

MASTA Limited

# MASTA Travel Clinic – Solihull

## Inspection report

BUPA Centre Solihull

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Solihull

West Midlands

B91 3RT

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Website: [masta-travel-health.com/travelclinic/bupamastasolihull](http://masta-travel-health.com/travelclinic/bupamastasolihull)

Date of inspection visit: 5 September 2019

Date of publication: 18/10/2019

## Overall summary

**This service is rated as Good overall.** (Previous inspection 3 August 2018 – not rated)

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 MASTA Travel Clinic Solihull. 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 and to provide a rating for the service.

MASTA Travel Clinic in Solihull provides pre-travel assessments, travel vaccinations and travel health advice. In addition, the service holds a licence to administer yellow fever vaccines. All services incur a consultation charge to the client. Treatment and intervention charges vary, dependent upon what is provided.

This service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider has contracts in place with several large public sector organisations, where occupational health vaccinations and blood testing for immunity status are provided to the employees of those companies. These types of arrangements are exempt by law from CQC regulation. Therefore, they did not fall into the scope of our inspection.

The lead travel clinic 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 asked for Care Quality Commission comment cards to be completed by clients prior to our inspection. We received four comment cards, which were all very complimentary about the standard of service delivery and the travel information provided.

# Summary of findings

## Our key findings were:

- There were clear systems to manage risk so that safety incidents were less likely to happen. Learning from incidents was shared across all MASTA sites and processes were improved where necessary.
- The effectiveness and appropriateness of care provided by the service, was routinely reviewed. It ensured that care and treatment was delivered according to evidence based guidance and up-to-date travel health information and advice.
- Clients were provided with a personalised travel plan, known as a travel health brief, which contained a risk assessment, a record of their vaccinations and up to date travel information and things to consider specific to their destination including any additional health risks.
- There was a leadership and managerial structure in place with clear responsibilities, roles and accountability to support good governance.
- The provider was aware of the requirements of the duty of candour.
- Staff were aware of their own roles and responsibilities. They said they felt supported by leaders and managers who were accessible when appropriate.
- Policies and procedures were up to date and had been reviewed in line with the most recent best practice guidance.
- MASTA had introduced a revised policy, across all their locations, regarding the identification of children and parental responsibility.

## **Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

# MASTA Travel Clinic – Solihull

## Detailed findings

### Background to this inspection

MASTA Travel Clinic in Solihull is located within the BUPA Centre.

The provider MASTA (Medical Advisory Service for Travellers Abroad) Limited has more than 170 private clinics across the UK. The clinic based within the BUPA Centre, located at 47 Station Road, Solihull, West Midlands, B91 3RT, opens on Thursdays from 7am until 4pm. Clients can contact MASTA customer services for appointments either on the telephone or online, they can arrange a telephone consultation be seen at the Solihull clinic or can be referred to a local pharmacy for the vaccinations.

MASTA Travel Clinic is located on the second floor of the building and it is suitable for people with disabilities. It is a few minutes' walk from Solihull rail station and has good bus links. Parking spaces, including parking spaces for disabled clients, are available on the premises.

The clinic provides a comprehensive travel service which includes pre-travel assessments, travel vaccinations and travel health advice. The clinic is also a registered Yellow Fever Centre.

The clinical team consists of a female travel health advisor. An additional travel health advisor present on the day of inspection is also the regional area manager covering a range of MASTA travel clinics. There are no administration/reception staff based at the clinic.

Further information can be found at [www.masta-travel-health.com](http://www.masta-travel-health.com)

### How we inspected this service

Before visiting the clinic, we reviewed a range of information we hold about the service. This included pre-inspection information we requested from the provider.

During our inspection we:

- Spoke with the registered manager who was the lead travel health advisor and regional area manager for service.
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed CQC comment cards where clients shared their experience and views of the clinic.

No appointments were booked during our inspection, so we did not speak with clients.

To get to the heart of clients' 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:

#### Safety systems and processes

The centre had health and safety and fire procedures which covered the MASTA Travel Clinic. We saw that the suite of policies and procedures were regularly reviewed and that changes were cascaded to staff.

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

- There was a nominated safeguarding lead and Caldicott Guardian at a corporate level. (A Caldicott Guardian is a senior person responsible for protecting the confidentiality of service-user information and enabling appropriate information sharing). Staff were trained to the appropriate level of safeguarding for their role and had received training in female genital mutilation (FGM).
- Staff at the HR department at the MASTA head office were responsible for all recruitment procedures. We looked at two personnel files and saw that appropriate recruitment checks had been carried out prior to employment, including checks of professional registration and Disclosure and Barring Service (DBS) checks. The HR department monitored DBS checks. Staff were supported to maintain their professional revalidation.
- There were notices in the waiting area and in the treatment room advising clients that a chaperone was available if requested. We were told that nurses in adjacent clinics would act as chaperones if required.
- The service had systems in place to assure that an adult accompanying a child had parental authority. The provider had recently introduced a revised policy regarding identification of children. This incorporated the viewing of the child's passport to provide photographic identification. This had recently been introduced across all the MASTA travel clinics.
- There was an effective system to manage infection prevention and control (IPC). This included a system to prevent the risk of Legionella, such as water testing kits and regular water temperature monitoring. (Legionella is a bacterium which can contaminate water systems in buildings.) Staff had received IPC training. There was an

IPC lead for the clinic, who was supported by a governance team based at the provider's head office. We saw annual IPC audits, the latest carried out in March 2019, where actions had been identified and addressed.

- 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.
- A health and safety good housekeeping checklist was completed on a monthly basis. The checklist covered areas such as cleanliness, personal protective equipment, ventilation and heating, lighting, fire safety and accident or incident reporting.
- There was an up to date fire risk assessment and we saw that fire drills were regularly carried out for the entire building. The centre manager of the building co-ordinated the evacuation drills and circulated the results together with any action points. All staff were reminded to sign in when they arrived for work in the morning, so that there was a complete list of people in the building. Staff received fire safety training.
- All electrical equipment was regularly checked to ensure that the equipment was safe to use.

#### Risks to clients

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

- There were arrangements for planning and monitoring the number and mix of staff needed, including planning for holidays and sickness. A resource manager was available to help managers source staff from the MASTA staff pool to cover holidays and sickness.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage clients with severe infections, for example sepsis.
- The service had arrangements to enable them to respond to emergencies. Equipment was shared with the centre which also held a full range of emergency medicines in accordance with the UK Resuscitation Council UK and British National Formulary guidance.

## Are services safe?

The medicines we checked were all in date and clearly labelled. A separate tray with an emergency medicine used to treat a serious allergic reaction was available in the treatment room. Oxygen was available in the centre.

- When reporting on medical emergencies, the guidance for emergency equipment is in the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).
- There were appropriate indemnity arrangements in place to cover all potential liabilities. MASTA ensured that professional indemnity was in place for all relevant staff; we viewed the appropriate certificate for the nurse.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

### Information to deliver safe care and treatment

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

- On registering with the service, and at each consultation, client identification was verified and recorded. Individual client records were written and managed in a way that kept clients safe. The records we saw showed that information needed to deliver safe care and treatment was available to clinicians in an accessible way.
- 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 ceased trading.
- The travel health advisors gave clients advice and information in line with current guidance. They accessed travel health sites such as the National Travel Health Network and Centre (NaTHNaC) and TRAVAX to ensure they were aware of the most up to date information.

### Safe and appropriate use of medicines

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

- The arrangements for managing medicines, including emergency medicines and vaccinations kept clients safe (including obtaining, prescribing, recording, handling, storing and security).

- Clinical support was provided by the medical team at the MASTA head office. We viewed the medicines management policy, which provided guidance on the principles of safe management and administration of medicines.
- Monthly travel updates from recognised travel information websites were circulated to staff by the head office medical team, so that their knowledge remained current. These health alerts also covered any outbreaks of diseases worldwide. Staff received an email to notify them when there was a new alert on the intranet.
- The travel health advisors used Patient Group Directions (PGDs) or Patient Specific Directions (PSDs), as appropriate, to prescribe, administer or supply vaccines and medicines to clients. PGDs and PSDs had been produced in line with legal requirements and national guidance. (PGDs and PSDs are written instructions for the supply or administration of medicines.)
- MASTA had an electronic stock control system as an additional safety mechanism. The system pre-selected the individual vaccines to be administered, to ensure only in date ones were given. It also pre-recorded the serial numbers automatically.
- We saw that the fridge temperature was monitored on a daily basis. When the clinic was closed, a member of the centre staff checked the reading and recorded it. Instructions on the procedure to follow if the fridge temperature went out of range were displayed next to the fridge for ease of reference. There was a data logging device kept within the fridge as an additional check. This was checked each clinic day before consultations commenced.
- Regular medicine audits were carried out to ensure storage and administration was in line with best practice guidelines. Annual audits of yellow fever vaccine use were undertaken in order to meet the standards of good practice required for the designated licence to administer the vaccine.

### Track record on safety and incidents

#### 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.

## Are services safe?

- There was a system for reporting notifiable safety incidents. MASTA head office staff kept a master log of incidents from all clinics, which were discussed at quarterly meetings and learning points shared across all locations.
- Staff told us that they would inform colleagues at the head office if an incident occurred and that they knew where to find the reporting form.
- All medicine and healthcare safety alerts, such as those from NaTHNaC and the Medicines and Healthcare products Regulatory Agency (MHRA), were actioned and cascaded to staff for information by the corporate governance team. These included details of any potential or actual shortages of vaccines.
- The service gave affected people support, information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- 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 effective systems for reviewing and investigating incidents and near miss events. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, there had been an incident where the fridge temperatures had gone out of range. This was identified by staff from the centre. They alerted the MASTA staff and the cold chain policy was followed. An action plan was developed following the incident which included reviewing and updating documentation on site
- The service acted on and learned from external safety events as well as client and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

### Lessons learned and improvements made

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

- 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:

# Are services effective?

(for example, treatment is effective)

## Our findings

### We rated effective as Good because:

#### 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 central MASTA team issued a travel brief to all locations, whereby all information from relevant sources, such as Public Health England and NaTHNaC, was co-ordinated into one place. This supported the travel health advisors to easily access the most up to date information. Staff also had access to virtual clinical support from the provider's medical team.
- A comprehensive pre-travel assessment was undertaken with each client. This included details of the trip, including any stop-overs, any previous or current medical history, current medicines and previous treatments relating to travel.
- A tailored MASTA travel plan, known as a travel health brief, was then devised for each client. This contained which medicines/vaccines had been administered or recommended and health advice given, including areas of concern relating to specific areas of travel. For example, a high risk of malaria or a disease epidemic.
- 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 used information about care and treatment to make improvements. For example, regular updates were provided to staff regarding disease outbreak surveillance. This enabled staff to have the most up to date knowledge and health advice to give to clients visiting those areas affected.
- The provider used audits and collection of data from all their clinics to support improvements in service delivery. This supported an effective method of monitoring what was happening across the organisation. Shared learning and improvement were cascaded to staff across the clinics.

- The service had recently implemented a checklist following CQC inspections to ensure that all key questions were covered and that the service met all requirements. This was to be used on a regular basis to check compliance.

#### 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.
- The travel health advisors 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 learning 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.
- Staff whose role included immunisation and reviews of clients with long term conditions had received specific training and could demonstrate how they stayed up to date.
- There was an induction programme for all new staff. This included basic life support, infection prevention and control, fire safety and health and safety.
- All staff received annual appraisals and an informal review at the six-month point.

#### Coordinating client care and information sharing

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

- Clients received coordinated and individualised care and treatment specific to their travel health needs.
- The travel health advisors referred to, and communicated effectively with, other services when appropriate. For example, with Public Health England or the client's GP.
- Before administering any treatment, the travel health advisors ensure they had adequate and relevant knowledge of the client's health, medical and immunisation history.
- Clinic staff did not directly inform a client's GP of any medicines or vaccines administered. However, they



# Are services effective?

(for example, treatment is effective)

provided clients with a printed copy of their vaccinations/medicines which included date given and any batch numbers, which they could share with their GP if required.

## Supporting clients to live healthier lives

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

- Any identified risk factors were discussed with the client. For example, if clients may be affected, an awareness of malaria and the importance of food and water safety was given. The travel health brief provided comprehensive information to support clients in managing their own health and well-being safely whilst travelling.
- Where clients' needs could not be met by the service, they were directed 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.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making. This included the Mental Capacity Act 2005. Where appropriate staff assessed and referred to the client's GP when there were concerns about a person's mental capacity to make a decision.
- When providing care and treatment for children and young people, parental attendance was required. Identification was sought in line with the provider's policy and next of kin details records on the client's record.
- The service monitored the process for seeking consent appropriately.



# Are services caring?

## Our findings

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

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

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

- Feedback from clients was 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 clients.
- The service gave clients timely support and information.
- We received four Care Quality Commission comment cards. Clients wrote that staff went above and beyond to ensure that care and treatment was delivered in a timely way. Staff were complimented for being very professional and for providing an excellent service.

#### **Involvement in decisions about care and treatment**

##### **Staff helped clients to be involved in decisions about care and treatment.**

- Interpretation services were available for clients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing clients this service was available.
- Clients could read information about the range of services available and the fees involved from MASTA's website. Including treatments that were available on the NHS at no extra cost.
- Clients received an individualised comprehensive travel health brief initially by email and when they attended their appointment, detailing the treatment and health advice relating to their intended the areas they planned to travel to.

#### **Privacy and Dignity**

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

- Staff recognised the importance of maintaining people's dignity and respect.
- We were informed that the door to the consulting room was closed at all times during a consultation and conversations could not be clearly overheard.
- The service complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated responsive as Good because:**

### **Responding to and meeting people's needs**

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

- Facilities were shared with other services in the building. There was a separate waiting area on the second floor (where the clinic was located) which was accessible by stairs or by a lift. A refuge call point was provided on the second floor.
- A television, refreshments and magazines were provided for clients' use in the waiting area.
- We were told that translation services were rarely required, but that this could be arranged via head office.
- The service was a designated yellow fever centre. Staff had received up to date training and we viewed the registration certificate from the National Travel Health Network and Centre (NaTHNaC).
- Walk-in appointments were available.
- Customer feedback was consistently good. The feedback from 2018 to February 2019 showed that overall 91% of those who commented said that
  - The online vaccine checker was easy to use.
  - It was easy to register and book an appointment.
  - They were happy with the service provided.
  - They would be likely or extremely likely to recommend the service to friends or colleagues.
- Following comments from clients the service had adjusted its opening hours to accommodate those who wished to attend appointments before work.

### **Timely access to the service**

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

- Clients had timely access to initial assessment, advice and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Clients with the most urgent needs had their care and treatment prioritised.
- Clients reported that the appointment system was easy to use.
- The service could be accessed by telephone, on line or as a walk in.

### **Listening and learning from concerns and complaints**

**The service took complaints and concerns seriously and responded/ to them appropriately to improve the quality of care.**

- Information about how to make a complaint or raise concerns was available. Staff treated clients who made complaints 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 a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care.
- Information about how to make a complaint was available in the waiting area. We viewed the complaints policy and procedure. The service had not received any complaints in the last 12 months, but staff were able to tell us how they would deal with a complaint if one was made. Complaints were divided into operational and clinical categories.

# 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:**

**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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- The head office for the Medical Advisory Services for Travellers Abroad (MASTA) was located in Leeds. Staff based at the head office fulfilled managerial roles. For example, the HR staff and medical team senior advisor were based there. We did not visit the head office as part of this inspection.
- The regional area manager (the registered manager), who is the lead travel health advisor for the Leeds clinic was present at this inspection. They demonstrated they had the capacity and skills to deliver high-quality services on behalf of MASTA. They were knowledgeable about issues and priorities relating to the quality and future services. They had recently moved locations from another MASTA location and had extensive experience of working for the organisation and in travel health.
- Staff we spoke with informed us that leaders and managers at all levels were accessible and provided support as needed. They worked closely with staff to ensure they prioritised compassionate and inclusive leadership.

**Vision and strategy**

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

- The service had a clear vision and strategy to deliver high quality care for clients. The MASTA company values followed by all employees were: integrity, customer-first, accountability, respect and excellence (I CARE).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- MASTA had a business plan for all its services.
- Progress was monitored by head office staff against the delivery of the strategy.

**Culture**

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

- Staff told us that they felt respected and valued by the management team. We were told that the relationships between clinic staff and head office staff were very positive and mutually supportive.
- The service focused on the needs of clients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- We saw that the service was open, honest and transparent in response to incidents and complaints. MASTA was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. 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. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.

# Are services well-led?

Good 

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

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams.
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## Governance arrangements

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

- MASTA Limited had an overarching governance framework. This included oversight of safety alerts, incidents and complaints. The framework encompassed all MASTA travel health clinics to ensure a consistent and corporate approach, along with a culture of shared learning.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. This was being strengthened, with two regional area managers in post to implement a six-monthly plan of support, oversight and governance. This would include clinic visits, telephone reviews of clinics, regional leads and lead clinician meetings and sharing of information.
- Policies, procedures and standard operation procedures were developed and reviewed at an organisational level. These were cascaded and implemented to the network of MASTA clinic. Staff had access to these and used them to support service delivery.
- The provider had an operational implementation plan which covered a range of areas. For example, health and safety, infection prevention and control, incidents and complaints. It also detailed a range of documents, certificate and checklists which needed to be in place.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- A range of meetings were held every quarter, including those for senior nurses, the medicines team and the discussion of incidents and complaints. Conference calls were arranged if changes or incidents, which required action, occurred within the period between meetings.

## Managing risks, issues and performance

### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective process to identify, understand, monitor and address current and future risks including risks to client safety. MASTA meetings were held every quarter at which risks, incidents and complaints were discussed.
- MASTA had processes to manage current and future performance of services both locally and as an organisation. Regular meetings were held to discuss performance.
- There were arrangements in place for identifying, recording and managing risk both locally and across the organisation. For example, staff undertook a variety of weekly and monthly checks to monitor the safety of the clinic.
- The provider had raised issues regarding the premises, which had been identified in the health and safety and fire risk assessments, with the centre manager.
- There were processes to manage current and future performance of the service. Staff performance could be demonstrated through audits of their consultations.
- The provider used information technology (IT) 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 it had been administered.
- Data and notifications were submitted to external organisations as required. For example, an annual audit was undertaken as part of the yellow fever vaccine licence.
- The MASTA organisation had oversight of the national and worldwide supply of vaccinations and monitored where demand may exceed supply. There were contingencies in place to support service provision to clients in those circumstances.
- There were plans in place to respond to and manage major incidents. The health and safety manager at head office held a business continuity plan which listed

# Are services well-led?

Good 

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

contingency plans for potential disruptions to services. Appointments for each clinic were held on the intranet, so customer services staff could contact clients and rebook appointments if necessary

## **Appropriate and accurate information**

### **The service acted on appropriate and accurate information.**

- There were comprehensive arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. For example, the provider was registered with the Information Commissioner's Office (ICO) and had its own information governance policies. All staff had signed a confidentiality agreement as part of their employment contract.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of clients.
- The service used performance information which was reported and monitored. Any areas of concern were discussed with staff, who were held to account as appropriate.
- The service submitted data or notifications to external organisations as required.

## **Engagement with clients, the public, staff and external partners**

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

- The service encouraged and valued feedback from clients and staff. After each consultation the client was

asked to complete a "customer delight" satisfaction survey. There was also "how did we do" feedback forms and a box in the clinic waiting area. Each quarter results were compiled and analysed to identify any themes or areas for improvements. The service website had been simplified as a result of feedback received.

- Feedback from staff was gathered via meetings and informal discussions. Staff we spoke with informed us they felt engaged and listened to.

## **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There was a focus on continuous learning and improvement. Staff were encouraged to increase their skill base. For example, the clinic nurse had been sponsored by MASTA to undertake a foundation course in travel medicine.
- MASTA used reviews of incidents and complaints to improve processes where necessary and share learning across all sites.

MASTA was continually working to improve and innovate. For example, a new medical database was in the testing stage at the time of our inspection. The aim was to improve the capture of reporting and information.