

MASTA Limited

# MASTA Travel Clinic – Bristol

## Inspection report

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## Ratings

Are services safe?

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

## Overall summary

We carried out an announced comprehensive inspection on 13 January 2016 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 not 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.

### Background

MASTA Travel Clinic – Bristol is a private clinic providing travel health advice, vaccinations and travel medicines to children and adults. The clinic has two treatment rooms that are located within a STA Travel shop. There is usually one or two clinical nursing staff running the clinic; there is a lead nurse for the clinic and two nurses who work part-time. The travel health service is available daily Monday to Saturday.

# Summary of findings

The Regional Clinic Manager (South) 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.

Six people provided feedback about the service on comment cards. Five out of six people mentioned that the environment was clean and hygienic. All six people commented that they were pleased with the service from the staff. We spoke with two people who said they were very happy with the service and that they had received good travel information.

## Our key findings were:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed people's needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- People said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The clinic had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.

- The clinic proactively sought feedback from staff and patients, which it acted on.

We identified regulations that were not being met and the provider **must:**

- Ensure that robust systems and processes are in place in respect of child safeguarding training. The provider offers nurse led consultations and must make sure that any nursing staff working on their own at the clinic have undertaken the required level of competency training for child safeguarding appropriate for the service.

You can see full details of the regulations not being met at the end of this report.

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

- Widely publicise the complaints procedure so that people know how to complain and raise concerns.
- Provide information about the availability of a chaperone to people who use the service.
- Risk assess the labelling and dispensing process to ensure that the right medicines and directions are given to people.
- Review if reasonable adjustments can be made to accommodate a more diverse population. For example, access for people with physical and sensory disabilities and people whose first language is not English.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was not providing safe care in accordance with the relevant regulations.

The impact of our concerns is minor for patients using the service, in terms of the quality and safety of clinical care. The likelihood of this occurring in the future is low once it has been put right. We have told the provider to take action (see full details of this action in the Requirement Notice at the end of this report).

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the clinic.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the clinic kept people who used the service safe.
- Risks to patients, staff and service delivery were assessed and well managed.
- Staff were recruited in line with current legislation.
- The clinic had systems, processes and practices in place to raise issues concerning vulnerable adults and children.

However, nurses working at the clinic that assessed and treated children had not completed level 3 competency training in child safeguarding.

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### **Are services effective?**

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

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Clinical audits demonstrated quality improvement.
- There was evidence of consent that was sought for people's care and treatment in line with appropriate guidance and legislation.

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### **Are services caring?**

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

- People said the staff were friendly, caring, respectful and helpful. They said the service was informative and catered for all their travel health needs.
- We saw the staff provide treatment that was fully explained, including the cost of treatment.
- We observed that members of staff were courteous and very helpful to people and treated everyone with dignity and respect.

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### **Are services responsive to people's needs?**

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

- Services were planned and delivered to meet the needs of the target population. This included flexibility in appointment times and adjusting staffing numbers when necessary.
- The service was not always able to make reasonable adjustments for people but proactively referred people to services that could meet their needs.

# Summary of findings

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- People said they found it easy to make an appointment and that they were given time to understand their treatment options.
  - The clinic had a complaints policy but the process was not widely publicised; it was not easy for people to know how to make a complaint or raise a concern.
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## **Are services well-led?**

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

- The clinic had an overarching governance framework that supported the delivery of good quality care.
  - There was a clear staffing structure and staff told us that they felt supported to carry out their roles and responsibilities.
  - The clinic had policies and procedures to govern activity and held regular clinical meetings.
  - The service had an open transparent culture among the management, staff and people that used the service.
  - The clinic proactively sought feedback from staff and people that used the service, which it acted on.
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# MASTA Travel Clinic – Bristol

## Detailed findings

### Background to this inspection

We carried out a comprehensive inspection of the Bristol MASTA Travel Clinic under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

This location had not been inspected before.

A CQC inspector who is also a pharmacist specialist led our inspection team. The team included another medicines inspector (pharmacist specialist) and a nurse specialist advisor.

We inspected the service on 13 January 2016. During our visit we:

- Spoke with a range of staff (including the registered manager, clinical lead nurse and a nurse) and three people who used the service.

- Observed the care people received.
- Reviewed the personal care and treatment records of people who used the service.
- Reviewed virtual feedback where people shared their views and experiences of the service.

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

To get to the heart of people's experience 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

### Reporting, learning and improvement from incidents

There was an auditable and transparent system in place for recording safety incidents and concerns. All staff we spoke with said there was an open culture for raising concerns and they were aware of how to report incidents. The service provider investigated when things went wrong and analysed incidents to try to avoid repeating the same errors. The provider held four meetings a year to review all incidents. Changes to practice and information updates were published on the organisation's intranet and communicated in local meetings.

We reviewed safety records, incident reports and minutes of meetings where concerns and incidents were discussed. We saw an example of incident reports initiating a review of staff clinical performance to ensure that people were receiving appropriate care and advice. The clinic took action to support staff learning and development. This showed that the service provider was willing to learn from mistakes and make changes to improve the quality of care.

### Reliable safety systems and processes (including safeguarding)

The clinic had systems, processes and practices in place to raise issues concerning vulnerable adults and children. However, the nurses sometimes worked on their own with no guaranteed immediate or urgent access to someone with level 3 or above competency in child safeguarding. The nurses had received level 2 safeguarding training. When a service clinically assesses and treats people under the age of 18 at least one or more staff member at the location must be trained to level 3 in child safeguarding.

Care records were managed in a way to keep people safe. Clinical notes were entered on to a computer and immediately stored on a central server when the entry was saved. We looked at five care records that were all accurate, complete, legible and up to date.

### Medical emergencies

The clinic had adequate arrangements in place to respond to medical emergencies. All staff had received basic life support training in the past 18 months and there was a plan for update training. Emergency medicines were easily accessible to staff in a secure area of the clinic and all staff knew of their location. The clinic had an oxygen cylinder with adult and children's masks and airways. We saw

evidence that the emergency medical equipment and medicines were checked on a regular basis. All the medicines we checked were in date and fit for use based on the treatment provided.

There were panic buttons in the treatment rooms to raise the alarm in an emergency. We saw evidence that the alarms were checked once per week.

### Staffing

Staff personnel files were held at the MASTA Head Office. We saw evidence 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).

The staffing hours and skill mix was analysed and reported on every six weeks in the clinic review meetings. We saw that the number of nursing hours was adjusted according to the demand on the service ensuring that people were seen by appropriately trained staff. The staffing review also made sure that time was protected for the Lead Nurse to carry out their management responsibilities.

The clinic was frequently staffed by one person and therefore chaperoning could not be offered immediately if required. We did not see chaperoning guidance publicised in the clinic. We were told by staff that if someone attended the clinic that wanted a chaperone then the appointment would be rearranged and another member of staff would work at the clinic on that day.

### Monitoring health & safety and responding to risks

Risks to patients, staff and service delivery were assessed and well managed. There was a comprehensive business continuity plan in place to help maintain the service during adverse events, for example, information technology failure, staff shortages and fire. There were policies in place to support risk management (for example, health and safety manual, risk management policy) and the service had a health, safety and welfare risk register. The clinic had an up to date fire risk assessment and staff received fire training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

The clinic also had a variety of other risk assessments in place to monitor safety on the premises such as control of

# Are services safe?

substances hazardous to health and the use of computer screens. There were building and medical indemnity insurance policies in place. The medical indemnity insurance policy was displayed in the clinic.

## **Infection control**

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received mandatory training. We saw a cleaning schedule being used and an infection control audit was done in December 2015. The risk of Legionella was managed with appropriate checks of the water supply and the monitoring was documented.

## **Safe and effective use of medicines**

The arrangements for managing medicines, including emergency medicines and vaccines, in the clinic kept people who used the service safe (including obtaining, prescribing, recording, handling, storing and security). The temperature of the room that stored the medicines was not

monitored, however there was an air conditioning unit installed to keep the temperature within the normal range of below 25°C. The medicines refrigerator temperature was appropriately monitored on a daily basis. Vaccines were delivered to the clinic in refrigerated transport and placed in the refrigerator immediately upon delivery. Patient Group Directions (PGDs) had been developed and adopted by the clinic to allow nurses to administer and supply travel medicines in line with legislation. They were in-date and properly authorised. Where PGDs could not be used a patient specific direction from a doctor was obtained.

While the provider packaged and labelled medicines for dispensing in accordance with legal requirements, there was no second check system in place. It is good practice for medicines to be second checked once prepared but not mandated in legislation. People were given sufficient information about the medicines that were administered or supplied.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Assessment and treatment

The clinic assessed needs and delivered care in line with relevant and current evidence based guidance and standards. The clinic provided up to date information to all clinical staff through the provider website and staff meetings. Staff had access to travel medicine experts who produced a comprehensive health brief based on the information provided by the travellers. The travel health information came from sources that were updated on a daily basis. The clinic nurses used this information, in conjunction with their own risk assessment, to deliver care and treatment that met peoples' needs.

We saw staff assess patients to ensure that care was provided to individual needs and preferences. This included an up to date medical history, a clinical assessment and recording of consent to treatment.

### Staff training and experience

Staff had the skills, knowledge and experience to deliver effective care and treatment. The service had a two day MASTA induction programme for newly appointed members of staff that covered travel medicine topics, for example, travel risk assessments, malaria and vaccinations. New staff were assigned a mentor for four to six weeks whilst they completed a competency framework. At the end of the induction period the Consultant Medical Advisor conducted an interview with the new staff member to assess clinical competence and we saw examples of reports and recommendations from these assessments. This is good practice to ensure competency of newly appointed nurses.

Staff received update training online that included: safeguarding, fire procedures, sharps procedures and yellow fever. Staff told us that they were supported to do a travel medicine diploma at a School of Tropical Medicine.

The learning needs of staff were identified through a system of appraisals, meetings, clinical supervision and reviewing incidents. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. There was a performance management policy in place.

### Working with other services

Nurses in the clinic could not treat people with some medical conditions. In this situation, the service referred the person to their GP with a letter explaining the clinical situation and a suggested course of action. For routine clinic appointments medical information was not automatically shared with other healthcare organisations. People were given a copy of the travel health advice (via email) and vaccination records (in a booklet) and were advised to inform their GP about the treatment they had received.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements. We observed consent being given verbally in three consultations. We saw that consent was recorded for adults and children in clinical notes.

The service displayed costs for consultations and medicines online and in the clinic. People were told when vaccinations could be obtained free of charge via an NHS GP.



# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We observed that members of staff were courteous and very helpful to people and treated everyone with dignity and respect. We noted that treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. People were asked to wait in the STA travel shop before their appointment as there was limited space in the treatment room area. This made sure that confidentiality was maintained.

All of the comment cards we saw had positive statements about the service experience. People said the staff were friendly, caring, respectful and helpful. They said the service was informative and catered for all their travel needs.

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

We observed that people were involved in decision making about the care and treatment they received. Treatment options were fully explained in consultations and people were given enough information and time to be able to make their own decisions. People told us they felt listened to and supported by staff.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The clinic facilities were appropriate for the travel health services provided; the clinic rooms contained all the necessary equipment and medicines to deliver care to meet people's needs. We saw that the nurse spent time with the clients to make sure that all their travel health needs were addressed. The service was flexible and the consultations were adjusted according to individual preferences. For example, we saw one consultation with a person that was in a rush. The nurse carried out the clinical assessment safely and signposted to appropriate information within the time frame.

People who use the service were sent an email after their appointment which contained a link to a customer satisfaction survey. MASTA collated patient feedback and the clinic manager reviewed the information. The survey from August to October 2015 had a response rate of 3.7%; clients rated appointment convenience and appointment time as 9.2 and 9.6 out of 10. We saw that the service made changes in response to feedback. For example, the clinic changed the brand of a malaria prophylaxis medicine so that it was cheaper for people to buy.

### Tackling inequity and promoting equality

A Disability Access Audit was conducted when the clinic was opened; it was decided that no reasonable adjustments could be made to the building for people with physical disabilities. When people made an appointment or accessed the website they were told that there was no wheel chair access. We were told that people who cannot

access the Bristol MASTA travel clinic are offered a telephone consultation or referred to a pharmacy or GP. There were no translation services and information leaflets were only provided in English. If someone attended the clinic that could not speak English they were asked to bring a translator to the appointment.

### Access to the service

The clinic was open Monday, Tuesday, Friday and Saturday from 10.00 to 18.00 and Wednesday and Thursday from 10.00 to 19.00. Clinic times had been amended in response to feedback from people that used the service. People could make an appointment on the telephone, on-line or walk-in for an immediate appointment if available. We were told that urgent travel health needs were met where possible. Appointments were available at short notice and the staff were flexible with their working hours.

### Concerns & complaints

The service had a complaints policy but we did not see a complaints procedure publicised in the clinic or on the provider website. Following an appointment people received an email with a link to an 'enquiries' email address but it was not clear that this was how to make a complaint. People who used the service had an opportunity to provide feedback via an on-line customer satisfaction survey but it was anonymous and therefore complaints could not be investigated if raised in this way. Staff told us that a complaint would be investigated and that the complainant would be written to with an apology and a full explanation of the investigation and actions taken. The service had appropriately investigated and responded to one complaint in the past 12 months.

# Are services well-led?

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

## Our findings

### **Governance arrangements**

The clinic had an overarching governance framework that supported the delivery of good quality care. There was a clear staffing structure and staff told us that they felt supported to carry out their roles and responsibilities. There was a Lead Nurse and Registered Manager who were responsible for the governance of the service and safe and effective working practices. The clinic had up to date policies that were available to all staff on the shared computer network.

There was a programme of continuous clinical and internal audit and we saw that audit results were used to manage staff performance and make improvements to the quality of care delivered. There were arrangements for identifying, recording and managing risks and implementing mitigating actions where necessary.

### **Leadership, openness and transparency**

There were systems in place to support communication to staff about changes in service provision and to share information. The Lead Nurse and the Registered Manager had meetings every six weeks to review clinic performance and discuss safety issues and concerns. The Lead Nurse met regularly with the nurses to provide support and communicate information about the service.

Staff told us that there was an open culture in the clinic and they had the opportunity to raise any issues at meetings, were confident in doing so, and felt supported if they did. The staff understood the Duty of Candour and told us if things went wrong then they would communicate openly with people and apologise for mistakes. Observing the Duty of Candour means that people who use services are told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result.

### **Provider seeks and acts on feedback from its patients, the public and staff**

The clinic encouraged and valued feedback from people that used the service and staff. It proactively sought feedback through the online customer satisfaction survey that every person who used the service had the opportunity to complete.

The clinic gathered feedback from staff through staff meetings, discussions and appraisals. Staff told us they would not hesitate to raise concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the clinic was run.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>How the regulation was not being met</b></p> <p>We found that registered nurses who assessed and treated children at the location were not trained to level 3 competency in safeguarding children. This meant there was not a sufficiently effective system in place to identify risks and prevent abuse of children who used the service. <b>This was in breach of regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>