

MASTA Limited

MASTA Travel Clinic – Liverpool

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 20 November 2017 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 Liverpool 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. Those 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 did not fall into the scope of our inspection.

Summary of findings

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection visit. We received 17 comment cards, all of which were positive about the standard of care received.

Our key findings in respect of the regulations were:

- Systems were in place to protect people from avoidable harm and abuse. When mistakes occurred lessons were learned.
- There were effective arrangements in place for the management of vaccines and medicines.
- The service had arrangements in place to respond to medical emergencies.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Patient survey information and Care Quality Commission (CQC) comment cards reviewed indicated that patients were very satisfied with the service they received. Patients commented that they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available.
- There was a clear leadership structure and staff felt supported by management and worked very well together as a team.
- The provider was aware of and complied with the duty of candour.
- There was an additional safety mechanism on the service's computer system which preselected the actual vaccinations to be given to ensure only in date vaccinations were administered and correct serial numbers recorded.
- Patients were given a travel health passport that contained a record of any vaccinations, useful information and contacts for when they were abroad. This included advice about drinking water and food and what to do if a patient was bitten by animals or insects.

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 and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the service. When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- There were effective arrangements in place for the management of vaccines and medicines.
- The service had arrangements in place to respond to medical emergencies.

Are services effective?

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

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff informed us that they had regular appraisals and personal development plans for all staff were completed annually.
- 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.
- Information from CQC comment cards and service survey information highlighted that staff treated patients with kindness and respect, and that patients were involved in decisions about their care and treatment.

Are services responsive to people's needs?

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

Information about how to complain was available and easy to understand and evidence showed that the service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The service had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management.
- The service had a number of policies and procedures to govern activity and held regular governance meetings.
- The service had systems in place for notifiable safety incidents.
- There was a strong focus on continuous learning and improvement at all levels.
- The service proactively sought feedback from staff and patients, which it acted on.

MASTA Travel Clinic – Liverpool

Detailed findings

Background to this inspection

The head office for the provider MASTA Limited (Medical Advisory Services for Travellers Abroad) is based in Leeds. They have many pharmacy and nurse-led travel clinics located throughout England, Wales and Ireland and have been established for over 30 years.

For this inspection we visited the location at MASTA Travel Clinic Liverpool, based with the STA travel store, situated within Liverpool city centre. Opening hours for the Liverpool MASTA clinic are 10am to 6pm Monday and 11am to 7pm Thursday. The clinic is also open on alternate Wednesday and Saturdays 10am to 6pm. Patients could contact customer services when the clinic was closed. The service sees on average seven patients per day.

MASTA Travel Clinic Liverpool provides a comprehensive travel service including pre-travel assessments, travel vaccinations and travel health advice. All services incur a consultation charge to the client. Treatment and intervention charges vary, dependent upon what is provided. The service is also a registered Yellow Fever Vaccination Centre.

Why we carried out this inspection

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

How we carried out this inspection

Our inspection team was led by a CQC Lead Inspector and a Nurse Specialist Advisor.

We inspected this service on 20 November 2017. During our visit we:

- Spoke with two members of staff.
- Reviewed documents and policies.
- Looked at the computer system for record keeping and staff information.
- Reviewed patient survey information.

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

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 considered relevant health and safety and fire safety legislation and best practice guidelines and had clear policies and protocols which were regularly reviewed. Any changes in safety procedures were communicated to staff.

The service had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse:

- The service had recruitment procedures that assured them that staff were suitable for the role and to protect the public. We looked at two personnel files of staff that had recently been employed and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) (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 company's HR department monitored DBS checks and all staff had to renew their checks every two years. Nursing staff had their professional registration checked annually and all had appropriate indemnity insurance.
- The service had safeguarding policies and access to local policies. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- Staff demonstrated they understood their responsibilities and had received training relevant to their role. The service had recently increased the level of child safeguarding training to level three for all clinicians. Staff had recently received additional training around female genital mutilation and the safeguarding policies and patient pre-consultation questionnaires had been updated to alert staff.
- The service maintained appropriate standards of cleanliness and hygiene. There were cleaning schedules

and monitoring systems in place. There were infection prevention and control protocols and staff had received up to date training. There were regular annual audits. Clinical waste was appropriately disposed of.

- The premises were suitable for the service provided. There was an overarching health and safety policy which all staff received. The service displayed a health and safety poster with contact details of health and safety representatives that staff could contact if they had any concerns. Health and safety risk assessments for the premises and materials and equipment had been carried out including a Legionella risk assessment. There had been a fire risk assessment and fire safety equipment was tested.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for two different nursing staff to ensure that enough staff were able to administer the travel vaccines. In times of staff sickness, staff had agreed to provide cover to ensure the work was completed.

Risks to patients

The service had adequate arrangements in place to respond to emergencies and major incidents. The service was not intended for use by patients with either long term conditions or as an emergency service. In the event an emergency did occur, the provider had systems in place so emergency services could be called. In addition:-

- Staff received annual basic life support training.
- The service had an oxygen cylinder with adult and children's masks and there was also a first aid kit available.
- Emergency medicine for anaphylaxis was available.
- The provider had carried out a risk assessment for how the service would manage a medical emergency without a defibrillator.
- Clinicians had appropriate professional indemnity cover to carry out their role.

Information to deliver safe care and treatment

Are services safe?

On registering with the service, and at each consultation patient identity was verified and the clinicians had access to the patient's previous records held by the service.

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system and their intranet system.

Safe and appropriate use of medicines

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the clinic kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- The service carried out regular medicines audits to ensure administration was in line with best practice guidelines for safe prescribing, such as fridge temperature monitoring, safe security of medicines and monthly update checks against a recognised travel information website.
- Patient Group Directions (PGDs) had been adapted by the service to allow nurses to administer travel medicines in line with legislation. These were in a colour coded format that was easy for staff to refer to. They were in-date and properly authorised.
- The fridge temperature was appropriately monitored on a daily basis, and we saw evidence of the cold chain being maintained.
- There was an additional safety mechanism on the service's computer system which preselected the actual vaccinations to be given to ensure only in date vaccinations were administered and correct serial numbers recorded.

Track record on safety

The service maintained a log of all incidents and complaints that was monitored by the head office.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. Staff told us they would inform the clinical lead of any incidents and there was a recording form available in the clinic.

The service had systems in place for knowing about notifiable safety incidents.

Lessons learned and improvements made

Investigations were undertaken at a local level, using a root cause analysis framework. Information was escalated to MASTA head office, where all incidents were also reviewed and monitored. There was analysis of themes, trends and numbers of incidents across all locations to support any identified changes in processes or service delivery. 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 unexpected or unintended safety incidents:

- 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 assessed needs and delivered care in line relevant and current evidence based guidance and standards, including Public Health England's (PHE) best practice guidelines.

The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from a recognised NHS travel information website and used this information to deliver care and treatment that met peoples' needs.

A comprehensive travel assessment was undertaken prior to recommending or administering treatments.

The provider offered consultations to anyone who requested and paid the appropriate fee, and did not discriminate against any client group.

Monitoring care and treatment

The service monitored that guidelines were followed through audits and random sample checks of patient records. This included an up-to-date medical history, a clinical assessment and recording of consent to treatment.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The service had an induction programme for newly appointed members of staff that covered such topics as PGDs, infection prevention and control, fire safety, health and safety and confidentiality.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. All staff received annual appraisals. The company was in the process of reviewing its appraisal process.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the service's patient record system. This included details about the destinations patients travelled to, medical records, investigations and test results.
- The service shared relevant information with other services such as Public Health England in a timely way.
- The service sought the consent of patients if they wanted their GP to be contacted with the relevant treatment that was provided to them.

Supporting patients to live healthier lives

The provider had information available on their website and travel leaflets were also available. There was a patient information file in the waiting room that contained information about the service as well as fact sheets for various diseases.

Patients were given a travel health passport that contained a record of any vaccinations, useful information and contacts for when they were abroad. This included advice about drinking water and food and what to do if a patient was bitten by animals or insects. Patients were also provided with a travel health brief which was emailed to them after the consultation and which detailed all the country specific information relevant to their trip.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. The service had consent forms available.

Are services caring?

Our findings

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

Kindness, respect and compassion

We received 17 comment cards which highlighted that patients were treated with kindness and respect. Comment cards we received were very positive about the service experienced overall. Patients said they felt the practice offered an excellent service and staff were helpful.

The service carried out its own surveys by emailing patients after their consultation. The survey asked questions about the quality of care and access to the service. We looked at results for this year from two sets of data and found that there was high satisfaction rate with the helpfulness of staff.

Involvement in decisions about care and treatment

There was clear information on the service's website with regards to how the service worked and what costs applied

including a set of frequently asked questions for further supporting information. The website had a set of terms and conditions and details on how the patient could contact them with any enquiries.

There was a patient information file in the waiting room clearly setting out information about the cost of consultations and treatments and fact sheets about immunisations.

Care Quality Commission (CQC) comment cards and patient survey information reviewed highlighted that patients felt involved in decision making about the care and treatment they received.

Privacy and Dignity

The consultation room door was closed during consultations; conversations taking place in this room could not be overheard.

CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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 premises were suitable for the service being delivered but there was only one consultation room available.
- The service is designated as a yellow fever centre, which meant it was able to accommodate people's needs around the demand for this vaccine.
- Same day appointments were available for those with urgent travel needs.

Timely access to the service

Opening hours for the Liverpool MASTA clinic are 10am to 6pm Monday and Thursday 11am to 7pm. The clinic is also open on alternate Wednesday and Saturdays 10am to 6pm.

Patients could contact customer services when the service was closed.

Listening and learning from concerns and complaints

Information about how to make a complaint was available on the service's web site. The provider had a complaints policy and procedure. The policy contained appropriate timescales for dealing with a complaint.

The provider was able to demonstrate that the complaints we reviewed were handled correctly and patients received a satisfactory response. There was evidence of learning as a result of complaints, changes to the service had been made following complaints, and these had been communicated to staff.

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) is based in Leeds. They have many pharmacy and nurse-led travel clinics located throughout England, Wales and Ireland and have been established for over 30 years.

Vision and strategy

The service had a clear vision and set of values to work together to provide a high quality responsive service that put caring and patient safety at its heart. The company had organisational level business plans.

Culture

The service had an open and transparent culture. Staff told us they could raise concerns and would be listened to.

We saw evidence from one incident which demonstrated the provider was aware of and complied with the requirements of the Duty of Candour by explaining to the patient what went wrong, offering an apology and advising them of any action taken. They kept written records of verbal interactions as well as written correspondence. This was supported by an operational policy.

The provider had a whistleblowing policy in place. A whistleblower is someone who can raise concerns about practice or staff within the organisation.

Governance arrangements

Governance arrangements included:-

- A clear organisational structure and staff were aware of their own roles and responsibilities.
- A range of service specific policies which were available to all staff. These were reviewed at organisational level every two years or updated when necessary.

Managing risks, issues and performance

- There was a variety of daily, weekly and monthly checks in place to monitor the performance of the service. These included random spot checks for consultations.

- We saw there were effective arrangements in place for identifying, recording and managing risks; which included a risk register and significant event recording. There were dedicated MASTA complaint and incident review meetings held every quarter.
- 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.
- Business contingency plans were in place for any potential disruption to the service.

Appropriate and accurate information

The service was registered with the Information Commissioner's Office and had its own information governance policies and Caldicott guardian to ensure patient information security. Patient records were stored securely.

All staff had signed a confidentiality agreement as part of their job contract.

Engagement with patients, the public, staff and external partners

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. It had gathered feedback from complaints received. These were then analysed and appropriate actions implemented.

After each consultation the client was asked to complete a satisfaction survey. There was also a 'how did we do' feedback form and box in the waiting area. Each quarter the results were compiled and analysed to identify any themes or areas for improvement. We reviewed survey information over the past year and noted that some improvement had been made to the waiting area as a result of patient feedback.

Continuous improvement and innovation

All staff were involved in discussions about how to run and develop the service, and were encouraged to identify opportunities to improve the service delivered.

Staff told us that the team meetings were the place where they could raise concerns and discuss areas of improvement.

Are services well-led?

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

There was a quality improvement strategy and plan in place to monitor quality and to make improvements, for example, the service was currently exploring ideas to

improve the provision of equitable and accessible information. The service was also upgrading its medical database system to improve reporting and information capture.