

MASTA Limited

MASTA Travel Clinic Oxford

Inspection report

MASTA Travel Clinic
Flight Centre Oxford
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Overall summary

We carried out an announced comprehensive inspection of MASTA Travel Clinic Oxford on 1 February 2019 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.

Start this section with the following sentence.

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.

This was the first inspection at Masta Travel Clinic Oxford. The service registered to provide regulated activities in February 2018.

The lead nurse is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As part of our inspection we asked for Care Quality Commission comment cards to be completed by clients prior to our inspection visit. We received nine comment cards, all of which were positive about the standard of care received.

Our key findings were:

- Systems were in place to protect people from avoidable harm and abuse. When mistakes occurred lessons were learned.

Summary of findings

- There were effective arrangements in place for the management of vaccines and medicines.
- The service had arrangements in place to respond to medical emergencies.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Client survey information and Care Quality Commission (CQC) comment cards reviewed indicated that clients were very satisfied with the service they received. Clients commented that they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about the service and how to complain was available.
- There was a clear leadership structure and staff felt supported by management and worked very well together as a team. The provider was aware of and complied with the Duty of Candour.
- There was an additional safety mechanism on the service's computer system which automatically selected appropriate vaccinations and ensured only in date vaccinations were administered and correct serial numbers recorded.
- Learning from serious incidents led to improvement in safety systems.

Professor Steve Field CBE FRCP FFPH FRCGP Chief
Inspector of General Practice

MASTA Travel Clinic Oxford

Detailed findings

Background to this inspection

The head office for the provider MASTA Limited (Medical Advisory Services for Travellers Abroad) is based in Leeds. They have many pharmacy and nurse-led travel clinics located throughout England, Wales and Ireland and have been established for over 30 years.

For this inspection we visited the location at MASTA Travel Clinic Oxford, based at a travel agent in Oxford city centre. Opening hours for the Oxford MASTA clinic are two days a week during normal working hours. Clients could contact MASTA customer services when the clinic was closed.

MASTA Travel Clinic Oxford provides a comprehensive travel service including pre-travel assessments, travel vaccinations and travel health advice. All services incur a consultation charge to the client. Treatment and intervention charges vary, dependent upon what is provided. The service is also a registered Yellow Fever Vaccination Centre.

The address of the service is:

MASTA Travel Clinic, Flight Centre Oxford, 9-10 Queen Street, Oxford, OX1 1EJ

Our inspection team was led by a CQC Lead Inspector and a Nurse Specialist Advisor.

We inspected this service on 1 February 2019. During our visit we:

- Spoke with two members of staff.
- Reviewed documents and policies.
- Looked at the computer system for record keeping and staff information.
- Reviewed Care Quality Commission comment cards.

The service provided background information which was reviewed prior to the inspection. We did not receive any information of concern from other organisations.

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

Safety systems and processes

The service had relevant health and safety procedures in place and followed legislation and guidance. Policies and protocols were regularly reviewed by the provider and where necessary adapted to recognise local circumstances. Any changes in safety procedures were communicated to staff.

The service had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse:

- The service had recruitment procedures that assured them that staff were suitable for the role and to protect the public. We looked at two personnel files for the clinic staff and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) (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). Nursing staff had their professional registration checked annually.
- The service had safeguarding policies and access to local policies. The policies clearly outlined who to contact for further guidance if staff had concerns about a client's welfare. There was a safeguarding lead for the organisation. Flow charts were available in the consultation room with details of local safeguarding arrangements and contact details.

Staff demonstrated they understood their responsibilities and had received training relevant to their role. The service had recently increased the level of child safeguarding training to level three for all clinicians. Staff had received additional training around female genital mutilation and the safeguarding policies and client pre-consultation questionnaires contained information designed to screen for any indicators of related risk.

- The service maintained appropriate standards of cleanliness and hygiene. We saw there was an effective system to manage infection prevention and control. The

senior travel nurse was the infection control lead and all staff had received infection control training. There was an infection prevention control policy in place and the service made an annual infection statement in accordance with the requirements of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. An annual audit of control of infection was completed and an annual statement was produced. A cleaning schedule was in place.

- We saw hand washing facilities and hand sanitising gel was available at point of care in the treatment room. This was in line with epic3: 'National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England' (epic3) and Health Technical Memorandum (HTM) 00-09.
- 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.
- There was an up to date fire risk assessment managed and owned by the travel agent. Staff had received fire safety training and the service carried out fire drills.
- All electrical equipment was under a year old did not yet require portable appliance testing.

Risks to clients

The service had adequate arrangements in place to respond to emergencies and major incidents. The service was not intended for use by clients with either long term conditions or as an emergency service. In the event an emergency did occur, the provider had systems in place to deal with them such as:

- Staff received annual basic life support training.
- The provider had access to an oxygen cylinder with adult and children's masks and staff knew the location of the nearest automated electronic defibrillator and had visited the premises where it was stored to ensure the sharing protocols enabled them to remove the device if required. A full range of emergency medicines was available.
- Staff wore a device which could alert an emergency response service if they required help or a medical emergency occurred. Staff would be able to converse with the service to request the support they needed.

Are services safe?

- There were records of the emergency equipment and emergency medicines being regularly checked.
- MASTA held a company insurance policy that ensured appropriate levels of professional indemnity were in place to enable staff to carry out their role.

Information to deliver safe care and treatment

On registering with the service, and at each consultation client identity was verified and the clinicians had access to the client's previous records held by the service.

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's client record system and their intranet system. Access to the client record system was securely controlled via a password system.

Safe and appropriate use of medicines

- The arrangements for managing medicines, including emergency medicines and vaccinations, in the service kept clients safe (including obtaining, prescribing, recording, handling, storing and security).
- There was an additional safety mechanism on the service's computer system which automatically selected appropriate vaccinations and ensured only in date vaccinations were administered and correct serial numbers recorded.
- The service carried out regular medicines audits to ensure administration was in line with best practice guidelines for safe prescribing, such as fridge temperature monitoring, safe security of medicines and monthly update checks against a recognised travel information website.
- Patient Group Directions (PGDs) had been adopted by the clinic to allow nurses to administer travel medicines in line with legislation. These were held in a format that was easy for staff to refer to. They were in-date and properly authorised.

- The fridge temperature was appropriately monitored on a daily basis, and we saw evidence of the cold chain being maintained to ensure appropriate storage of medicines which required refrigeration.

Track record on safety

There was a log used by the service to record all incidents and complaints. We found significant process changes and staff awareness training had been implemented following a major incident at a different MASTA clinic in 2018. There had been changes to the pre-vaccination screening and assessment questionnaires and processes to mitigate the risk identified following the major incident in 2018.

Staff told us they would inform the clinical lead of any incidents and there was a recording form available in the clinic.

The service had systems in place for knowing about notifiable safety incidents.

Lessons learned and improvements made

Investigations were undertaken at a local level, using a root cause analysis framework. Information was escalated to MASTA head office, where all incidents were also reviewed and monitored. There was analysis of themes, trends and numbers of incidents across all locations to support any identified changes in processes or service delivery.

Meetings were held at both local and corporate level and we saw that learning from incidents was disseminated to staff. Any changes in processes were also reviewed to monitor effectiveness. The service shared learning from incidents with other private clinics.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The service assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including Public Health England's (PHE) best practice guidelines.

The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from a recognised travel information website and used this information to deliver care and treatment that met clients' needs. The provider's computer network delivered regular news updates that staff accessed to ensure their advice to clients was up to date. The news updates we saw included locations in the world where recent disease outbreaks had occurred.

A comprehensive travel assessment was undertaken prior to recommending or administering treatments.

The service offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group.

Monitoring care and treatment

The service monitored that guidelines were followed through audits and random sample checks of client records. This included an up-to-date medical history, a clinical assessment and recording of consent to treatment. We noted that the audit programme was cyclical and that a summary of the audits was provided to each MASTA location.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The service had an induction programme for newly appointed members of staff that covered such topics as PGDs, infection prevention and control, fire safety, health and safety and confidentiality.
- The service could demonstrate how they ensured role-specific training and awareness updates for relevant staff. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. There was an appraisal planner in place.

- There were clear records of staff undertaking mandatory training and a system in place to alert staff when refresher training was due. Staff held copies of their training certificates to support their professional revalidation.

Coordinating client care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the clinic's client record system. This included details about the destinations clients travelled to, medical records, investigations and test results.
- The service shared relevant information with other services in a timely way, such as Public Health England.
- There were effective systems in place to work with a nominated laboratory when blood tests were required to test whether clients required an immunisation or already had immunity.

Supporting clients to live healthier lives

The service had information available on their website and travel leaflets were also available. There was a client information file in the waiting room that contained information about the service as well as fact sheets for various diseases.

Clients were given a comprehensive, yet easy to read, travel health passport that contained a record of any vaccinations, useful information and contacts for when they were abroad. This included advice about drinking water and food and what to do if a client was bitten by animals or insects. Clients were also provided with a travel health brief which was emailed to them after the consultation and which detailed all the country specific information relevant to their trip.

Consent to care and treatment

Staff sought clients' consent to care and treatment in line with legislation and guidance.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. The service had consent forms available.

Are services caring?

Our findings

Kindness, respect and compassion

We received nine Care Quality Commission comment cards which highlighted that clients were treated with kindness and respect. Comment cards we received were very positive about the service experienced overall. Clients said they felt the service offered quality consultation and care provision and staff were helpful.

The service carried out its own survey after their consultations. All seven respondents from September 2018 to November 2018 were very positive about the service they received.

Involvement in decisions about care and treatment

There was clear information on the service's website with regards to how the service worked and what costs applied

including a set of frequently asked questions for further supporting information. The website had a set of terms and conditions and details on how the client could contact them with any enquiries.

There was a client information file in the waiting room clearly setting out information about the cost of consultations and treatments and fact sheets about immunisations.

CQC comment cards and client survey information reviewed highlighted that clients felt involved in decision making about the care and treatment they received.

Privacy and Dignity

The consultation room door was closed during consultations. Conversations taking place in this room could not be overheard.

Care Quality Commission comment cards we received were positive about the service experienced. Clients said they felt the service offered an excellent provision and staff were helpful, caring and treated them with dignity and respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- MASTA Travel Clinic Oxford shared facilities with another company. There was a designated travel clinic waiting area within the main waiting room. The travel clinic treatment room was on the ground floor and all facilities were easily accessible for clients with mobility problems.
- Translation services were available via the company headquarters.
- Information sheets with larger text were available for clients with impaired vision.
- The service is designated as a yellow fever centre, which meant it was able to accommodate people's needs around the demand for this vaccine.
- Same day appointments were available for those with urgent travel needs.

Timely access to the service

MASTA Travel Clinic Oxford's opening hours were Tuesday and Friday 9am to 5pm.

Clients could contact customer services when the clinic was closed. This enabled clients who required urgent travel immunisation that could not wait until the Oxford clinic was open to be redirected to an alternative MASTA clinic. MASTA was also able to redirect patients to another company in a reciprocal arrangement. This meant if patients required a vaccine and their scheduled appointment was cancelled, they could attend a number of pharmacy based alternative sites elsewhere.

Listening and learning from concerns and complaints

Information about how to make a complaint was available on the service's web site. The provider had a complaints policy and procedure. The policy contained appropriate timescales for dealing with a complaint. The service at this location had not received any formal complaints in the last year.

There was evidence of learning as a result of complaints, received at other locations. Changes to the service had been made following complaints, and these had been communicated to staff.

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 head office for the provider, MASTA Limited (Medical Advisory Services for Travellers Abroad), was based in Leeds. They have many pharmacy and nurse-led travel clinics located throughout England, Wales and Ireland and have been established for over 30 years.

The senior travel clinic nurse demonstrated the ability to manage the service locally and had prompt access to their line manager and to senior clinical advisors.

Vision and strategy

The service had a clear vision and set of values to provide a high quality responsive service that put caring and client safety at its heart. The company had a business plan that encompassed the whole service.

Culture

The service had an open and transparent culture. Staff told us they could raise concerns and these would be responded to.

We saw evidence from one incident which demonstrated the service was aware of and complied with the requirements of the Duty of Candour. Advice was given immediately to the client explaining what went wrong, offering an apology and advising them of action taken to avoid recurrence. The service kept written records of verbal interactions as well as written correspondence. This was supported by an operational policy.

The provider had a whistleblowing policy in place. A whistleblower is someone who can raise concerns about practice or staff within the organisation.

Governance arrangements

Governance arrangements included:-

- A clear organisational structure within which staff were aware of their own roles and responsibilities.
- A range of service specific policies which were available to all staff. These were reviewed at provider level every two years or updated when necessary. There was specific reference within operational policies on how to work within premises owned and managed by other organisations.

- Audits were used to identify improvements and monitor ongoing actions to improve and maintain services.

Managing risks, issues and performance

- There was a variety of daily, weekly and monthly checks in place to monitor the performance of the service. These included random spot checks for consultations.
- We saw there were effective arrangements in place for identifying, recording and managing risks; which included a risk register 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.
- Business contingency plans were in place for any potential disruption to the service. We noted that the plan included how the service would respond to the unexpected absence of staff. This showed that efforts would be made to obtain suitably qualified cover for the absent member of staff.

Appropriate and accurate information

The service was registered with the Information Commissioner's Office and had its own information governance policies and Caldicott guardian to ensure client information security. Client records were stored securely.

The service used a record system that incorporated templates with prompts and travel guidance that supported consistent recording of client contacts.

Engagement with clients, the public, staff and external partners

The service encouraged and valued feedback from clients and staff. It proactively sought clients' feedback via the organisations 'customer delight survey'. Clients were engaged in the delivery of the service because the provider acted upon the feedback they received. The provider also gathered feedback from complaints received. These were then analysed and appropriate actions implemented.

After each consultation the client was asked to complete a satisfaction survey. Each quarter the results were compiled and analysed to identify any themes or areas for improvement.

Continuous improvement and innovation

Are services well-led?

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

All staff were involved in discussions about how to run and develop the service, and were encouraged to identify opportunities to improve the service delivered.

There was a quality improvement strategy and plan in place to monitor quality and to make improvements. For example, the service was making improvements to their website