

MASTA Limited

MASTA Travel Clinic – Richmond

Inspection report

Flight Centre
38-39 The Quadrant
Richmond
TW9 1DN
Tel: 0330 100 4175
Website: www.masta-travel-health.com

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Overall summary

We carried out an announced comprehensive inspection on 9 October 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

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.

MASTA Travel Clinic – Richmond provides travel vaccinations and travel health advice to both adults and children, either via a pre-booked appointment or as a walk-in service. The service is located within a Flight Centre travel agency and operates on Tuesdays and Saturdays.

The location's 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.

Our key findings were:

- Each patient received individualised care and treatment, taking into account their travel plans,

Summary of findings

medical history and preferences. In addition to providing travel vaccinations, the service also provided patients with health advice and information specific to their travel itinerary.

- The clinic had clear systems to manage risk so that safety incidents were less likely to happen. The provider discussed any incidents with the wider corporate team, where lessons learned were shared to improve their processes across locations.
- The provider ensured that care and treatment was delivered according to evidence based guidelines and up to date travel health information.
- Processes were in place and well executed to ensure that infection prevention and control risks were adequately managed. Equipment and medicines were available in order to respond to a medical emergency, with the exception of a defibrillator, which the provider's risk assessment had determined was not required; staff were aware of the location of the nearest public defibrillators.
- The provider encouraged and valued feedback from patients and staff.
- Staff involved and treated patients with compassion, kindness, dignity and respect; however, there was no language translation service available to assist patients who did not speak English.
- There was a leadership structure in place with clear responsibilities, roles and systems of accountability to

support good governance and management; however, in relation to recruitment checks, which were carried-out by head-office staff, the service's policy was not always followed.

- Staff felt supported by managers and worked well together as a team.

There were areas where the provider could make improvements and should:

- Review the process for checking that adults providing consent to treatment on behalf of children have appropriate authority to do so.
- Review the process for ensuring that all necessary pre-employment checks have been completed before a new member of staff starts work at the location.
- Review the information contained in their complaints policy and ensure that information about how to make a complaint is easily available to patients.
- Review the need for a translation service to be available for patients who did not speak English.
- Regularly review the risk assessment in respect of the need for a defibrillator, to ensure that the assessed risk remains current.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

MASTA Travel Clinic – Richmond

Detailed findings

Background to this inspection

MASTA Travel Clinic – Richmond is one of a number of travel clinics run by MASTA Limited. The service provides travel vaccinations and travel health advice to both adults and children and is a designated yellow fever centre.

The Richmond site operates from a Flight Centre travel agents, situated in the main high street in Richmond, South West London. The site consists of a single consultation room which is situated off the main Flight Centre shop floor, with chairs outside the room for patients to sit whilst waiting for their appointment.

The service operates from 8am to 8pm on Tuesdays and Saturdays and treatment is provided by registered nurses, one of whom also manages the site. There are two nurses who regularly work at the site, and nurses from MASTA's other sites occasionally attend to cover shifts as required.

The service operates both a walk-in and pre-booked appointment system.

The service is registered with CQC for the regulated activities of Diagnostic and Screening Services, and Treatment of Disease, Disorder or Injury.

Our inspection team was led by a CQC lead inspector who was supported by a Nurse Specialist Adviser.

Prior to the inspection the service submitted specific information about the background to their service, and we also reviewed the information we held about both this site and other MASTA locations.

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

Safety systems and processes

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

- The service conducted safety risk assessments relating to their own consulting room. They also ensured that they had sight of safety risk assessments conducted by Flight Centre relating to the whole building.
- The provider had appropriate corporate-wide safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction and refresher training.
- The provider had corporate-wide systems to safeguard children and vulnerable adults from abuse, which included relevant local information for reporting purposes. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider's human resources function, including recruitment was carried out by staff at their head office. We reviewed the staff files of two members of staff who frequently worked at the Richmond site and found that the service's recruitment policy had not been followed in respect of reference checking for either member of staff. The policy stated that two references should be received prior to an offer of employment being made; we found that in the case of one member of staff only one reference had been received prior to employment, and in the case of the other, no references had been received prior to employment (one reference had retrospectively been requested and received after the member of staff had begun work). 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).

- There was an effective system to manage infection prevention and control. Monitoring for Legionella was carried-out by the management company employed by the travel agency in which the clinic based. The service obtained copies of these reports whenever they were carried out, and was therefore assured that the risk of Legionella was being satisfactorily managed.

The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number of staff needed.
- There was an effective induction system for staff, tailored to their role. Staff were not permitted to see patients until they had completed the corporate induction process.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention, for example, those who suffered an allergic reaction to the vaccine they were given.
- The service had oxygen and appropriate medicines available to respond to a medical emergency. They did not have a defibrillator; the provider had completed a comprehensive risk assessment to inform this decision, whereby they concluded that the risk of a patient suffering a cardiac arrest whilst at the Richmond location was not sufficiently high for a dedicated defibrillator to be kept on site. Staff at the service were aware of the location of the two nearest defibrillators (in a local supermarket and at the train station, both of which were less than 200 metres away).
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

Are services safe?

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. 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.

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 administered or supplied medicines to patients 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

The service had a good safety record.

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

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. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The provider learned and shared lessons, identified themes and took

action to improve safety. Significant events were reported via the provider's computer system; investigations into incidents were co-ordinated by a member of the head office team, and the learning was shared with staff from all of the provider's sites via management and clinical team meetings. The Richmond site had not recorded any significant events in the past 12 months, but we saw evidence that learning from incidents at other sites had been shared with staff. For example, there had been a serious incident at another of the provider's sites where a vaccine had been given to a patient who had a condition which was contraindicated for the vaccine concerned. The investigation into the incident found that the nurse who gave the vaccine had misunderstood the patient when they had provided details of their medical history. As a result of this incident, the service amended its consultation process so that staff must specifically ask patients whether they have the contraindicated condition, rather than simply asking the patient to relay their medical history. During our inspection of the Richmond site, we found staff were aware of this incident and of the changes made as a result.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The provider gave affected people reasonable support, truthful information and a verbal and written apology
- The provider acted on and learned from external safety events as well as patient and medicine safety alerts. The provider had an effective mechanism in place to disseminate alerts to all members of the team via their internal computer system. As well as sending relevant updates to staff members, any changes or alerts which impacted on the vaccines recommended for patients were embedded within the algorithm which was used to generate suggested vaccination schedules for patients.

Are services effective?

(for example, treatment is effective)

Our findings

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). For example, guidance issued by The National Travel Health Network and Centre (NaTHNaC), a service commissioned by Public Health England, was monitored and followed.

- A patient's initial consultation involved a detailed medical history being taken and details of their travel itinerary, including the activities they intended to undertake (such as extreme sports or contact with animals).
- This information was entered into the provider's computer system, which produced a personalised report which included a comprehensive individualised travel risk assessment, health information related to patients' destinations, and a written immunisation plan tailored to their specific travel needs. The health brief also provided advice on how to manage potential health hazards and some illnesses that were not covered by vaccinations. This was created and fully discussed during the consultation and a copy was then emailed to the patient.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service made improvements through the use of completed audits, which were typically conducted at corporate level. For example, having become aware of research which suggested that there was a higher risk of serious adverse reactions to the Yellow Fever vaccine in people over 60 years, the provider had carried-out an audit of consultation records for patients in this age group to check that staff were fully recording the advice given to these patients. Following the initial audit, the provider worked with staff to provide refresher training on consultation and note taking, and found a significant improvement in the recording of the advice given to these patients at re-audit.

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 all newly appointed staff.
- All nurses working for the service were registered with the Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

- The provider did not directly inform patients' GPs of the treatment provided. Patients were given an electronic copy of their vaccination report, which they could share with their GP if they wished. Staff told us that if they had reason to be concerned about a patient's suitability for vaccination, they would refer the patient to their GP, rather than providing treatment. For example, one member of staff we spoke to explained that a patient had attended for vaccination whose behaviour led them to suspect that the patient did not have capacity to consent to treatment due to either a psychiatric illness or the influence of drugs or alcohol. Due to concerns about this patient, the nurse decided that it would be unsafe for them to receive treatment at the clinic, and advised the patient to attend their GP practice for travel advice.
- Consultation and vaccine fees were displayed in the consultation room and on the provider's website. Patients were advised which vaccines were available free from their own GP practice.

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.

- The provider's travel health report and travel consultation gave patients advice to prevent and manage travel health related diseases. For example, advising of precautions to prevent Malaria and advice

Are services effective?

(for example, treatment is effective)

about food and water safety. The health report also provided information about how to avoid and/or manage other illnesses not covered by vaccinations which were associated with the countries being visited.

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.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- For patients with additional needs, staff ensured that a carer or advocate was present during the consultation.
- The service required an adult to accompany children and young people to appointments. Staff told us that they would ask the accompanying adult whether they had parental responsibility, and where they did not, no treatment would be provided to the child unless their parent or guardian could be contacted to provide consent.

Are services caring?

Our findings

Kindness, respect and compassion

- All staff members had received equality and diversity training. We did not directly observe any interactions between staff and patients; however, we were told that staff were regularly observed by the corporate training lead in order to ensure that their consultation technique was appropriate.
- We did not receive any direct feedback from patients. The service sent out customer experience surveys to patients by email following their appointment, but they had a low response rate. There were no responses received during the most recent quarter; the service provided us with a summary of feedback received for the March to May 2018 quarter, where all three patients who returned the survey were positive about the service they received.

Involvement in decisions about care and treatment

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

- Staff gathered information from patients about their travel plans and medical history, and a list of

recommended vaccinations was produced; these were discussed with the patient, who then made a decision about which of the recommended vaccinations they wished to receive.

- Interpretation services were not available at the time of the inspection; however, the service explained that they were in the process of developing visual cue cards to assist patients who did not have English as a first language.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff had completed training in Equality and Diversity.
- The consultation room door clearly displayed an "engaged" sign when a consultation was in progress, and conversations could not be overheard outside of the consultation room.
- All patient records were electronic and held securely. Staff complied with information governance requirements and gave medical information only to patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. Customer satisfaction surveys were sent to all patients by email following their appointment, and periodically, the provider corporately conducted more detailed customer surveys about the service.
- The facilities and premises were appropriate for the services delivered.
- Information was available on the provider's website informing prospective patients of the services provided. All new patients had to initially register either online or by telephone and were allocated a unique identification number.
- Same day appointments were available on the days that the clinic operated (Tuesdays and Saturdays). Patients could attend the provider's other locations in urgent circumstances.
- After consultation, patients received a personalised travel health report, which detailed any additional health risks of travelling to their destinations as well as the vaccination requirements. The travel health report also included general tips and health advice for travellers and identified the prevalence of diseases in areas of the world.
- The provider 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.

- The consultation room was on the ground floor of the building and was accessible to patients who had difficulty walking and wheelchair users.

Timely access to the service

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

- There were opportunities for "walk in" patients to have a consultation, if pre-booked slots had not been allocated.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously. There had been no formal complaints made about the service in the preceding 12 months; however, the learning from complaints made about other sites was shared across all the provider's locations in order to ensure that all sites benefitted from the improvements that resulted.

- Information about how to make a complaint or raise concerns was available in the patient information file in the waiting area. There was no information about how to make a complaint on the provider's website.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint; however, the information provided required review in order to ensure that patients were referred to the correct organisation to help them.

The service had complaint policy and procedures in place. The service learned lessons from individual concerns and complaints and also from analysis of trends.

Are services well-led?

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

Our findings

Leadership capacity and capability

- The provider had an overarching governance framework, which supported strategic objectives, performance management and the delivery of quality care. This related to all the provider's locations and ensured a consistent and corporate approach.
- Policies, procedures and standard operating procedures were developed and reviewed at corporate level. These were passed down and implemented at all the provider's locations. Staff had easy access to these via the shared computer system and used them to support service delivery. Human Resources issues, including recruitment were managed at corporate level. We found that in relation to pre-employment checks, policies were not always followed.
- We saw there were effective arrangements in place for identifying, recording and managing risks; which included risk assessments and significant event recording. There were quarterly meetings to discuss incidents and complaints.
- There was a comprehensive understanding of both local and corporate performance. A range of regular meetings were held which provided an opportunity for staff to be engaged in the performance of the service.
- Staff we spoke with demonstrated they had the capacity and skills to deliver high-quality services. They were knowledgeable about issues and priorities relating to the quality and future of services. Staff understood the challenges and were addressing them.
- Staff told us that the managers were visible, approachable and supported staff development.

Vision and strategy

The provider 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 provider had a realistic strategy and supporting business plans to achieve priorities.
- The provider developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- Staff felt respected, supported and valued.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints, this was reflected in the provider's policies on handling complaints and significant events. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. The service's training clinical lead carried-out regular observations of staff delivering consultations and provided constructive feedback in order to help individuals to improve.

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.
- Staff were clear on their roles and accountabilities.
- Staff had structured time planned in clinic diaries for mandatory and relevant training. Training was provided online and this was monitored by corporate management.
- Quarterly senior nurse meetings, local team meetings and operational reporting structures provided assurances that the service was operating as intended and providing a consistent service across sites.

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.

Are services well-led?

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

- The provider had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations. Leaders had oversight of safety alerts, incidents, and complaints.
- Audit of both clinical practice and customer satisfaction had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.

Appropriate and accurate information

The provider acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- The provider used information technology systems to monitor and improve the quality of care. For example, each vaccine name and batch number was automatically recorded on the clinical computer system and was logged by the system onto each client record when administered.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The provider was registered with the Information Commissioner's Office and had its own information governance policies. There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. All staff had signed a confidentiality agreement as part of their employment contract.

Engagement with patients, the public, staff and external partners

The provider involved patients and staff to support high-quality sustainable services.

- Staff were able to describe to us the systems in place to give feedback; for example through quarterly clinical and management meetings. Staff were able to provide examples of changes made as a result of issues raised at these meetings; for example, following discussion about a number of instances of children being given adult strength vaccines (at other sites), it was agreed that across all sites, vaccines for children should be kept on a completely separate shelf to the adult vaccines.
- The provider proactively sought patients' feedback via a 'how did we do' feedback form after every consultation and there were processes in place to ensure feedback was shared across the organisation.
- Regular customer satisfaction surveys were undertaken. We reviewed the most recent survey results from March to May 2018; 116 patients had attended an appointment and three had completed a survey; a response rate of just over 2%. Responses were positive.
- Staff were encouraged to provide feedback at their regular meetings.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The provider made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.