

# MASTA Travel Clinic – Harrogate

## Inspection report

Mowbray Square Medical Centre  
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North Yorkshire  
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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.** (The previous inspection on 17 October 2017 rated the service as being compliant.)

We carried out an announced comprehensive inspection at MASTA Travel Clinic Harrogate on 25 April 2019, as part of our inspection programme.

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 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.

MASTA Travel Clinic Harrogate provides pre-travel assessments, travel vaccinations and travel health advice. In addition, the service holds a licence to administer yellow fever vaccines. They provide services both for private patients and NHS patients who are registered with a local federation of 12 GP practices, known as the Yorkshire Health Network.

This service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At MASTA Travel Clinic Harrogate some services are provided to clients under a contractual arrangement through their employer or government department. These types of arrangements are exempt by law from CQC regulation. Therefore, they did not fall into the scope of our inspection.

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.

On the day of inspection, we had received 23 completed CQC comment cards, all of which were overwhelmingly positive. They described the service as being very good and efficient and staff as being professional, friendly, caring and informative.

During the inspection we reviewed a range of systems and processes relating to governance, service delivery and customer care.

## Our key findings were:

- There were clear systems in place to manage risk so that safety incidents were less likely to happen. When incidents did happen, the provider learned from them and improved their processes across all their clinic locations.
- The effectiveness and appropriateness of care provided by the service, was routinely reviewed. It ensured that care and treatment was delivered according to evidence based guidance and up-to-date travel health information and advice.
- Clients received a personalised travel plan, known as a travel health brief, which contained a risk assessment, health information, including any additional health risks relating to their destinations, and an immunisation plan specific to them.
- Staff involved clients in decisions about their care and treatment. They treated clients with kindness, compassion, dignity and respect.
- There was a leadership and managerial structure in place with clear responsibilities, roles and accountability to support good governance.
- The provider was aware of the requirements of the duty of candour.
- Staff were aware of their own roles and responsibilities. They said they felt supported by leaders and managers who were accessible when appropriate.

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

- Consider photographic identification checks for adults who have parental responsibility for children, in order to ascertain the correct identity.
- Review policies in line with their renewal dates.

# 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 CQC inspector and included a nurse specialist adviser.

## Background to MASTA Travel Clinic - Harrogate

The provider MASTA (Medical Advisory Service for Travellers Abroad) Limited has more than 170

private clinics across the UK. McKesson UK (a global pharmaceutical distributor and health care

information technology company) owns MASTA.

The provider is registered with the CQC for the regulated activities of diagnostic and screening

procedures; and treatment of disease, disorder or injury to be delivered at the MASTA Travel

Health Clinic Harrogate.

The clinic offers travel health consultations, travel vaccines and medicines, such as anti-malarial, to both children and adults. Consultations and treatments are charged either direct to the private clients or through the Yorkshire Health Network, as appropriate. There is a contractual arrangement with the network to provide travel health services to the patients on behalf of the 12 GP practices who are in the network. However, not all travel vaccines are available on the NHS and may incur a charge to those patients.

MASTA Travel Clinic Harrogate is located at Mowbray Square Medical Centre, Myrtle Square,

Harrogate HG1 5AR. It is located on the ground floor of a purpose-built health centre. They have access to one consulting room and a reception/client waiting area. There is disabled access to the building and toilet facilities are available for clients.

The Harrogate clinic opens 8am to 4pm Monday, Tuesday, Wednesday, Friday and Saturday. Thursday opening hours are 11am to 7pm. Clients can book via the provider's website or via telephone with the central customer service team. The clinic provides telephone consultations to support travel risk assessment, as well as face-to-face consultations, with a travel health advisor at the clinic.

The clinical team consists of three female part-time travel health advisors (who are all qualified and registered nurses). There is a receptionist, who is employed by the Yorkshire Health Network. The clinicians are supported by a range of departmental staff who are based at the provider's head office in Leeds. They also have access to a Regional Area Manager, medical team and pharmacy staff.

Further information can be found at

### How we inspected this service

Before visiting the clinic, we reviewed a range of information we hold about the service. In addition, we requested that the provider send us information pre-inspection which we also reviewed.

During our inspection we:

- Spoke with the registered manager, who was the lead travel health advisor, and another travel health advisor.
- Spoke with the regional manager.
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed CQC comment cards and client feedback received by the clinic.

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?

## We rated safe as Good because:

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

- The provider had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There were effective arrangements in place for the management of medicines.
- There was a system in place for reporting and recording incidents, including significant events. Lessons were shared to make sure action was taken to improve safety in the service.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information and an apology.
- When there were changes to services, or staff, the provider assessed and monitored the impact on safety.

## Safety systems and processes

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

- There were systems in place to safeguard clients from abuse. There was a nominated safeguarding lead and Caldicott Guardian at a corporate level. (A Caldicott Guardian is a senior person responsible for protecting the confidentiality of service-user information and enabling appropriate information sharing.) All staff had received the appropriate level adult and child safeguarding training, in line with the most recent guidance, and knew how to identify and report concerns.
- The service had systems in place to assure that an adult accompanying a child had parental authority. However, at the time of the inspection it was not the practice for the service to seek photographic identification for assurance. We were informed this would be reviewed by the provider.
- 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).

- Appropriate safety risk assessments had been conducted by the provider. There were safety policies in place, which outlined clearly who to go to for further guidance should the need arise. Staff had access to a health and safety manual, which included fire safety information. However, on the day of our inspection it was noted that the annual review date had lapsed. Staff received safety information from the provider as part of their induction and refresher training.
- 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 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.
- There was an effective system to manage infection prevention and control (IPC). This included a system to prevent the risk of Legionella, such as water testing kits and regular water temperature monitoring. (Legionella is a bacterium which can contaminate water systems in buildings.) Staff had received IPC training. There was an IPC lead for the clinic, who was supported by a governance team based at the provider's head office. We saw annual IPC audits where actions had been identified and addressed, for example the inappropriate use of sticky tape. There was an IPC policy in place, which at the time of the inspection was out of date.
- We reviewed the out of date policies and saw they contained appropriate information. We were informed by the provider that these would be reviewed as soon as possible.

## 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. We were informed a new travel health advisor would be commencing employment at the clinic. We were assured they followed the recruitment process and the new member of staff would receive a corporate and local induction.
- Staff had received basic life support training. They understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Emergency medicines to deal with

# Are services safe?

anaphylaxis were safely stored in the consulting room. (Anaphylaxis is a serious allergic reaction that is rapid in onset and can be fatal if not responded to.) There was access to oxygen with adult and children's masks. MASTA had undertaken a risk assessment to support the decision not to have their own defibrillator at the clinic. However, staff had access to a defibrillator located on the ground floor of the health centre. We saw records to show that checks were undertaken to ensure it was in good working order.

- When there were changes to services or staff, the provider assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements, including professional indemnity for registered nurses, 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 patients.

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

## Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks.

- The provider had an electronic stock control system as an additional safety mechanism. The system pre-selected the individual vaccines to be administered, to ensure only in date ones were given. It also pre-recorded the serial numbers automatically.
- The travel health advisors used Patient Group Directions (PGDs) or Patient Specific Directions (PSDs), as appropriate, to prescribe, administer or supply vaccines and medicines to clients. PGDs and PSDs had been produced in line with legal requirements and national guidance. (PGDs and PSDs are written instructions for the supply or administration of medicines.)
- Regular medicine audits were carried out to ensure storage and administration was in line with best practice guidelines. Annual audits of yellow fever vaccine use were undertaken in order to meet the standards of good practice required for the designated licence to administer the vaccine.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- Clinic activity was monitored and reviewed. This helped the provider to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- All medicine and healthcare safety alerts, such as those from NaTHNaC and the Medicines and Healthcare products Regulatory Agency (MHRA), were actioned and cascaded to staff for information by the corporate governance team. These included details of any potential or actual shortages of vaccines.

## 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. They were supported by leaders and managers at a local and corporate level.
- There were adequate systems for reviewing and investigating when things went wrong. Investigations

## Are services safe?

were undertaken at a local level, using a root cause analysis framework. Information was escalated to MASTA head office, where all incidents were reviewed and monitored.

- There was analysis of themes, trends and numbers of incidents across all MASTA locations to support any identified changes in processes or service delivery. For example, following an MHRA of two fatal incidents following administration of a yellow fever vaccine, the provider reviewed their policy and have incorporated additional medical history questions, to support identification of an increased risk should the yellow fever vaccine be given to the client. Any changes in processes were reviewed to monitor effectiveness.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incident, those affected clients were given reasonable support, truthful information and a verbal and written apology. Records of verbal and written interactions were kept by the provider.



# Are services effective?

## We rated effective as Good because:

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

- The travel health advisors had the skills, knowledge and experience to deliver effective care and treatment. They assessed the needs of clients and delivered treatment in line with current evidence-based guidance.
- Clients received an individualised travel risk assessment, which included a written immunisation plan, health information and identified health risks relating to their travel destinations.
- Staff understood the requirements of legislation and guidance when obtaining the consent from the client or parent of a child.

## 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).**

- Staff were aware of relevant and current evidence-based guidance and standards relating to travel health. The provider had systems in place to keep staff up to date.
- The central MASTA team issued a travel brief to all locations, whereby all information from relevant sources, such as Public Health England and NaTHNaC, was co-ordinated into one place. This supported the travel health advisors to easily access the most up to date information. Staff also had access to virtual clinical support from the provider's medical team.
- A comprehensive pre-travel assessment was undertaken with each client. This included details of the trip, including any stop-overs, any previous or current medical history, current medicines and previous treatments relating to travel.
- A tailored MASTA travel plan, known as a travel health brief, was then devised for each client. This contained which medicines/vaccines had been administered or recommended and health advice given, including areas of concern relating to specific areas of travel. For example, a high risk of malaria or a disease epidemic.

## Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. For example, regular updates were provided to staff regarding disease outbreak surveillance. This enabled staff to have the most up to date knowledge and health advice to give to clients visiting those areas affected.
- The provider used audits and collection of data from all their clinics to support improvements in service delivery. This supported an effective method of monitoring what was happening across the organisation. Shared learning and improvement were cascaded to staff across the clinics.
- At the time of our inspection, the service was currently in the process of auditing the travel health 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 an induction programme for all newly appointed staff. New travel health advisors received support for six weeks, which included longer appointment times, protected time for learning and development, and support from a mentor.
- The travel health advisors were registered with the Nursing and Midwifery Council (NMC) and were supported 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. Travel health advisors were encouraged and given opportunities to develop, such as attendance on a national recognised diploma course in travel medicine.
- Travel health advisors who administered immunisations had received specific training, been assessed as being competent and could demonstrate how they stayed up to date.

## Coordinating patient care and information sharing

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

- Clients received coordinated and individualised care and treatment specific to their travel health needs.



# Are services effective?

- The travel health advisors referred to, and communicated effectively with, other services when appropriate. For example, with Public Health England or the client's GP.
- Before administering any treatment, the travel health advisors ensure they had adequate and relevant knowledge of the client's health, medical and immunisation history. We were informed where staff had engaged with a client's GP to safe care and treatment.
- MASTA Travel Clinic Harrogate had a contractual arrangement with Yorkshire Health Network (a local federation of 12 GP practices). This was to provide travel health services to the patients of those GP practice on their behalf. Some free of charge NHS travel vaccinations were available to those patients if applicable. Meetings were held between the lead travel health advisor and the network to support any improvements in patient care and treatment and service delivery.

## Supporting patients to live healthier lives

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

- Any identified risk factors were discussed with the client. For example, awareness of malaria and the importance of food and water safety. The travel health brief provided comprehensive information to support clients in managing their own health and well-being safely whilst travelling.

- Where clients' needs could not be met by the service, they were directed to the appropriate service for their needs.

## **Consent to care and treatment**

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and referred to the client's GP when there were concerns about a person's mental capacity to make a decision.
- When providing care and treatment for children and young people, parental attendance was required. Identification was sought in line with the provider's policy and next of kin details records on the client's record. However, at the time of our inspection the production of any photographic identification was not a requirement by the service.
- There was a specific consent form for those clients who accessed the service via the Yorkshire Health Network. This allowed the sharing of appropriate information between the clinic and the client's GP, to enable records to be updated accordingly.
- The service monitored the process for seeking consent appropriately.

# Are services caring?

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

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

- Feedback from clients was positive about how they were cared for.
- Clients were involved in decisions about their care and treatment.
- Clients' privacy and dignity were respected.

## **Kindness, respect and compassion**

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

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service provided clients with timely support and information.
- Feedback from clients was positive about how they were treated by the clinic staff. This was supported by the CQC comment cards we received on the day of inspection and surveys undertaken by the service.

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

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- We were informed that although the number of non-English speaking clients was very low, interpreter or translation services could be made available if required.
- Information was given to clients regarding the treatments available to support them in making a decision. Verbal and written information was available to describe the different treatment options available. Clients were informed which treatments were available at no cost through the NHS.
- Clients told us through 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 maintaining people's dignity and respect.
- The door to the consulting room was closed at all times during a consultation and conversations could not be clearly overheard.

# Are services responsive to people's needs?

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

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

- The provider developed services to meet the needs of people using the service.
- The clinic was equipped to meet the needs of its clients.

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

**The service organised and delivered services to meet people's needs. It took account of individual needs and preferences.**

- The provider understood the needs of their clients and improved services in response to those needs. For example, the provision of evening and weekend appointments.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, there was disabled access to the clinic.

## **Timely access to the service**

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

- Clients had timely access to initial assessment, treatment and advice.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Clients with the most urgent needs had their care and treatment prioritised.
- Clients reported that the appointment system was easy to use.

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

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

- Information about how to make a complaint or raise concerns was available. Staff treated clients who made complaints compassionately.
- The service informed clients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. Lessons were learned and shared across the organisation.

# Are services well-led?

## We rated well-led as Good because:

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

- The provider had a clear vision and strategy to deliver high-quality travel healthcare.
- There was a clear management and leadership structure and staff were supported from an organisational level.
- Staff had received comprehensive inductions and were supported to attend training and meetings. There was a strong focus on continuous learning and development at all levels.
- There was an overarching governance framework, included arrangements to monitor and improve quality and identify any areas of risk.

## 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 to the regional manager and the registered manager, who is the lead travel health advisor for the Harrogate clinic. They both 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.

We were informed that leaders and managers at all levels 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 clients.

- There was a clear vision and set of values. The provider had a realistic strategy for the service 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 clients.
- The regional manager and registered manager 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.
- There were processes in place for supporting staff with their development needs. All staff received regular annual appraisals and 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.
- We saw evidence of positive relationships between staff and managers.

## Governance arrangements

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

- MASTA Limited had an overarching governance framework. This included oversight of safety alerts, incidents and complaints. The framework encompassed all MASTA Travel Health Clinics to ensure a consistent and corporate approach, along with a culture of shared learning.

# Are services well-led?

- Policies, procedures and standard operation procedures were developed and reviewed at an organisational level. These were cascaded and implemented to the network of MASTA clinic. Staff had access to these and used them to support service delivery. At the time of our inspection, it was noted that renewal dates for some policies had lapsed. In addition, the safeguarding policy required updating with the new Intercollegiate guidelines regarding appropriate levels of safeguarding training for staff. These issues were raised with the regional manager to discuss with the appropriate corporate team.

## Managing risks, issues and performance

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

- There were arrangements in place for identifying, recording and managing risk both locally and across the organisation. For example, staff undertook a variety of daily, weekly and monthly checks to monitor the safety of the clinic.
- 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 of the service. Staff performance could be demonstrated through audits of their consultations.
- The provider used information technology (IT) systems to monitor and improve the quality of care. For example, each vaccine name and batch number were automatically available on the IT system and were populated by the system onto each client record once it had been administered.
- Data and notifications were submitted to external organisations as required. For example, an annual audit was undertaken as part of the yellow fever vaccine licence.

## 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.

- The service used performance information which was reported and monitored. Any areas of concern were discussed with staff, who were held to account as appropriate.
- The service submitted data or notifications to external organisations as required.
- 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 clients, staff and external partners to support high-quality sustainable services.

- The service encouraged and valued feedback from clients and staff. After each consultation the client was asked to complete a "customer delight" satisfaction survey. There was also "how did we do" feedback forms and a box in the clinic waiting area. Each quarter results were compiled and analysed to identify any themes or areas for improvements. We were informed of some of the changes that had been made as a result, which included enlarging the waiting area and adding more leaflets regarding travel health into the information folder available for clients.
- Feedback from staff was gathered via meetings and informal discussions. Staff we spoke with informed us they felt engaged and listened to.

## Continuous improvement and innovation

### There 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 clients.
- 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.

## Are services well-led?

- 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 medicines and to protect clients.)