decisions. Where appropriate and if needed they would assess and recorded a patient's mental capacity to decide. All staff had completed mental capacity act training.

Are services caring?

- Staff treated patients with kindness, treated them respectfully and involved them in decisions about their treatment.

We rated caring as Good because:

- We saw from patient feedback, that patients were treated with kindness and respect. The service sought feedback on the quality of clinical care patients received, which included feedback received online through the service website or verbally. Feedback from patients who used the service was positive.
- The provider ensured patients had appropriate information and advice with which to make informed decisions about their travel health needs.
- We observed that the environment ensured privacy and dignity was maintained.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service received some feedback but were planning further ways to receive feedback on the quality of clinical care patients received
- Feedback from patients was positive about the way staff treat patients
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients feedback showed patients felt listened to and supported by staff. Patients had enough time during consultations to make an informed decision about the choice of treatment available to them.
- The service was mindful and asked appropriate questions to establish whether a person needed any tailored adjustments put in place, for example wheelchair access, hearing loop and information in larger print or another language.
- Systems were in place to identify patients may need longer for an appointment, or particular support for instance if interpretation needed, or tendency to faint with injections.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of patients dignity and respect. Consultations were conducted behind closed doors and conversations could not be overheard. The waiting room had been designed to enable patients to wait without being seen from outside and so protect their identity.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

- The service organised and delivered services to meet patients' needs.
- Opening times and appointments were flexible enabling patients who worked to attend during the evenings and at weekends.
- The service took complaints and concerns seriously.

Responding to and meeting people's needs

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

- The provider understood the needs of the population and tailored services in response to those needs. While most appointments were during normal working hours, appointments outside of those hours could be arranged. There were plans for further accessibility for patients later in the day and at weekends.
- The provider understood the needs of their patients and improved services in response to those needs. Reasonable adjustments had been made so that any patients in vulnerable circumstances could access and use services on an equal basis to others. For example, the premises were wheelchair accessible.
- Pathways were used to ensure that a clear and formulated approach to gathering information and recording was maintained for each patient. Online consultations were available and had been useful in enabling patients working to still have a consultation without having to take time off work. Online consultations had also been noted as helpful to prevent children become either bored or scared in the run up to their immunisations patients and for those who had needle phobias to enable a less stressful discussion to take place.
- Patient leaflets on common travel health topics were available on the service website, paper leaflets were available for patients with limited online access.
- The service advised patients of the cost of care and treatment at the outset. Patients were advised of the cost for treatment and vaccinations prior to the service being provided.

Timely access to the service

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

- Patients had timely access to initial assessment, test results and treatment. Varying lengths of appointments were available, for example 30 minutes for an initial consultation, double appointments for couples and appropriate length slots for families.
- Patients using the service with the most urgent needs for employment or travel had their care and treatment prioritised. For patients requiring occupational blood tests or vaccinations, appointments were managed when possible, to accommodate any required employment timescale. Advice was given when patients first contacted the clinic and on the website about results being within 48 hours.
- Patients wishing to travel were also advised that many vaccinations required a course of several doses for full coverage and that there could be a chance of having an accelerated or reduced schedule, if they were short of time.
- Referrals and transfers to other services were undertaken in a timely way. For example, patients completed a self assessment ahead of an appointment which included their immunisation history. If gaps were found, patients were advised which vaccines were available from their GP practice. It was possible to book appointments for travel vaccinations, occupational immunisations and blood tests online, as well as in person, by phone or email.

Are services responsive to people's needs?

- Service level agreements with laboratories used indicated the timescales for testing results. For example, samples were sent by tracked delivery on the day they were taken. The service had implemented a catch net system by ensuring results were sent to the patient, the service and the patients GP. The service checked daily for returned results and prompted alerts for any required action immediately.
- Results received were checked by the doctors at the service and were only acted upon if they exceeded the Royal College of Pathologist, communication of critical and unexpected pathology results, parameters for normal test results. If the doctors were concerned or felt an urgent response was needed, then they would contact the patients GP and the patient to alert them to instigate any action needed.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- No complaints had been received by the service. The service had complaint policy and procedures in place. The service knew what action to take should they receive a complaint and would inform patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

Are services well-led?

We rated well-led as Good because:

- Management of the service had the capacity and skills to deliver quality sustainable care.
- The staff worked together to ensure the continuity and flexibility of the service met patient expectations.
- There were clear and effective processes for managing risks, issues and performance.
- The service involved patients and staff to support high-quality sustainable services.
- There were systems and processes for learning, continuous improvement and innovation.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised inclusive leadership.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. Aquamarine Medicals as a limited company had two directors. The service was operated by one of the directors who was a doctor and was also the registered manager and nominated individual. The doctor worked closely with staff on a day to day basis and was present at the clinic four days a week. The other director had input to the service in a non-clinical role.

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. The provider demonstrated it was flexible and proactive in meeting the travel health needs of patients using the service.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The provider monitored progress against delivery of the company's vision and strategy to ensure that the business continued in the planned way.

Culture

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

- Staff felt respected, supported and valued and there was a strong emphasis on the well-being of staff. Staff told us they enjoyed working at the service.
- The provider 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 was a proactive and embedded culture of promptly responding to changes in guidance, feedback from patients and staff, and national information.
- There were processes for providing staff with the development they need. This included appraisal and career development conversations. Staff had received an annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of staff.

Are services well-led?

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. Monthly staff meetings took place with a planned agenda including medicines management and all meetings had recorded outcomes. Senior management team meetings occurred fortnightly. The records demonstrated a clear audit trail of issues raised and scheduled and completed outcomes. For example, extra storage was identified as needed and was being developed in one of the consultation rooms to enable improved storage of equipment and clinical waste.
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. An online selection of policies was used and a list of 'must reads' for staff was identified. The electronic system referenced when each staff member had read the policy, to ensure a full reading list was completed by staff.
- Staff were clear on their roles and accountabilities. Some staff had specific lead roles in areas including document monitoring, infection prevention and control and safeguarding. These areas were audited and the outcomes used to inform the governance processes. The quality and detail of audits were of value in ensuring the quality monitoring of the service.

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 patient safety. Health and safety risks including fire awareness and other environmental risks were monitored and appropriate action taken as needed.
- The provider had processes to manage current and future performance of the service. Leaders had oversight of safety alerts and maintained an oversight of clinical changes which would affect the service.
- Leaders had oversight of incidents and complaints as part of the governance process. There had been insufficient patients seen at this time to commence a records audit, but this was planned to be implemented in the future.
- The provider had plans in place and had trained staff for major incidents that would affect the running of the service.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Quality and sustainability were discussed in relevant meetings and staff had enough access to information.
- The information technology systems were used to develop communication both externally and internally, for example, provision of online booking, 24 hour answering service, online patient records and online consultation
- There were arrangements for data security to ensure the integrity and confidentiality of patient identifiable data, records and data management systems. A recent information system issue had been identified and the provider had investigated and made the appropriate response and changes. There was a clear audit trail recorded of the actions taken.

Engagement with patients, the public, staff and external partners

Are services well-led?

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

- Patient and staff concerns were encouraged, heard and acted on to shape services and culture. The provider encouraged and heard views from patients who used the service.
- The provider demonstrated commitment to system-wide collaboration, communication and education by sharing skills and knowledge with staff and the wider community.
- Staff could describe to us the systems in place to give feedback, these included verbal feedback, which was captured and recorded, email feedback or feedback on the providers social media platform. Due to the service only recently opening email surveys had not yet been implemented, but there was an intent to do so. We reviewed a selection of patient feedback which was all positive.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement. The doctors and nurses working at the service provided training to other services and so led the way in training the service staff in current and best practice.
- The service made use of internal incidents and feedback. Learning was shared and used to make improvements for example, the provider was looking at developing opening times to meet weekend demand.
- There were systems to support improvement and innovation work. The provider planned to develop a staff handbook to support new and existing staff.