

MASTA Travel Clinic Cheltenham

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection 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

We carried out an announced comprehensive inspection at MASTA Travel Clinic - Cheltenham 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 – 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 under the Health and Social Care Act 2008 in respect of some, (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) but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At MASTA Travel Clinic - Cheltenham services are provided to clients under arrangements made by their employer with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, we were only able to inspect the services which are not arranged for clients by their employers.

During the inspection we reviewed 36 completed CQC comment cards which described the service as efficient, carried out in a hygienic environment; and staff as friendly, helpful, caring and respectful.

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.
- Staff involved and treated clients 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.
- 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 across local branches when necessary.
- The provider was aware of the requirements of the duty of candour.

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

- The provider should consider photographic identification checks for adults with parental responsibility in order to ascertain correct identity.
- The provider should review policies in line with their renewal dates.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The inspector had access to advice from a CQC medicines inspector.

Overall summary

Background to MASTA Travel Clinic Cheltenham

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.

McKesson UK (a global pharmaceutical distributor and health care information technology company) owns MASTA. Further information can be found at:

The provider is registered with the CQC in respect of the 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.

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

We inspected the clinic on 20 June 2019. Before visiting, we reviewed a range of information we hold about the service; and spoke to the regional manager who is also a registered nurse within 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.
- 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 peoples' 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?

Are services safe?

We rated safe as Good because:

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

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

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff with the exception of three policies that were outside of the date for renewal. We reviewed these and found information was accurate and relevant. Processes outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority before undertaking a consultation or treating a minor (child or infant). However, the provider did not seek photographic identification for assurance.
- The service worked with other agencies to support clients and protect them from neglect and abuse. Staff took steps to protect clients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were

undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- All staff received up-to-date safeguarding and safety training appropriate to their role. For example, nurses had received specific training to recognise and report suspected female genital mutilation (FGM) and had received level three safeguarding training. They knew how to identify, and report concerns.
- There was an effective system to manage infection prevention and control. This included a system to prevent the risk of Legionella such as water testing kits and regular water temperature monitoring. (Legionellosis is the collective name given to the pneumonia-like illness caused by legionella bacteria).
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to client safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. For example, a registered nurse from another local branch would provide cover when Cheltenham branch staff were not available. Agency staff were not employed in the branch clinic.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- Relevant medicines and equipment for the treatment of anaphylaxis were available to treat emergencies were available and in line with Resuscitation Council UK guidelines. Staff from the travel store took part in basic life support training and were aware of how to locate a community defibrillator.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Are services safe?

- There were appropriate indemnity arrangements in place to cover all potential liabilities including professional indemnity for registered nurses.

Information to deliver safe care and treatment

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

- Individual client records were written and managed in a way that kept clients safe. The e-clinic records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

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.
- 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.
- Staff prescribed, administered or supplied medicines to clients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected client safety.
- 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 prescriber.

- 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 serial 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.
- There were protocols for verifying the identity of clients including children. However, the provider did not seek photographic identification for assurance of the identity of adults who indicated they had parental control, which was not in line with best practice guidance.

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. Staff understood their duty to raise concerns and report incidents and near misses. The provider had a focus to encourage reporting of near misses. Leaders and managers supported staff when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. 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.

Are services safe?

- 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. The service learned, and shared lessons identified themes and took action to improve safety in the service. For example, following a Medicines and Healthcare products Regulatory Agency (MHRA) alert of two fatal incidents following administration of a yellow fever vaccine, the provider reviewed their policy and increased medical history questions relevant to an increased risk of a serious incident. In addition, the service had subsequently updated the process for managing vaccine requests for certain population groups.
- 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 reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as client and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including any sessional and agency staff.

Are services effective?

We rated effective as Good because:

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 and immunisation plan.
- Nursing staff understood the requirements of legislation and guidance when considering consent including parental consent.
- Clinical audits demonstrated quality improvement.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- Clients' immediate and ongoing travel health needs were fully assessed. A comprehensive assessment was undertaken which included an up to date medical history.
- 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.
- We saw no evidence of discrimination when making care and treatment decisions. The nursing staff had previously taken part in a study day which included learning about the challenges faced by travellers with disabilities.
- 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.
- The service had systems to keep clinicians up to date with current evidence-based practice such as travel health alerts to notify of outbreaks of infectious diseases.

- Additional virtual clinical support was available during each consultation from the medical team.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, regular updates were provided to travel health nurses around disease outbreak surveillance. This ensured clinicians had the most up to date knowledge and health advice for clients visiting those areas.
- 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.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for clients. There was clear evidence of action to resolve concerns and improve quality. For example, clients' notes were audited against standard competencies; and previous audits had resulted in an approved list of abbreviations that all staff were required to use.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. New nurses received support for six weeks which included longer appointment times; protected time for learning and development; and support from a nominated mentor.
- Relevant professionals (medical and nursing) were registered with the appropriate professional body (General Medical Council (GMC) and Nursing and Midwifery Council (NMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop, for example, the opportunity for relevant staff to attend a nationally recognised diploma in travel medicine course.

Are services effective?

- Staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.
- The service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, observed practice days, clinical supervision and support for revalidation.

Coordinating patient care and information sharing

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

- Clients received coordinated and person-centred care specific to their travel health needs. Staff referred to, and communicated effectively with, other services when appropriate. 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, with consent, in a timely way.
- The provider shared relevant information with other services such as Public Health England in a timely way.
- The clinic clearly displayed notices with consultation and vaccine fees. In addition, clients were advised which vaccines were available free from their GP practice.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the client's health, any relevant test results and their medicines history. We saw examples of clients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- The provider had risk assessed the treatments they offered.
- Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

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

- Risk factors were identified, highlighted to clients and where appropriate highlighted to their normal care provider for additional support. For example, the MASTA travel health brief and travel consultation talked clients through advice to prevent and manage travel health related diseases such as precautions to prevent Malaria and advice about food and water safety.
- Where clients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported clients to make decisions. Where appropriate, they assessed and referred to the clients GP when there were concerns about a person's mental capacity to make a decision.
- When providing care and treatment for children and young people, parental attendance was required. Identification was sought in line with their policy and next of kin details recorded.
- The service monitored the process for seeking consent appropriately.
- Staff had received specific training relevant to travelling abroad for cultural or religious treatments.

Are services caring?

We rated caring as Good because:

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

- Information for clients 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 and service surveys.

Kindness, respect and compassion

Staff treated people with kindness, respect and compassion.

- Feedback from clients was positive about the way staff treat people.
- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all clients.
- The service gave clients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for clients who did not have English as a first language. Information leaflets were available in easy read formats, to help clients be involved in decisions about their care.

- Clients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- A comprehensive travel health brief was provided: and staff helped clients find further information and access additional services where required. Clients were encouraged to ask questions about their care and treatment.

Privacy and Dignity

The service respected people's privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if clients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

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

- The provider understood its client profile and had used this to meet their needs.
- Clients said they found it easy to make an appointment.
- 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.

Responding to and meeting people's needs

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

- The provider understood the needs of their clients and improved services in response to those needs. For example, extended and weekend opening hours, same day appointments for urgent travel, online services, advanced booking of appointments, and over the phone initial consultations were offered.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, we saw a vulnerable adults policy; the consultation room was on the ground floor, accessible to wheelchair users; and nursing staff had received Level 3 safeguarding and Mental Capacity Act (2005) training.

Timely access to the service

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

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

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated clients who made complaints compassionately.
- The service informed clients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, whilst no complaints had been received by the Cheltenham branch, a complaint at another MASTA travel clinic had been shared regarding an error in the dispensing of a medicine which had led to improved identification of medicines at all branches.

Are services well-led?

We rated well-led as Good because:

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

- The provider had a clear vision and strategy to deliver high quality travel healthcare 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.
- 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.

Leadership capacity and capability;

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

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

We spoke to the regional manager before this inspection; and the registered manager, who is the lead nurse for the Cheltenham clinic during this inspection. 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 monitored 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 service had a clear vision and credible strategy to deliver high quality travel healthcare and promote good outcomes for travellers.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of clients.
- The regional manager and registered manager acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.

Are services well-led?

- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

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. However, we saw renewal dates for some policies had lapsed outside of the provider's date for review. We reviewed these policies including infection prevention and control, lone working and consent. All were appropriate and up to date with the exception of the safeguarding policy as new intercollegiate documents required referencing.
- 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.
- MASTA Ltd had established policies, procedures and activities to ensure safety which were available to all staff. They assured themselves that they were operating as intended. For example, regular 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 including risks to client safety. For example, the staff undertook a variety of daily, weekly and monthly checks to monitor the safety of the clinic.

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for clients. There was clear evidence of action to change services to improve quality.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of clients.
- The service used performance information which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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 client identifiable data, records and data management systems. For example, the provider was registered with the Information Commissioner's Office and had its own information governance policies. 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 was automatically available on the IT system and was 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 service involved clients, staff and external partners to support high-quality sustainable services.

Are services well-led?

- The service encouraged and heard views and concerns from the public, clients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback such as feedback cards provided during consultations and an email requesting feedback on clients experience after clinic appointments. Quarterly 'customer delight' surveys were undertaken, and client reviews fed back to staff. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The clinic worked closely with its partnership organisation such as the travel shop.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. The MASTA travel health brief, 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.

- The service made use of internal reviews of incidents and complaints as well as external incident alerts. Learning was shared across the provider's locations and used to make improvements.
- There were systems to support improvement and innovation work. For example, the provider had recently installed barcode scanning machines for medicines to prevent falsified medicines from entering the supply chain. This ensured the service worked within the Falsified Medicines Directive (legislation passed by the European Union Parliament, which aims to increase the security of the manufacturing and delivery of medicines and protect clients).