

MASTA Limited

MASTA Travel Clinic Cheltenham

Inspection report

Flight Centre Cheltenham

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Overall summary

We carried out an announced comprehensive inspection at MASTA Travel Clinic - Cheltenham on 14 February 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

MASTA Travel Clinic – Cheltenham 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. This location is registered with CQC in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of travel health.

The clinic is registered with the Care Quality Commission under the Health and Social Care Act 2008 to provide the following regulated activities: Diagnostic and screening procedures and Treatment of disease, disorder or injury. 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.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

Summary of findings

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.

Our key findings were:

- The clinic had clear systems 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.
- The provider routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines and up to date travel health information.
- Each client received an individualised travel health brief containing a risk assessment, health information including additional health risks related to their destinations and a written immunisation plan specific to them.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Care Quality Commission comment cards completed by clients prior to our inspection were all positive about the standard of care received. They told us the nurses were caring, efficient, professional and knowledgeable.
- There was a leadership structure in place with clear responsibilities, roles and systems of accountability to support good governance and management. Staff felt supported by the leadership team and worked well together as a team.
- The provider was aware of the requirements of the duty of candour.

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 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 safety incidents, people received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed needs and delivered care in line with current evidence based guidance.
- Clients received an individualised travel risk assessment, health information including additional health risks related to their destinations and a written immunisation plan specific to them.
- Nursing staff understood the requirements of legislation and guidance when considering consent including parental consent.
- Clinical audits demonstrated quality improvement.

Are services caring?

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

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated clients with kindness and respect, and maintained client and information confidentiality. This was supported by client feedback via CQC comment cards.

Are services responsive to people's needs?

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

- The provider understood its client profile and had used this to meet their needs.
- The clinic was well equipped to treat clients and meet their needs.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other partnership organisations.

Are services well-led?

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 and promote good outcomes for clients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership and management structure and staff felt supported by management.

Summary of findings

- Staff had received comprehensive inductions and attended staff meetings and training opportunities. There was a strong focus on continuous learning and improvement at all levels.
 - There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
 - The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty.
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MASTA Travel Clinic Cheltenham

Detailed findings

Background to this inspection

MASTA Travel Clinic – Cheltenham opened in November 2017 and is located at 124 High Street, Cheltenham, GL50 1ER within a Flight Centre travel shop. The private travel clinic is a location for the provider MASTA (Medical Advisory Service for Travellers Abroad) Limited. MASTA Limited provides more than 170 private travel clinics across the UK.

The clinic offers travel health consultations, travel and non-travel vaccines, blood tests for antibody screening and travel medicines such as anti-malarial medicines to children and adults.

The Cheltenham clinic was open between 10am and 6pm on Tuesdays and Thursdays, and one in three Saturdays per month and is operated by travel health nurse. In addition MASTA provides a telephone consultation service with specialist travel nurses and have a central customer service team to manage appointment bookings.

We inspected the clinic on 14 February 2018. The inspection was led by a CQC inspector and accompanied by a second CQC inspector.

Before visiting, we reviewed a range of information we hold about the service. We also asked the service to complete a provider information request. During our visit we:

- Spoke with the lead nurse who was also the registered manager.
- Spoke to the nominated individual who is also a registered nurse. (A nominated individual is a person who is registered with the Care Quality Commission to supervise the management of the regulated activities and for ensuring the quality of the services provided).
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed comment cards where clients and members of the public shared their views and experiences of 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?

Our findings

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

Safety systems and processes

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

- The provider conducted safety risk assessments. It had a range of safety policies which were regularly reviewed and communicated to staff. Staff received safety information as part of their induction and refresher training. Policies were regularly reviewed, detailed where further guidance could be obtained and were accessible to all staff.
- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. 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). Nurses undertook three yearly professional revalidation in order to maintain their registered nurse status.
- The provider had systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. For example, nurses had received safeguarding level three in safeguarding children and specific training to recognise and report suspected female genital mutilation. In addition the pre-treatment medical questionnaire included specific questions to enable staff to identify and report concerns. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- There was a chaperone policy and posters offering a chaperone service were visible on the waiting room noticeboard and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff had been trained to be a chaperone.

- There was an effective system to manage infection prevention and control. The service undertook audits and any improvements identified for action were completed.
- Staff 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 clinic had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). We saw a risk assessment that confirmed the building's owner had not identified any risk due to there being no significant hazards. The clinic did carry out a water flushing process and water temperature monitoring to minimise any potential risks.

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.
- Clinical staff had appropriate indemnity insurance in place.
- In the event an emergency did occur, the provider had systems in place to respond appropriately.
- All staff had received training in basic life support. Emergency equipment was available including access to oxygen. Emergency medicines for the treatment of anaphylaxis were easily accessible to staff in a secure area of the clinic and all staff knew of their location.
- There was a first aid kit available within the travel clinic. Staff had received training in its usage.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients. On registering with the service, and at each consultation client identity was verified and recorded in client records. Individual client records were written and managed in a way that kept patients safe. The e-clinic (the service's computer system) records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Are services safe?

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines minimised risks.
- Staff prescribed, administered or supplied medicines to clients and gave advice on medicines in line with legal requirements and current national guidance. For example, for malaria prophylaxis.
- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring medicines were kept at the required temperatures which described the action to take in the event of a potential failure.
- Nursing staff carried out regular medicines audits to ensure storage and administration was in line with best practice guidelines for safe prescribing, such as fridge temperature monitoring and safe security of medicines. 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.
- The nurses used Patient Group Directions (PGDs) to administer vaccines and Patient Specific Directions (PSDs) such as administering specific vaccines if clients had an allergy to a vaccine component. PGDs and PSDs had been produced in line with legal requirements and national guidance. We saw evidence nurses had received appropriate training and been assessed as competent to administer the medicines referred to either under a PGD or in accordance with a PSD from the organisation's medical prescriber. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment. PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- The provider had an electronic stock control system as an additional safety mechanism. The system

preselected the individual vaccines to be administered to ensure only in date ones were given. It pre-recorded the batch numbers automatically as an additional safety process.

- Arrangements for dispensing medicines such as anti-malarial treatment kept clients safe. The clinic provided complete medicine courses with appropriate directions and information leaflets.

Track record on safety

The clinic had a good safety record. The provider prioritised safety and used a range of information to identify risks and improve patient safety. For example, reported incidents and national infectious disease outbreak alerts as well as comments and complaints received from clients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

There were comprehensive risk assessments in relation to safety issues. The provider continually monitored and reviewed activity. For example, they held quarterly clinical incident review meetings. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

Investigations were undertaken at a local level, using a root cause analysis framework. Information was escalated to the MASTA head office, where all incidents were also reviewed and monitored. There was analysis of themes, trends and numbers of incidents across all MASTA locations and partnership organisations to support any identified changes in processes or service delivery. For example, following recommendations from a previous inspection to undertake a medicines risks assessment, an audit and subsequent actions were put in place across all sites to ensure easy identification of different medicine dosages.

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

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

When there were safety incidents:

Are services safe?

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

The service received safety alerts and these were reviewed by the company's medical team and any action necessary was cascaded to clinics via the company's computer system.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. For example, NaTHNac (National Travel Health Network and Centre), a service commissioned by Public Health England.

- Clients received a MASTA travel health brief. The brief provided an individualised travel risk assessment, health information including additional health risks related to their destinations and a written immunisation plan specific to them.
- A comprehensive assessment was undertaken which included an up to date medical history.
- Additional virtual clinical support was available during each consultation from the medical team.
- Latest travel health alerts such as outbreaks of infectious diseases were available.
- We saw no evidence of discrimination when making care and treatment decisions

Monitoring care and treatment

The provider had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, through individual audits of client records against standard competencies. We saw the most recent audit had resulted in an approved list of abbreviations that all staff are required to use.

The provider monitored national core competencies and up to date standards for travel health and immunisation. Nursing staff received up to date training in line with this.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the occupational health screening programme had received specific training and could demonstrate how they stayed up to date.

- 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 such as attendance on a nationally recognised diploma in travel medicine course.
- The service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation.
- New nurses received support for six weeks which included longer appointment times, protected time for learning and development and support from a nominated mentor.
- The provider ensured the competence of staff employed in advanced roles by carrying out an audit of their clinical decision making.

Coordinating patient care and information sharing

Staff worked together and when necessary with other health professionals to deliver effective care and treatment. There were clear protocols for referring clients to other specialists or colleagues based on current guidelines. When clients were referred to another professional or service, all information that was needed to deliver their ongoing care was appropriately shared in a timely way.

The provider shared relevant information with other services such as Public Health England in a timely way. Patients were given a record of the vaccines they had received and were encouraged to share this information with their registered GP.

The clinic clearly displayed consultation and vaccine fees. In addition clients were advised which vaccines were available free from their GP practice. They also had arrangements to obtain clearance from the patient's GP if the patient had complex health issues.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

Staff were proactive in helping patients to live healthier lives whilst travelling. For example, the MASTA travel health brief and travel consultation advised clients on how to prevent and manage travel health related diseases. For example, precautions to prevent Malaria and advice about food and water safety.

Consent to care and treatment

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

- Nursing staff understood the requirements of legislation and guidance when considering consent and decision making including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, parental attendance was required. Identification was sought in line with their policy and next of kin details recorded.
- Staff had received specific training relevant to travelling abroad for cultural or religious treatments.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood client's personal, cultural, social and religious needs.
- The clinic gave clients timely support and information.
- All of the 29 Care Quality Commission comment cards we received were positive about the service experienced.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- Interpretation services were available for clients who did not have English as a first language.
- A comprehensive travel health brief was provided and staff helped clients find further information and access additional services where required. They helped them ask questions about their care and treatment.

Privacy and Dignity

The clinic respected and promoted clients' privacy and dignity.

- Staff recognised the importance of dignity and respect.
- The service complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. (For example, extended and weekend opening hours, same day appointment for urgent travel, online services, advanced booking of appointments and over the phone initial consultations).
- The provider improved services where possible in response to unmet needs. For example, the website had been simplified following client feedback.
- The facilities and premises were appropriate for the services delivered.

Timely access to the service

- Client feedback and customer surveys showed clients were able to access care and treatment within an acceptable timescale for their needs.

- Clients accessed the service through a customer contact centre. The clinic was open between 10am and 6pm on Tuesdays and Thursday, and one in three Saturdays. The nurses were flexible and would accommodate clients outside of these times where possible.
- Clients had timely access to initial assessment and consultations. Those with the most urgent needs had their care and treatment prioritised.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Listening and learning from concerns and complaints

The provider 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 and it was easy to follow. Staff told us they treated patients who made complaints compassionately and dealt with any concerns immediately.
- The complaint policy and procedures were in line with recognised guidance. Although no complaints for this clinic had been received in the last year the provider ensured all staff received feedback on any complaints and subsequent actions relevant to the service they provided.
- The service learned lessons from individual concerns and complaints. The provider took actions from the outcomes of complaints to improve care nationally.

Are services well-led?

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

Our findings

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

Leadership capacity and capability;

The head office for the provider, MASTA Limited (Medical Advisory Services for Travellers Abroad), was based in Leeds where the medical team and head of operations were also based. During this inspection we did not visit the head office.

We spoke to the nominated individual and the registered manager, who was the lead nurse for the Cheltenham clinic. They demonstrated they had the capacity and skills to deliver high-quality, travel and non-travel services at the Cheltenham clinic. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Staff told us leaders at all levels were approachable. In particular we received positive feedback about the medical team who monitor disease situations and outbreaks across the world, bring together health information from many sources and provide clinical support to the clinic nurses.

Vision and strategy

The provider had a clear vision and strategy to deliver high quality travel healthcare and promote good outcomes for travellers.

Culture

The provider had a culture of high-quality sustainable travel healthcare and advice.

- Staff stated they felt respected, supported and valued. They were proud to work in the service. They told us they could raise concerns, were encouraged to do so and would be listened to.
- 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.

- There were processes for providing all staff with the development they need. This included appraisal, provision of an external course annually and encouragement to undertake a diploma in travel health.
- Nurses were considered valued members of the service. They were given protected time for professional development and evaluation of their clinical work.
- The provider had a whistleblowing policy in place. A whistle blower is someone who can raise concerns about practice or staff within the organisation.

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 and understood.
- The governance and management of partnerships and shared services such as partnerships with independent pharmacies promoted interactive and co-ordinated travel healthcare.
- Staff were clear on their roles and accountabilities including in respect of safeguarding children and medicines management
- MASTA Ltd had established policies, procedures and activities to ensure safety, which were available to all staff. Quarterly senior nurse meetings and operational reporting structures provided assurances that the service was 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 within the clinic. For example, the staff undertook a variety of daily, weekly and monthly checks to monitor the safety of the clinic.
- We saw there were effective operational arrangements in place for identifying, recording and managing risks; which included a risk register and significant event recording.

Are services well-led?

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

- The provider had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations.
- There was clear evidence of action to change practice to improve quality.

Appropriate and accurate information

The provider was registered with the Information Commissioner's Office and had its own information governance policies. There were arrangements in line with data security standards for the availability, integrity and confidentiality of client identifiable data, records and data management systems. All staff had signed a confidentiality agreement as part of their job contract.

The provider used information technology 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 administered.

Data or notifications were submitted to external organisations as required. For example, an annual audit was undertaken as part of the Yellow Fever vaccine licence.

Engagement with patients, the public, staff and external partners

The provider involved clients, staff and external partners to support high-quality sustainable services.

- The clinic proactively sought patients' feedback via a 'how did we do' feedback form after every consultation. In addition quarterly customer delight surveys were undertaken.
- The clinic worked closely with the organisation, Flight Centre where it was co-located.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels. The MASTA travel health brief, an individualised travel risk assessment and individualised immunisation plan, had won awards. It was widely recognised as an invaluable tool both to clinical staff and clients.
- Learning was shared from other clinics and partnership sites and used to make improvements.
- The provider was in the process of developing visual cue cards for clients with disability impairment or language limitations.