

MASTA Limited

# MASTA Travel Clinic – Solihull

## Inspection report

BUPA Solihull Centre  
47 Station Road  
Solihull

West Midlands

B91 3RT

Tel: 0330 100 4133

Website: [www.masta-travel-health.com/travelclinic/](http://www.masta-travel-health.com/travelclinic/) Date of inspection visit: 3 August 2018  
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Date of publication: 31/08/2018

### Overall summary

We carried out an announced comprehensive inspection on 3 August 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.

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 Solihull provides pre-travel assessments, travel vaccinations and travel health advice.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Any occupational health related services provided to clients under a contractual arrangement through their employer or government department are exempt by law from CQC regulation. Therefore, they were outside the scope of our inspection.

The lead travel clinic 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.

# Summary of findings

As part of our inspection we asked for Care Quality Commission comment cards to be completed by clients prior to our inspection. We received three comment cards, which were all very complimentary about the standard of service delivery.

## **Our key findings were:**

- There were clear systems to manage risk so that safety incidents were less likely to happen. Learning from incidents was shared across all MASTA sites and processes were improved where necessary.
- MASTA routinely reviewed the standard of service delivery.
- There were effective systems for the management of medicines and vaccinations.
- Staff showed awareness of current evidence based guidance and had received up to date training to enable them to deliver effective care and treatment.
- Clients were provided with a travel health passport, which contained a record of their vaccinations and useful information, including things to consider depending on their destination.
- There was a clear leadership structure. Staff told us that they felt supported by the management team.
- Information about how to lodge a complaint was available.
- Services and fees were clearly displayed.
- The service proactively sought client feedback and collated the results in a customer delight survey.

# 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 service had clearly defined systems, processes and practices to keep clients safe and safeguarded from abuse.
- There was a system for reporting and recording significant events. Lessons were shared across the MASTA clinic sites and processes were changed as necessary in response to incidents.
- Clients received support and an apology when there were unexpected incidents.
- There were effective arrangements for the management of medicines and vaccinations.
- There were arrangements to enable staff to respond to medical and other emergencies.

### **Are services effective?**

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

- Staff assessed client requirements and delivered care in accordance with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff had annual appraisals, which included discussion of personal development plans. Informal six monthly reviews were also carried out.
- The quality improvement programme included clinical audits and risk assessments.

### **Are services caring?**

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

- Information about the range of services provided was clearly displayed on the website and in the waiting area.
- Feedback forms were available for clients to complete. We were shown feedback which complimented staff on their kindness and consideration.

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

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

- There were facilities for clients with mobility issues.
- Appointments were available from 7am, so clients could attend before going to work.
- Information about lodging a complaint was available.

### **Are services well-led?**

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

- MASTA had a clear vision and accompanying strategy to deliver high quality care and promote good outcomes for clients.
- There was a clear leadership structure and staff said that the management team was very supportive.
- There was a comprehensive suite of policies and procedures, which were regularly reviewed.
- Meetings were held on a quarterly basis to monitor performance.
- There were systems for notifiable safety incidents.
- Continuous learning and improvement were actively encouraged.

## Summary of findings

- Feedback from clients was encouraged and analysed for trends.

# MASTA Travel Clinic – Solihull

## Detailed findings

### Background to this inspection

We inspected MASTA Travel Clinic in Solihull on 3 August 2018. The head office for Medical Advisory Services for Travellers (MASTA) is located in Leeds. MASTA have 170 clinics throughout the UK.

The address of the clinic is:

MASTA Travel Clinic – Solihull

(located within the BUPA Centre)

47 Station Road

Solihull

West Midlands

B91 3RT

MASTA Travel Clinic, which opened in 2014, is based in a private medical clinic owned by another company. The clinic opens on a Friday from 7am until 4pm. Clients can contact MASTA customer services for appointments on other days or they can arrange a telephone consultation and be referred to a local pharmacy for the vaccinations.

MASTA Travel Clinic is located on the second floor of the building and it is suitable for people with disabilities. It is a few minutes' walk from Solihull rail station and has good bus links. Parking spaces, including parking spaces for disabled clients, are available on the premises.

The clinic provides a comprehensive travel service which includes pre-travel assessments, travel vaccinations and travel health advice. The clinic is also a registered Yellow Fever Centre. The average number of clients per day is 10.

The inspection was led by a CQC inspector who was supported by a nurse specialist advisor.

During our visit we:

- Spoke with two members of staff
- Reviewed record keeping and staff information
- Reviewed Care Quality Commission comment cards

No appointments were booked during our inspection, so we did not speak with clients.

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

### Safety systems and processes

The Centre had health and safety and fire procedures which covered the MASTA Travel Clinic. We saw that the suite of policies and procedures were regularly reviewed and that changes were cascaded to staff.

The service had processes to keep clients safe and safeguarded from abuse:

- Staff at the HR department at the MASTA head office were responsible for all recruitment procedures. We looked at two personnel files and saw that appropriate recruitment checks had been carried out prior to employment, including checks of professional registration and Disclosure and Barring Service (DBS) checks. The HR department monitored DBS checks. Staff were supported to maintain their professional revalidation.
- There were notices in the waiting area and in the treatment room advising clients that a chaperone was available if requested. We were told that nurses in adjacent clinics would act as chaperones if required.
- Staff were trained to the appropriate level of safeguarding for their role and had received training in female genital mutilation (FGM).
- There was an effective system to manage infection prevention and control (IPC). Annual audits were carried out. The last IPC audit was carried out in January 2018; no issues were found.
- The service ensured that equipment was safe and maintained according to manufacturers' instructions.
- We saw that a health and safety audit was carried out in July 2018; no actions were highlighted. We noted that health and safety workshops were being arranged by head office on topics such as legionella and control of substances hazardous to health.
- A health and safety good housekeeping checklist was completed on a monthly basis. The checklist covered areas such as cleanliness, personal protective equipment, ventilation and heating, lighting, fire safety and accident or incident reporting.
- There were systems for safely managing healthcare waste.
- There was an up to date fire risk assessment and we saw that fire drills were regularly carried out for the entire building. The centre manager of the building

co-ordinated the evacuation drills and circulated the results together with any action points. The most recent evacuation drill was carried out in July 2018. All staff were reminded to sign in when they arrived for work in the morning, so that there was a complete list of people in the building. Staff received fire safety training.

- All electrical equipment was regularly checked to ensure that the equipment was safe to use. The last check was carried out in February 2018.
- There was a variety of other risk assessments to monitor safety, for example, control of substances hazardous to health and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings.) Staff carried out water temperature checks every month.

### Risks to clients

Arrangements were in place for planning and monitoring the staff, including planning for holidays and sickness. A resource manager was available to help managers source staff from the MASTA staff pool to cover holidays and sickness.

The service had arrangements to enable them to respond to emergencies. Equipment was shared with the dental centre which also held a full range of emergency medicines in accordance with the UK Resuscitation Council UK and British National Formulary guidance. The medicines we checked were all in date and clearly labelled. A separate tray with an emergency medicine used to treat a serious allergic reaction was available in the treatment room. Oxygen was available in the dental centre.

There was a panic alarm system in the treatment room and we viewed the minutes of a meeting which stated that a lone worker device had been ordered for staff.

MASTA ensured that professional indemnity was in place for all relevant staff; we viewed the appropriate certificate for the nurse.

### Information to deliver safe care and treatment

Staff explained that they would check a client's identity at each consultation.

Medical records were held electronically on MASTA's intranet system and were only accessible via a user's password.

# Are services safe?

Information needed to plan and deliver care and treatment was available to staff in a timely and readily accessible way through the client's medical record and MASTA's intranet.

## Safe and appropriate use of medicines

The arrangements for managing medicines, including emergency medicines and vaccinations kept clients safe (including obtaining, prescribing, recording, handling, storing and security).

Clinical support was provided by the medical team at the MASTA head office. We viewed the medicines management policy, which provided guidance on the principles of safe management and administration of medicines.

Monthly travel updates from recognised travel information websites were circulated to staff by the head office medical team, so that their knowledge remained current. These health alerts also covered any outbreaks of diseases worldwide. Staff received an email to notify them when there was a new alert on the intranet.

We viewed a selection of Patient Group Directions (PGDs) which had been adopted by the clinic to ensure that travel medicines were administered in line with legislation. All were in date and correctly authorised.

We saw that the fridge temperature was monitored on a daily basis. When the clinic was closed, a member of the office staff checked the reading and recorded it. Instructions on the procedure to follow if the fridge temperature went out of range were displayed next to the fridge for ease of reference.

## Track record on safety

There was a system for knowing about notifiable safety incidents. MASTA head office staff kept a master log of incidents from all clinics, which were discussed at quarterly meetings and learning points shared across all locations.

Staff told us that they would inform colleagues at the head office if an incident occurred and that they knew where to find the reporting form.

## Lessons learned and improvements made

We were told that incidents that happened locally would be thoroughly investigated at local level, then escalated to head office for review and monitoring. Staff at head office analysed trends to identify whether procedures needed to be amended. Any changes were circulated to all staff.

No incidents had occurred at Solihull in the last year. However, we were told that changes had been introduced as a result of the fridge temperature going out of range when the clinic was closed. The temperature was now monitored daily instead of weekly and instructions as to the procedure to follow in the event of the temperature going out of range were displayed by the fridge.

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 incidents:

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The service had systems and processes to keep clinical staff up to date with current evidence-based practice. Staff could access guidelines from recognised travel information websites; the information was used to deliver care and treatment to meet clients' needs. Current information about health matters in foreign countries was available on the company's intranet system.

We saw that comprehensive travel assessments were carried out prior to any treatment.

We saw no evidence of discrimination when making care and treatment decisions.

### Monitoring care and treatment

MASTA carried out regular audits and risk assessments to ensure that guidelines were followed. For example, we viewed a risk assessment on dispensing medicines which was specifically for malaria. Control measures were put in place which included training, a summary of changes to be put in each clinic and coloured labels on the malaria medicines.

We were also told that random samples of clients' medical records were reviewed by peers. These checks included reviews of medical history, the clinical assessment and the recording of consent to treatment.

### Effective staffing

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

- MASTA provided staff with ongoing support and training. Staff had access to appropriate training relevant to their role. Protected time learning sessions were held twice a year. The HR department held training records and staff showed us their copies of their training certificates which supported their professional revalidation.
- There was an induction programme for all new staff. This included basic life support, infection prevention and control, fire safety and health and safety.
- All staff received annual appraisals and an informal review at the six month point. A new company appraisal system had been introduced, which included sections on strengths, areas of improvement, development activities and progression via professional perspective.

### Coordinating patient care and information sharing

- Staff told us that they used the information stored on clients' medical records to plan and deliver care and treatment in a timely way. The information included travel destinations, medical records, investigations and test results.
- The service shared relevant information with other services such as Public Health England.
- When tests were required for clients to see whether they had immunity or needed a vaccination, the clinic sent the blood samples to a nominated laboratory. Results were interpreted by a nurse at head office.

### Supporting patients to live healthier lives

Information for clients was available to download from the MASTA website. A client information folder and a selection of leaflets were kept in the waiting area.

A travel health passport was given to each client. The passport contained client details, useful contact numbers, vaccination record, after care advice and things to consider depending on the client's journey.

In addition, clients were sent a comprehensive travel health brief tailored to their destination. The brief included a list of required and recommended vaccinations, ways to reduce risks of illnesses such as travellers' diarrhoea and dengue fever, latest health news for their destination and things to consider and pack. We were told that a member of staff rang a client at home, because new information about their destination was released after they had been given the travel health brief. available.

### Consent to care and treatment

Clients' consent to care and treatment was sought in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making. This included the Mental Capacity Act 2005. Consent forms were available.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in accordance with relevant guidance.
- We noted that written authorisation was required from a parent before a client under the age of 18 could attend with a person other than their parent. Staff checked the identity of the accompanying adult.



# Are services caring?

## Our findings

### **Kindness, respect and compassion**

We received three Care Quality Commission comment cards. Clients wrote that staff went above and beyond to ensure that care and treatment was delivered in a timely way. Staff were complimented for being very professional and for providing an excellent service.

Clients were emailed an online questionnaire after their consultation and the results were collated by head office staff for each clinic. Clients said that the staff were friendly, helpful and efficient.

Caring was one of MASTA's key values and was included in appraisals.

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

Clients could read information about the range of services available and the fees involved from MASTA's website. A list of frequently asked questions was also on the website. We noted that there was a client folder in the waiting area, which contained information about the services and fees, as well as fact sheets.

### **Privacy and Dignity**

The consultation room was closed during consultations, so conversations could not be overheard. If a client appeared distressed, staff could offer them another room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The service organised and delivered services to meet clients' needs.

- Facilities were shared with other services in the building. There was a separate waiting area on the second floor (where the clinic was located) which was accessible by stairs or by a lift. A refuge call point was provided on the second floor.
- A television, refreshments and magazines were provided for clients' use in the waiting area.
- We were told that translation services were rarely required, but that this could be arranged via head office.
- The service was a designated yellow fever centre. Staff had received up to date training and we viewed the registration certificate from the National Travel Health Network and Centre (NaTHNaC).
- Walk-in appointments were available.
- Feedback from the customer delight survey showed that clients rated the overall service very highly.

### Timely access to the service

MASTA Travel Clinic Solihull opened on Fridays from 7am until 4pm. When the clinic was closed, clients could contact customer services and either be directed to an alternative MASTA clinic or receive a telephone consultation and be directed to a local pharmacy for the vaccination.

### Listening and learning from concerns and complaints

Information about how to lodge a complaint was available in the waiting area. We viewed the complaints policy and procedure. The service had not received any complaints in the last 12 months, but staff were able to tell us how they would deal with a complaint if one was made. Complaints were divided into operational and clinical categories. All complaints were logged at the head office and learning points circulated. For example, we saw that action was taken in response to a complaint raised at another MASTA clinic. A client had an adverse reaction to a yellow fever vaccination, so a new prompt was added to the initial client checklist and advice regarding the potential side effects from yellow fever vaccinations was going to be added to the travel health passport.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability

The head office for the Medical Advisory Services for Travellers Abroad (MASTA) was located in Leeds. Staff based at the head office fulfilled managerial roles. For example, the HR staff and medical team senior advisor were based there.

The travel clinic nurse at the Solihull clinic had the capacity and skills to manage the service locally. They confirmed that they had ready access to staff at the head office and that the line management structure worked well.

### Vision and strategy

The service had a clear vision and strategy to deliver high quality care for clients. The MASTA company values followed by all employees were: integrity, customer-first, accountability, respect and excellence (I CARE).

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- MASTA had a business plan for all its services.
- Progress was monitored by head office staff against the delivery of the strategy.

### Culture

The service had a culture of high quality care.

- Staff told us that they felt respected and valued by the management team. We were told that the relationships between clinic staff and head office staff were very positive and mutually supportive.
- We saw that the service was open, honest and transparent in response to incidents and complaints. MASTA was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff said that they were able to raise concerns and were encouraged to do so. They had confidence that any concerns would be addressed.
- There were processes for providing all staff with the development they needed. This included annual appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of staff and clients.

- The service actively promoted equality and diversity. There was an equal opportunities policy and staff received equality and diversity 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, including in respect of safeguarding and infection prevention and control.
- Policies and procedures were regularly reviewed and staff were able to show us how they could access them.
- A range of meetings were held every quarter, including those for senior nurses, the medicines team and the discussion of incidents and complaints. Conference calls were arranged if changes or incidents, which required action, occurred within the period between meetings.

### Managing risks, issues and performance

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to client safety. MASTA meetings were held every quarter at which risks, incidents and complaints were discussed.
- MASTA had processes to manage current and future performance of services both locally and as an organisation. Regular meetings were held to discuss performance.
- The health and safety manager at head office held a business continuity plan which listed contingency plans for potential disruptions to services. Appointments for each clinic were held on the intranet, so customer services staff could contact clients and rebook appointments if necessary.

### Appropriate and accurate information

The service acted on appropriate and accurate information.

- There were robust arrangements for maintaining the integrity and confidentiality of client records.

# Are services well-led?

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

- The service was registered with the Information Commissioner's Office and had its own information governance policies and Caldicott Guardian to ensure the security of client information. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of client information and enabling appropriate information sharing.
- Quality and operational information was used to ensure and improve performance.
- Performance information was combined with the views of clients.

## **Engagement with patients, the public, staff and external partners**

The service actively sought to gauge clients' opinions of their care and treatment by encouraging them to complete feedback forms after their consultations.

MASTA continually sought to improve client satisfaction. For example, they had developed a system to send client vaccination records securely when requested and had widened the range of non-travel vaccines available, such as Meningitis B.

Results from feedback received between March 2018 and May 2018 showed that clients rated the quality of the overall service highly and would recommend MASTA to others.

Staff we spoke with said that they were encouraged to provide feedback.

## **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. Staff were encouraged to increase their skill base. For example, the clinic nurse was being sponsored by MASTA to undertake a foundation course in travel medicine.
- MASTA used reviews of incidents and complaints to improve processes where necessary and share learning across all sites.
- MASTA was continually working to improve and innovate. For example, a new medical database was in the testing stage at the time of our inspection. The aim was to improve the capture of reporting and information.