

# MASTA Travel Clinic – Ipswich

## 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?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as good overall.** At our previous inspection, published in June 2018, we did not rate the service but found the provider was compliant in all domains.

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 Ipswich as part of our inspection programme and to provide a rating.

MASTA Travel Clinic - Ipswich is a private clinic providing travel health advice, travel and non-travel vaccines, blood tests for antibody screening and travel medicines such as anti-malarial medicines to children and adults. In addition, the clinic holds a licence to administer yellow fever vaccines.

This location is registered with CQC in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of travel health.

One of the nurses 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.

The clinic is currently open two days every month, whilst they are recruiting nursing staff, and plan to open more hours when they have recruited. The clinic was closed on the day we were inspecting, so we were not able to speak with any patients. We sent the provider comment cards for patients to complete but due to the current opening hours of the clinic, patients had not had the opportunity to comment in this way about the services they had received. Patient feedback which was available from the clinic was positive, particularly in relation to the comprehensive advice provided and the friendly and professional staff.

## Our key findings were:

- 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.
- There was an infection prevention and control policy and procedures were in place to reduce the risk and spread of infection. Infection control audits and risk assessments were undertaken and identified actions were completed.
- Vaccines, medicines and emergency equipment were safely managed. There were clear auditable trails relating to stock control.
- The provider ensured that care and treatment was delivered according to evidence based guidelines and up to date travel health information.
- Each patient received an individualised travel health brief tailored to the patient's specific needs and travel plans. The health brief outlined a risk assessment and all travel vaccinations that were either required or recommended. Specific health information including additional health risks related to their destinations with advice on how to manage common illnesses was also included.
- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- Consultations were comprehensive and undertaken in a professional manner.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The service encouraged and valued feedback from patients and staff and acted in response to the feedback received. Patient feedback obtained from the clinic, were positive about the standard of care and quality of the service received.
- There was a leadership structure in place with clear responsibilities, roles and systems of accountability to support good governance and management. Staff felt supported by the leadership team and worked well together as a team.

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

- Consider photographic identification checks for adults who have parental responsibility for children, to ascertain the correct identity.

# Overall summary

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a nurse specialist advisor.

## Background to MASTA Travel Clinic - Ipswich

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

MASTA Travel Clinic - Ipswich is located at 47 St Nicholas Street, Ipswich, Suffolk, IP1 1TW. The private travel clinic is a location for the provider MASTA Limited. MASTA Limited provides more than 200 private travel clinics across the UK. MASTA are owned by an American company called McKesson. The clinic offers travel health consultations, travel and non-travel vaccines, blood tests for antibody screening and travel medicines such as anti-malarial medicines to children and adults. MASTA Limited are licenced for the importation and distribution of vaccination medicines, and supply vaccines to GP surgeries and NHS services across the country. They also provide travel health training and mentorship for pharmacists and nurses.

The clinic is registered with the Care Quality Commission under the Health and Social Care Act 2008 to provide the following regulated activities, diagnostic and screening procedures and treatment of disease, disorder or injury.

The clinic is currently open two days a month, from 9.30am to 5pm on a Wednesday and Thursday. This is temporary as they are recruiting nursing staff, and plan to open more hours when they have recruited.

Further information can be found at

### How we inspected this service

Before visiting, we reviewed a range of information we hold about the service. We also asked the service to complete a provider information request. During our visit we:

- Spoke to the registered manager, who was a nurse at the clinic.
- Looked at information the clinic used to deliver care and treatment plans.

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?

## Safety systems and processes

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

- The provider conducted safety risk assessments, which included for example, fire safety, health and safety, security and Legionella. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The safeguarding policies for children and vulnerable adults were in date. Local safeguarding guidance and referral information was available at the clinic and staff were aware of this.
- The lead nurse was the safeguarding lead at the clinic. All the nurses had received training on adult and child safeguarding to level three and four, depending on their role. Reception staff had received training to level two. Nurses had received specific training to recognise and report suspected risks related to female genital mutilation and modern-day slavery. The initial assessment medical questionnaire included specific questions to enable staff to identify and report concerns.
- The service had systems in place to assure that an adult accompanying a child had parental authority. Confirmation was sought in line with their policy. However, there was no process to seek photographic identification for assurance. We were informed this would be reviewed by the provider.
- The provider carried out a range of staff checks, which included checks of professional registration where relevant, on recruitment and on an ongoing basis. 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 a chaperone policy and posters offering a chaperone service were visible on the waiting room noticeboard. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The registered manager advised this was

rarely required. The clinic was considering reception staff acting as chaperones and were aware of the need for them to be trained for the role and have a DBS check.

- There was an effective system to manage infection prevention and control. Annual audits took place, with the most recent audit completed in February 2019. Identified actions had been completed. For example, limescale was found on the taps. Photographic evidence of taps was now obtained as part of infection control checks. This was being reviewed by the health and safety team with a view to implement across all MASTA sites. There were systems for safely managing healthcare waste.
- A Legionella risk assessment had been completed and water temperature monitoring was undertaken.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- There was a corporate Caldicott Guardian in place and the medical lead had a safeguarding responsibility for all locations. (A Caldicott Guardian is a senior person responsible for protecting the confidentiality of service-user information and enabling appropriate information-sharing.)

## 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 were arrangements in place to ensure a suitable MASTA trained nurse was available to provide cover for when nurses were absent due to holidays or sickness. The service had reduced the opening hours of the clinic whilst they recruited and planned to increase the hours following successful recruitment.
- There was a comprehensive induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were systems in place to respond to a medical emergency. Clinical staff had received training in basic life support and anaphylaxis. Reception staff had received training on dealing with emergency situations. Emergency equipment was available within the building

## Are services safe?

including access to oxygen. The clinic had completed a risk assessment and as a result did not have a defibrillator on site. There was one available in a building close by and notices were displayed which advised of this location. Staff we spoke with were aware of these arrangements.

- Emergency medicines to be used in cases of anaphylaxis were safely stored and were checked weekly. (Anaphylaxis is a serious allergic reaction that is rapid in onset and can be fatal if not responded to.) Evidence based guidance was in place for the appropriate dose according to the patient's age.
- We saw records to show emergency medicines and equipment were checked on a weekly basis. All the medicines we checked were in date.
- 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).
- 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. Clinical staff had appropriate indemnity insurance in place.

### Information to deliver safe care and treatment

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

- On registering with the service, and at each consultation, patient identity was verified and recorded in their records. Individual patient records were written and managed in a way that kept patients safe. The e-clinic records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance if they cease trading.

### Safe and appropriate use of medicines

#### The provider 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.
- Audits were undertaken in relation to medicines, to ensure that administration and prescribing were carried out in line with evidence-based guidance. There was evidence of clear recording on the patient's record when a vaccine or medicine had been administered.
- Staff prescribed, 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. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were patient group directives (PGDs) and patient specific directives (PSDs) in place to support safe administration of vaccines and medicines. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.) All PGDs and PSDs were written up by the medical team and the pharmacy team signed them off. They were then distributed electronically. Staff were not able to sign the document until they had read it through. All were signed individually, and a copy sent to head office.
- The provider used an accredited company to deliver vaccines and these were only delivered on the days when the clinic was open.
- We found that medicines stored in the clinic and medicine refrigerator were stored securely and were only accessible to authorised staff.
- Nurses carried out regular audits to ensure storage and administration was in line with best practice guidelines for safe prescribing, such as fridge temperature monitoring and safe, secure storage of medicines. Guidance was in place and staff were aware of actions to take if fridge temperatures were outside of the recommended range.
- The provider had an electronic stock control system as an additional safety mechanism. The system

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preselected the individual vaccines to be administered to ensure only in date ones were given. It pre-recorded the serial numbers automatically as an additional safety process.

- Arrangements for dispensing medicines such as anti-malarial treatment kept patients safe. The clinic provided complete medicine courses with appropriate directions and information leaflets.

## Track record on safety

### The clinic 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.
- A health and safety risk assessment had been completed. Documented health and safety checks were completed on a monthly, three monthly and annual basis and actions identified had been completed.
- There was a fire risk assessment and documented checks of fire equipment.
- Clinical staff had received training in basic life support, anaphylaxis and managing emergencies. Non-clinical staff had received training in dealing with emergencies. There was emergency equipment and medicines available which were accessible and within date. Staff were aware of how to alert colleagues to an emergency.

## Lessons learned and improvements made

### The provider 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.
- All incidents and complaints were cascaded up to the appropriate departments in the organisation and learning shared.

- There were adequate systems for reviewing and investigating when things went wrong. The clinic had recorded two significant events in the previous twelve months. The service learned, shared lessons, identified themes and acted to improve safety in the service. For example, ensuring all vaccinations are recorded in the patient record book and advising on the importance of patients sharing the vaccination information with their GP.
- Significant events and complaints were investigated at quarterly meetings and shared at a corporate level. There was an analysis of themes, trends and numbers of incidents across all MASTA locations and partnership organisations to support any identified changes in processes or service delivery. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was evidence of shared learning from significant events which occurred in other MASTA travel clinics. For example, following an incident regarding a yellow fever vaccine, they updated their policy and protocol. They also updated their patient questionnaire to minimise the risk of reoccurrence.
- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.
- The service received safety alerts, and these were reviewed by the medical team and any action necessary was cascaded to clinics via the company's computer system. Alerts were received by nurses in red text with required actions which were recorded once completed.



# Are services effective?

## Effective needs assessment, care and treatment

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

- Clinicians assessed patient needs and delivered care and treatment in line with current legislation, standards and evidence-based guidance supported by clear clinical pathways and protocols. For example, NaTHNaC (National Travel Health Network and Centre), a service commissioned by Public Health England.
- Additional virtual clinical support was available during each consultation from the medical team based at head office.
- Patients received a MASTA travel health brief. The brief provided a comprehensive individualised travel risk assessment, health information related to their 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 printed copy was provided for the patient to take home.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- A patient's first consultation was 30 minutes long. During this consultation, a comprehensive pre-travel risk assessment was undertaken. This included details of the trip, including any stopovers, any previous medical history, current medicines being taken and previous treatments relating to travel.
- Arrangements were in place to deal with repeat patients. For example, follow up appointments were available for patients who had previously attended the clinic.
- Latest travel health alerts such as outbreaks of infectious diseases were available.

## 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 patients 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 provider monitored national core competencies and up to date standards for travel health and immunisation. Nursing staff received up to date training in line with this.
- At the time of our inspection, the service was in the process of auditing the nurse advisors. This involved observation of their consultations and questions relating to a wide range of information.

## Effective staffing

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

- All staff were appropriately qualified. The provider had a comprehensive induction programme for all newly appointed staff. For clinical staff, this included two, four and six month checks after initial competency sign off and included 10 days of observed practice.
- The nurse advisors were registered with the Nursing and Midwifery Council (NMC) and were up to date with their 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 such as attendance at national conferences and study days.
- The service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals and support for revalidation.
- Staff whose role included immunisation had received specific training, been assessed as being competent and could demonstrate how they stayed up to date.
- All staff had received an appraisal in the previous 12 months, where appropriate.

## Coordinating patient care and information sharing



# Are services effective?

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

- Patients received coordinated and person-centred care. Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services. For example, due to the current opening hours of the clinic, some patients were referred to another organisation for the implementation of their care and treatment plan, so they were able to receive their treatment in a timely way.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where appropriate. For example, patients were advised which vaccines were available free from their own GP practice.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The clinic did not directly inform a patients' GP of their treatment; however, they provided patients with a printed copy of their vaccinations, including batch numbers, and/or blood test results to share with their GP or practice nurse.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. They also risk assessed patients with treatments for long term conditions such as asthma, which may be affected by some medicines.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, family members and carers were involved, where appropriate, with patients with a learning disability.
- The provider informed us that they shared relevant information with other services such as Public Health England as appropriate.

## **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.**

- Where appropriate, staff gave people advice, so they could self-care.
- The MASTA travel health brief and travel consultation talked patients through advice to prevent and manage travel health related diseases. For example, precautions to prevent Malaria and advice about food and water safety. The health brief also provided information about how to avoid and/or manage other illnesses not covered by vaccinations which were relevant to the destinations being visited.
- Patients were able to test products for suitability, free of charge; for example, if they had sensitive skin they could trial products before deciding whether to purchase them.
- Risk factors were identified and highlighted to patients. For example, patients with diabetes were advised to seek advice from a diabetes nurse, for further information about travelling with diabetes.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- All patients were asked for consent prior to any treatment being given. Verbal consent was recorded, and written consent was scanned into the patient's record, as necessary.
- Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005. We were informed that treatment was not undertaken without consent. For patients with additional needs, the nurse ensured that a carer or advocate was present at the appointment and sometimes a second appointment was made to ensure appropriate time was taken to access mental capacity where required.
- We saw evidence that consent forms were completed fully and appropriately signed, when required.

## Are services effective?

- The service monitored the process for seeking consent appropriately. This was through the face to face audits which were currently being implemented.

# Are services caring?

## Kindness, respect and compassion

### Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way nursing and reception staff treated people. Staff were respectful and courteous to patients and treated them with dignity and respect. We were told the nurse advisors always went into the waiting area to call a patient through to the consulting room.
- Staff understood patients' personal, and social needs. They displayed an understanding and non-judgmental attitude to all 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.

- We were informed that although the number of non-English speaking patients was very low, interpreter or translation services could be made available if required.
- Patient feedback obtained by the service, identified that patients were involved in decisions about their care and treatment.

- Comprehensive information was given about treatments available and the patient was involved in decisions relating to this. We saw evidence that discussions about health risks, vaccinations and the associated benefits and risks to specific vaccinations were recorded in patient records. Written information was provided to describe the different treatment options available.
- At each appointment patients were informed which treatments were available at no cost through the NHS.
- Patients also received an individualised comprehensive travel health brief detailing the treatment and health advice relating to their intended region of travel.

## Privacy and Dignity

### The service respected patients' privacy and dignity.

- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The service complied with the Data Protection Act 1998.
- We were told that the consultation room door was closed during the consultation and conversations could not be overheard. A radio was also turned on when the clinic was open.

# Are services responsive to people's needs?

## 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 their patients and responded to those needs. For example, due to the reduced opening hours of the clinic, whilst they recruited, patients were able to access the MASTA telephone consultation service with specialist travel nurses and arrangements could be made for vaccinations to be given at a nearby pharmacy.
- The facilities and premises were appropriate for the services delivered. Clinical rooms were located on the ground floor and were accessible to patients with mobility needs.
- All new patients had to initially register either online or by telephone to receive a unique identification number. MASTA staff were available to assist with registration, should the patient encounter any issues.

## Timely access to the service

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

- Feedback showed patients were able to access care and treatment within an acceptable timescale for their needs.
- There was a central customer service team to manage appointment bookings. Patients reported that the appointment system was easy to use. One patient had expressed difficulty booking an appointment by telephone and this had been responded to.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs had their care and treatment prioritised.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients accessed the service via the MASTA website which directed them to a customer contact centre. The Ipswich clinic was currently open two days a month, from 9.30am to 5pm on a Wednesday and Thursday. This was temporary as they were recruiting nursing staff and planned to open more hours when they had recruited.

## 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. We were advised that staff would treat patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The clinic had not received any complaints in the last 12 months.
- The provider learned lessons from individual concerns, complaints and from analysis of trends. These were discussed at quarterly meetings and learning shared across the organisation. It acted as a result to improve the quality of care. For example, additional time was scheduled during the day for paperwork, to minimise waiting times.

# Are services well-led?

## Leadership capacity and capability

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

- The head office for the provider MASTA Limited (Medical Advisory Services for Travellers Abroad) is based in Leeds. The departments for operations and governance are based there, along with the medical team. We did not visit head office as part of this inspection.
- We spoke with the registered manager and the lead nurse for the Ipswich clinic who 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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff advised leaders were accessible and provided support as needed.

## 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 provider had a realistic strategy and supporting business plans to achieve priorities.
- The provider had 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 service had a culture of high-quality sustainable care.

- Staff felt respected, supported, valued and were proud to work for the service.
- The service focused on the travel health needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, survey feedback from patients was collated and responded to and a copy was available in the waiting room. The provider was aware of and had

systems to ensure compliance with the requirements of the duty of candour. (This means that people who used services were told when they were affected by something which had gone wrong, were given an apology and informed of any actions taken to prevent any recurrence.)

- 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. All staff received an annual appraisal. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

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

- MASTA Limited had an overarching governance framework, which supported strategic objectives, performance management and the delivery of quality care. This encompassed all MASTA Travel Health Clinics and ensured a consistent and corporate approach, 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 regional area managers implementing 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.
- There was a clear organisational leadership, management and staffing structure. There was a range

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of departmental staff based at head office, which included the Medical Director, Caldicott guardian and organisational safeguarding lead. Staff were clear on their roles and accountabilities.

- Policies, procedures and standard operating procedures were developed and reviewed at organisational level. These were cascaded and implemented in the network of MASTA clinics. Staff had access to these and used them to support service delivery. Policies and procedures were produced corporately and had been reviewed in a timely manner.
- The provider had an operational implementation plan which covered a range of areas, for example, health and safety, infection control, incidents and complaints and detailed a range of documents, certificates and checklists, which needed to be in place.

## Managing risks, issues and performance

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

- There were effective arrangements in place for identifying, recording and managing risks, which included risk assessments and significant event recording. There were dedicated MASTA complaint and incident review meetings held every quarter.
- There was a comprehensive understanding of both local and organisational performance. A range of regular meetings were held which provided an opportunity for staff to be engaged in the performance of the service.
- There were processes to manage current and future performance. The performance of clinical staff could be demonstrated through audit of their consultations. Leaders had oversight of safety alerts, incidents, and complaints.
- 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 patient record once it had been administered.
- 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 patients in those circumstances.
- The provider had plans in place to respond to and manage major incidents.

## Appropriate and accurate information

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

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- 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.
- 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.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. 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.

## Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- The clinic had a 'how did we do' feedback form and a box in the waiting area, for patient feedback. One response had been received in July 2018 and feedback was positive in relation to the service received.
- After each consultation, patients were emailed a 'customer delight' satisfaction survey. Each quarter, results were compiled and analysed to identify any themes or areas for improvement. We reviewed the most recent survey results from December 2018 to February 2019; 297 patients had attended an appointment and 12 had completed a survey. This was approximately a 4% response rate. Responses were primarily positive, and responses were provided in relation to the comments raised. For example, patients



## Are services well-led?

trying to book an appointment by telephone were advised this could be booked online and through the MASTA website. Results and responses were detailed in a folder in the waiting room for patients to read.

- Feedback from staff was gathered via meetings and informal discussions. Staff we spoke with informed us they felt engaged and listened to. Following staff feedback, a music licence had been obtained so that the radio could be played in the reception area for clients who were waiting to be seen and to increase confidentiality in the clinical rooms
- One of the nurses had raised information with an external organisation about the use of insect repellants post travel in Zika areas. They had also responded to a request from a local free magazine and shared information to raise awareness of travel health.
- Outside of the patient consultations, the service worked with other travel and health organisations to ensure they had the most up to date information.

### 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 MASTA Travel Health Brief had won awards. It was widely recognised as an invaluable tool both to staff and patients.

- The service made use of internal and external reviews of incidents and complaints. Learning was shared across the provider's locations and used to make improvements
- There were systems to support improvement and innovation work. For example, the provider had recently installed bar code scanning machines for medicines, to prevent falsified medicines from entering the supply chain. This supported the service to work within the Falsified Medicines Directive. (This is legislation passed by the European Union Parliament, which aims to increase the security of the manufacturing and delivery of machines and to protect patients.)
- One of the nurses at the Ipswich clinic had presented their research findings at the Faculty of Travel Medical Annual Symposium in October 2017. Learning was shared from other clinics and partnership sites and used to make improvements.
- The regional area managers had recently completed training, so that they could deliver training to nurses in their regions. This included safeguarding children and vulnerable adult training to level four and basic life support and anaphylaxis.