

MASTA Travel Clinic – Southampton

Inspection report

STA Southampton
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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. (Previous inspection October 2017)

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 – Southampton on 13 June 2019 as part of our inspection programme.

The service has a 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 CQC comment cards to be completed by clients prior to our inspection visit. We received 12 comment cards, all of which were positive about the standard of care received.

Our key findings were:

- There was an effective system to manage infection prevention and control.
- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff.
- Individual care records were written and managed in a way that kept clients safe.

- Clients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Staff recognised the importance of people's dignity and respect.
- Clients had timely access to initial assessment and treatment.
- Staff felt respected, supported and valued. They were proud to work for the service.
- Client feedback about the service was positive.
- Information about how to make a complaint or raise concerns was available.
- Leaders worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service had a clear vision and values in place.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Governance arrangements were in place and regularly reviewed.

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

- Review the provision of sharps boxes to be in line with national infection prevention and control guidelines.
- Review personnel records to ensure consistency of content, for example evidence of references obtained prior to employment.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a specialist nurse advisor.

Background to MASTA Travel Clinic - Southampton

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 and Ireland and have been established for over 30 years.

For this inspection, we visited the location at MASTA Travel Clinic – Southampton, which is based within the STA Southampton store. The address of the store and clinic is 6 Civic Centre Road, Southampton, Hampshire, SO14 7LF. The travel clinic is open between 10am and 6pm Monday to Saturday, with Tuesdays open between 11am and 7pm. Clients cannot contact the clinic directly but via the customer care service line which will provide assistance to clients.

MASTA Travel Clinic - Southampton provides a comprehensive travel service which includes travel advice, consultations and travel vaccinations. Other vaccinations are also available such as flu vaccinations as well as a blood-taking service. All services incur a consultation and treatment charge to clients. Costs vary depending upon the type of consultation and treatment. The service is also a Yellow Fever vaccination centre.

During our visit we:

- Spoke with the registered manager, and one other employee at the service.
- Reviewed service documents and policies.
- Reviewed the service's client record database.
- 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?

We rated the service as good for providing safe services.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. 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 service had systems in place to assure that an adult accompanying a child had parental authority. We asked the service if they checked photographic identification of adults with parental authority and were told the service was looking into implementing that additional level of confirming a person's identity. Since the inspection, the provider confirmed a policy had been introduced and cascaded to all MASTA travel clinics in relation to checking photographic identification of children and the adults who accompany them.
- The service worked with other agencies to support clients and protect them from neglect and abuse. Staff took steps to protect clients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Information relating to recruitment was retained and managed at provider-level human resources. On review of the personnel records, we found the content of these records was not consistent. For example, one record contained evidence of two references, while another two records contained no evidence of references. We asked one staff member about this and they confirmed

references had been submitted prior to commencing their employment with the provider but these had not been appropriately stored in the individual employee's personnel records.

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- 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. The service only had purple-lidded sharps boxes for the disposal of sharps it used. The service confirmed its waste disposal contractors had confirmed that this was appropriate as all sharps boxes were incinerated in the same way. However, this was not in line with the national guidance on the appropriate segregation and safe disposal of sharps. (Purple-lidded sharps boxes are only intended for the use of sharps contaminated with cytotoxic substances, such as cancer treatment medications. The service did not have any cytotoxic substances on-site).
- 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.

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.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- 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). The service had medical oxygen and adrenaline on site. It did not have a defibrillator on site. The service had risk assessed this and identified a local supermarket which had a community Automated External Defibrillator (AED)

Are services safe?

available as a suitable alternative arrangement. (A defibrillator or an AED is required when a client suffers a cardiac arrest and assists with cardiopulmonary resuscitation). Staff we spoke to during the inspection told us they were aware of the location of the AED and we were informed the staff of the STA store that the service was based within also knew the location of the AED.

- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept clients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff 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 in the event that they cease trading.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks.
- Staff prescribed, administered or supplied medicines to clients 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 client safety.
- There were effective protocols for verifying the identity of clients including children. Since inspection, the provider has introduced a new policy that stipulated the identity of children must be confirmed with photographic proof, not just the identity of the adults accompanying them.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. A Health and Safety risk assessment had been completed on 26 July 2018. Five actions out of a total of 20 areas of review had been identified as requiring immediate attention; these actions had been completed except for a new coat of paint in the consultation room for aesthetic purposes. The flooring of the consultation room was noted in the same risk assessment to be lifting and rippling in places. It was recorded as a potential a trip hazard The service confirmed a repeat risk assessment was due to take place in July 2019 and the condition of the flooring would be raised as a concern again.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. In April 2019, a provider-level decision was made for all near-misses to be reported in the same way as significant events. Since April 2019, the service had identified and reported on four near-misses. One example of a near miss was the copying of information from one client's records to another, both clients were a couple. The error was immediately recognised and the notes were amended accordingly. This near-miss incident had been reviewed at a clinical review meeting and will be shared at the next lead nurse meeting, held six-monthly.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, and shared lessons identified themes and took action to improve safety in the service.
- 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

Are services safe?

- 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.

Are services effective?

We rated the service as Good for providing effective services.

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)

- Clients' immediate and ongoing needs were fully assessed.
- The service followed the guidance produced by the National Travel Health Network and Centre (NaTHNaC). (NaTHNaC is a service commissioned by Public Health England to provide up to date and reliable information about travel health).
- We saw that comprehensive travel assessments were used for clients to record their previous medical history and their travel requirements 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.
- Arrangements were in place to deal with repeat clients. For example, for those clients that required a series of vaccinations to be fully vaccinated against certain diseases prior to travelling abroad.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for clients. There was clear evidence of action to resolve concerns and improve quality.

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.
- Staff who administered vaccinations had received specific training and could demonstrate how they stayed up to date.

- Staff were registered with the Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating client care and information sharing

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

- Clients received coordinated and person-centred care.
- Before providing treatment, the service ensured they had adequate knowledge of the client's health and medicines history. Clients were referred to the provider's medical team for further review prior to treatment if their medical history indicated this.
- 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

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

- Where appropriate, staff gave people advice, so they could self-care.
- 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

Are services effective?

they were abroad. This included advice about drinking water and food and what to do if a client was bitten by animals or insects. (An insect or animal bite could cause an infection).

- 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.
- Where clients' 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 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.
- There was a system in place that required written authorisation from a parent (or guardian) for a client under the age of 18 to attend with a person other than their parent. The accompanying person now had their identity checked with additional photographic proof.
- Staff supported clients to make decisions. Where appropriate, they assessed and recorded a client's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated the service as Good for providing caring services.

Kindness, respect and compassion

Staff treated clients with kindness, respect and compassion.

- We received feedback from 12 CQC comment cards completed by clients who had used the service. Feedback was positive about the way staff treated 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.

Involvement in decisions about care and treatment

Staff helped clients to be involved 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 a client could contact the service with any enquiries via a customer service line.

- 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.
- Interpretation services were available for clients who did not have English as a first language. Information leaflets were available in easy read formats, to help clients be involved in decisions about their care.
- The service's own client survey information reviewed highlighted that clients felt involved in the decision-making process about the care and treatment they had received.
- This was supported by feedback from clients through the CQC comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Privacy and Dignity

The service respected clients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. The consultation room door was kept closed during client consultations. Conversations taking place in this room could not be overheard.
- Staff knew that if clients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated the service as Good for providing responsive services.

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.

- MASTA Travel Clinic – Southampton was based within the STA Southampton store. There was a designated waiting area within the STA store for the service. The service's combined consultation and treatment room was on the ground floor and was easily accessible for clients with mobility problems.
- The facilities and premises were appropriate for the services delivered. Toilet facilities were not intended for client use and the premises did not contain any baby-changing facilities, clients were directed to alternative locations for these facilities.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, cue cards were available to staff to aid in communication with clients experiencing communication difficulties. Translation services were available via the company headquarters.
- 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.

Timely access to the service

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

- MASTA Travel Clinic – Southampton was open Monday to Saturday 10am to 6pm, with Tuesdays open 11am-7pm.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Clients reported that the appointment system was easy to use.
- Clients could contact MASTA customer services when the service was closed. This enabled clients who required urgent travel immunisation that could not wait until the Southampton clinic was open to be redirected to an alternative MASTA clinic.
- Same day appointments were available for those with urgent travel needs but the service did not offer a walk-in service.

Listening and learning from concerns and complaints

The service 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 complaint policy and procedures in place. The service had not received any complaints in the previous 12 months. The provider learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. Any changes were disseminated to all individual clinic locations accordingly.

Are services well-led?

We rated the service as Good for providing well-led services.

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), 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 provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. The provider had introduced a new regional area manager structure to enhance the support for the remote working environment that employees experienced when working at the clinics.
- We spoke to the regional area manager who covered the south west clinics and worked as a travel clinic nurse at the service. The regional area manager demonstrated the ability to manage the service locally and had prompt access to their line manager and to senior clinical advisors as required.

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 provider had a business plan that encompassed the whole service.

Culture

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

- Staff felt respected, supported and valued. Staff we spoke to told us they were proud to work for the service.
- The service focused on the needs of clients.
- 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. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The provider had a whistleblowing policy in place. (A whistle blower is someone who can raise concerns about practice or staff within the organisation).
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received an Annual Contribution Dialogue (ACD) or appraisal in the last year and regular one to one conversations. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff 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.
- 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 members.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- We found some discrepancies in relation to staff recruitment records and infection prevention and control measures. The service assured us these would be raised appropriately to the provider.
- Staff were clear on their roles and accountabilities
- The provider had established proper policies, procedures and activities to ensure safety and these were reviewed regularly.
- A range of regular meetings were held which provided an opportunity for staff to be engaged in the service. For example:
 - Six-weekly meetings were held within the service.
 - Monthly regional manager meetings had been introduced since April 2019.

Are services well-led?

- Three-monthly regional area meetings had been introduced since April 2019.
- Six-monthly lead nurse meetings were held nationally.

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.
- There was a comprehensive understanding of both local and organisational performance.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations. Provider-level leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for clients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.
- 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.
- Business contingency plans were in place for any potential disruption to the service.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of clients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account
- 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. (A Caldicott Guardian is a senior person responsible for protecting the confidentiality of client information and enabling appropriate information-sharing).

- 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.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of client identifiable data, records and data management systems.

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. 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.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The provider awarded staff 'Star of the month' awards in recognition of good work demonstrated.

Continuous improvement and innovation

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

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- 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.