

MASTA Limited

MASTA Travel Clinic – Nottingham

Inspection report

BUPA Centre Nottingham
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Nottingham
NG8 6AS

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Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. The service was previously inspected in February 2018.

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

MASTA Travel Clinic - Nottingham was last inspected in February 2018, but it was not rated as this was not a

Summary of findings

requirement for independent health providers at that time. Since April 2019, all independent health providers are now rated, and this inspection was undertaken to provide a rating for this service.

The clinician 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 people'. 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.

Five patients provided feedback about the service using CQC comment cards. Patients were very positive regarding the quality of the service provided.

Our key findings were:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.

- Patients received effective care and treatment that met their needs.
- Patients were treated with respect and commented that staff were kind and caring and involved them in decisions about their care.
- Services were tailored to meet the needs of individual patients.
- The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

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

- Clearly document action taken when the medicine fridge temperature is recorded as outside the recommended range.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

MASTA Travel Clinic – Nottingham

Detailed findings

Background to this inspection

MASTA Travel Clinic – Nottingham is located in a consultation room at BUPA Centre Nottingham, 4 Millennium Way West, Phoenix Park West, Nottingham, NG8 6AS.

The provider, MASTA Limited, is registered with the CQC to carry out the regulated activities of treatment of disease, disorder or injury and diagnostic and screening procedures from the location.

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

Services are provided by a female nurse who is trained in travel health. The service is provided from a consultation room within BUPA Centre Nottingham.

Patients make an appointment by telephone or on the provider's website. The service is open for consultations on Tuesdays between 8am and 5pm.

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

Before visiting we reviewed a range of information we hold about the service and information which was provided by the provider pre-inspection.

During the inspection:

- we spoke with staff
- reviewed CQC comment cards where patients shared their views
- reviewed key documents which support the governance and delivery of the service
- made observations about the areas the service was delivered from

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?

Our findings

We rated safe as Good because:

The practice provided care in a way that kept patients safe and protected them from avoidable harm.

Safety systems and processes

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

- The service had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies and procedures were in place and contact numbers for the local authority were displayed in the consultation room. The clinician was the safeguarding lead and had received appropriate training for the role.
- The service had systems in place to assure that an adult accompanying a child had parental authority. Staff were aware of high-risk destinations for female genital mutilation (FGM) and aware of their responsibility to report concerns. They had received appropriate training in this area.
- Staff told us that checks were carried out at the time of recruitment and on an ongoing basis if additional staff were recruited. Staff had completed a Disclosure and Barring Service (DBS) check as 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). The provider also ensured that clinicians maintained their professional registration.
- A chaperone policy was in place and a chaperone poster was displayed.
- There was an effective system to manage infection prevention and control. The consultation room and reception area were clean and hygienic. Staff followed infection control guidance and attended relevant training. The service undertook regular infection prevention and control checks and acted on the findings. The provider had appropriate arrangements in place with BUPA Centre Nottingham to ensure that the premises was kept hygienic and infection control risks were minimised.
- 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. This included appropriate arrangements with BUPA Centre Nottingham.

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. Staff were available to cover in the event of annual leave or illness.
- The service was equipped to deal with medical emergencies. This included emergency medicines. Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. The provider had specific professional indemnity and public liability insurance to cover the travel clinic service.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to the provider in an accessible way.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment. The service would share information with local authorities if safeguarding concerns arose. The provider encouraged patients to share information with their own GP practice if they received any vaccinations.

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. However, we saw that the fridge temperature had been recorded as outside its recommended range. This fridge was where travel vaccines were stored. Staff told us that they had taken appropriate action but there was no documentation

Are services safe?

confirming the actions taken. Staff agreed to document actions in the future. The room where medicines were stored had its temperature recorded once a week. Staff agreed to put systems in place so that temperatures were recorded each day that staff were in the building. This would allow closer monitoring of this area and prompt action to be taken if temperatures were higher than recommended for the safe storage of medicines.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

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. However, the fridge temperature

incident had not been recorded as a significant event. At the time of inspection there had not been any reported or recorded incidents. Staff agreed to consider recording fridge temperature issues as significant events in the future.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider demonstrated a culture of openness and honesty. This was apparent during the inspection and post-inspection when providing us with evidence and acting quickly on issues raised on the day.
- Alerts from the Medicines and Healthcare products Regulatory Authority (MHRA) were received by the provider and emailed to staff. Staff also received notification of alerts from the National Travel Health Network and Centre (NaTHNaC) which were specifically related to travel health. NaTHNaC is the organisation that controls the alerts process and requires standards of practice in line with Conditions of Designation and the Code of Practice e.g. around training in line with World Health Organisation (WHO) international health regulations.

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

Patients received effective care and treatment that met their needs.

Effective needs assessment, care and treatment

The provider had systems to keep up to date with current evidence-based practice.

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as National Travel Health Network and Centre (NaTHNaC) travel guidance.
- Patients' needs were fully assessed. A pre-travel risk assessment form was completed for each patient during their consultation. This included details of any medical history, allergies, previous treatments relating to travel and whether the patient was currently taking any medicines. This form was then reviewed by staff who advised the most appropriate course of treatment and gave travel health advice. Patients received a travel health brief which contained this information and was printed for the patient to take away.
- Latest travel health alerts in relation to outbreaks of infectious diseases were available.
- We saw no evidence of discrimination when making care and treatment decisions.

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 provider reviewed the care given to each patient and encouraged feedback.

Effective staffing

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

- Staff were appropriately qualified and were registered with the Nursing and Midwifery Council (NMC).
- The provider understood staff learning needs and provided training to meet them. Up to date records of their skills, qualifications and training were maintained. Staff received regular supervision in person and by telephone and appraisal.

- Staff had completed specific training in providing travel health advice and vaccinations.

Coordinating patient care and information sharing

The provider worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. The provider referred to, and communicated effectively with, other services when appropriate. The provider advised patients of vaccinations that they could receive from their own GP at no cost or from a pharmacist.
- Before providing treatment, the provider ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- The provider encouraged patients to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider told us they would follow their safeguarding policies if they had any safeguarding concerns.

Supporting patients to live healthier lives

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

- Patients were assessed and given individually tailored advice, to support them to remain healthy whilst abroad.
- Written health advice was given to patients. Risk factors were identified and highlighted to patients, including recommendations of food and beverages that were either safe or unsafe to consume.

Consent to care and treatment

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

- The provider understood the requirements of legislation and guidance when considering consent and decision making.
- Staff had completed mental capacity training.

Are services caring?

Our findings

We rated caring as Good because:

Patients were treated with respect and commented that staff were kind and caring and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated them.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. They had attended equality and diversity training.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language.
- Detailed information as given to patients regarding treatments available. While information was not available in an easy read format, the provider agreed to review this to ensure that all patients had information in the format they required to make a decision.
- Patients told us through comment cards, that they felt listened to and supported by the provider and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Clear pricing information was provided.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect and had attended appropriate training.
- Consultations were conducted behind closed doors, where conversations were difficult to overhear.
- All patient records were stored securely and staff had attended data protection training.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

Services were tailored to meet the needs of individual patients.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- Staff understood the needs of their patients and improved services in response to those needs. The provider had expanded the range of treatments available to better meet patient needs. This included a wider range of non-travel vaccines.
- The facilities and premises were appropriate for the services delivered. The consultation was on the first floor and a lift was available.
- Equipment and materials needed for consultation, assessment and treatment were available at the time of patients attending for their appointment. Initial consultations were 30 minutes long and follow-up appointments were 15 minutes long. However, appointments could be longer if required.
- The clinic was a registered yellow fever centre and complied with the code of practice.

Timely access to the service

Patients could access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to consultations. The service was open on Tuesdays from 8am to 5pm. Telephone consultations were available and patients were directed to other clinics if necessary.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients could make an appointment by telephoning the provider or using the provider's website. Walk-in appointments were also available.
- Patients who needed a course of vaccinations were given future appointments to suit them. These were booked when attending their first appointment.
- Comments recorded on CQC comments cards noted that patients were satisfied with access to appointments.

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.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place.
- The service had not received any complaints at the time of our inspection.
- The provider regularly reviewed any complaints received across their services and shared learning with staff to improve the quality of care.

Are services well-led?

Good 

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

Our findings

We rated well-led as Good because:

The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

Leadership capacity and capability

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

- The provider had a clear leadership structure in place and staff felt supported to provide high quality care.
- Staff were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The provider responded quickly to any areas of concern raised on the day of inspection.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The provider's vision was, '... a healthier world where more people can live life to the fullest.' The provider's mission statement was, '... to effectively, efficiently and passionately deliver innovative healthcare services that equip and inspire more positive lives.' Values were, 'Integrity, Customer First, Accountability, Respect and Excellence.'

Culture

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

- The service focused on the needs of patients.
- Staff were aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff kept their knowledge up to date, had an annual appraisal and attended regular training.

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.
- Staff were clear on their roles and accountabilities.
- The provider had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

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 patient safety.
- The service had processes to manage current and future performance. The provider had oversight of safety alerts, incidents, and complaints.
- Audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The service had a business continuity plan in place for major incidents such as power failure or building damage.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The service 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.

Are services well-led?

Good 

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

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.

- Patients were encouraged to feedback on every consultation and clear processes were in place for them to do so.

Continuous improvement and innovation

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

There was a focus on continuous learning and improvement. Learning was shared among the provider's services to support improvement.