

MASTA Limited

MASTA Travel Clinic Birmingham

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 4 June 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.

Medical Advisory Service for Travellers Abroad (MASTA) Travel Clinic Birmingham is a private clinic providing travel health advice, travel and non-travel vaccines and travel medicines such as anti-malarial medicines to children and adults. In addition, the clinic holds a licence to administer Yellow fever vaccines and also provides non-travel vaccines. This location is registered with the Care Quality Commission (CQC) in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of travel health.

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

Summary of findings

‘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.

Our key findings were:

- Although the clinic had systems in place to manage risk so that safety incidents were less likely to happen and we saw evidence of actions taken to prevent risks to clients, the process for reporting incidents were not consistently followed.
- Clinical waste was not segregated and disposed of in a way which enabled the waste to be classified correctly so that it was managed appropriately upon collection.
- 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, as well as research carried out by MASTA medical consultants and up to date travel health information.
- Each client received an individualised travel health brief containing a risk assessment, health information including additional health risks related to their destinations and a written immunisation plan specific to them.
- Staff involved and treated patients with compassion, kindness, dignity and respect. MASTA Birmingham comment cards completed by clients who accessed the service in the last 12 months were all positive about the standard of care received.
- There was a leadership structure with clear responsibilities and systems of accountability in place to support the governance arrangements.
- Staff we spoke with felt supported by the leadership team and explained how they accessed support from clinical leads; however, the system to support communication and shared learning within the nursing team was not embedded.
- The provider was aware of the requirements of the duty of candour.

There were areas where the provider could make improvements and should:

- Review the process for monitoring staff compliance with policies and procedures to ensure processes such as incident reporting are being followed appropriately.
- Review the waste management policy to ensure safe management of healthcare waste.
- Review systems of engagement with the wider nursing network to ensure support is available and learning is being shared.

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. We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not ensure that the incident reporting process was routinely being followed. Clinical waste was not segregated and disposed of in a safe way.

- Clinical waste awaiting collection was not segregated, labelled or disposed of in a way which enabled the waste to be classified correctly so that it was managed appropriately upon collection.
- The provider had clearly defined and embedded systems, processes and practices in place to keep people safeguarded from abuse.
- There were effective arrangements in place for the management of medicines.
- Although there was a system in place for reporting and recording incidents including significant events the process was not consistently followed. There was some evidence of shared learning to ensure action were taken to improve safety in the service; however, this was not the case for all incidents.
- There were comprehensive risk assessments in relation to environmental safety issues such as fire and health and safety risk assessments.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Are services effective?

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment. They assessed needs and delivered care in line with current evidence based guidance.
- Clients received an individualised travel risk assessment, health information including additional health risks related to their destinations and a written immunisation plan specific to them.
- Nursing staff understood the requirements of legislation and guidance when considering consent including parental consent.
- The service carried out clinical audits and had recruited clinical staff to undertake quality improvement projects to build on audit recommendations and demonstrate 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.
- MASTA Birmingham client feedback survey results showed that staff treated clients with kindness and respect, and maintained client information confidentiality.
- Staff helped patients be involved in decisions about their treatment.
- The clinic respected and promoted clients' privacy and dignity. Client information was managed in compliance with the Data Protection Act 1998.

Are services responsive to people's needs?

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

Summary of findings

- The provider understood its client profile and had used this to meet their needs.
 - MASTA Birmingham completed customer surveys showed that clients found it easy to make an appointment and access the service.
 - The clinic was well equipped to treat clients and meet their needs.
 - Information about how to complain was available and easy to understand.
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Are services well-led?

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

- The provider had a clear vision and strategy to deliver high quality travel healthcare and promote good outcomes for clients. Staff were clear about the vision and their responsibilities in relation to it.
 - There was a clear leadership and management structure and staff felt supported by management.
 - Staff had received comprehensive inductions and attended training opportunities.
 - 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. However, oversight of the incident reporting process was not carried out effectively and did not provide assurance that the process was being followed at all times. Learning from incidents were not shared routinely.
 - The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty.
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MASTA Travel Clinic Birmingham

Detailed findings

Background to this inspection

MASTA Travel Clinic Birmingham is located at Neville House, 14 Waterloo Street, Birmingham, B2 5TX. 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. McKesson Europe AG (previously Celesio AG) provides pharmacies throughout Europe and recently bought MASTA Limited.

The clinic offers travel health consultations, travel and non-travel vaccines and travel medicines such as anti-malarial medicines to children and adults. Clients who require blood tests for antibody screening are booked in with other independent health providers. The clinic is staffed by one registered nurse who is a specialist travel health nurse. The nurse is supported by a head of operations (non-clinical manager) and has access to a medical team for clinical advice and support. The nurse can see up to a maximum of 14 clients per day.

The Birmingham clinic is open from 8.30am to 4.30pm on Mondays and Wednesdays; appointments are available between 8.45am and 3.45pm with a one-hour break for lunch. MASTA provides a telephone consultation service with specialist travel nurses and has a central customer service team to manage appointment bookings and queries.

We inspected the clinic on 4 June 2018. The inspection was led by a CQC inspector, and a CQC nurse advisor.

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

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

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

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

Safety systems and processes

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

- The provider conducted safety risk assessments. It had a range of safety policies which were regularly reviewed and communicated to staff. Staff received information on the service safety procedures such as health and safety and fire procedure information as part of their induction and refresher training. Policies were regularly reviewed and detailed where further guidance could be obtained, these were easily accessible to all staff.
- The provider carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Nurses undertook three yearly professional revalidations to maintain their registered nurse status and systems were in place to monitor this.
- The provider had systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. In addition to safeguarding training nurses had received specific training to recognise and report suspected female genital mutilation. The pre-treatment medical questionnaire included specific questions to enable staff to identify and report concerns. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- There was a chaperone policy and posters offering a chaperone service were visible. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff we spoke with explained that due to the nature of the service there was not a huge demand for chaperones; however, nursing staff had been trained to act as a chaperone and arrangements were in place to accommodate clients' requests.

- Infection prevention and control audits took place and any improvements identified for action were completed.
- Staff ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for managing healthcare waste; however, we found that the segregation of clinical waste was not managed effectively. Clinical waste awaiting collection was stored in an area shared with other services; however, we found that they were not appropriately segregated. For example, clinical waste was not disposed of or classified correctly so that it could be managed correctly upon collection.
- The clinic had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). We saw a risk assessment had been carried as well as regular water flushing process and water temperature monitoring to minimise any potential risks.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Clinical staff had appropriate indemnity insurance in place.
- In the event an emergency did occur, the provider had systems in place to respond appropriately. The practice carried out a risk assessment to mitigate the risk associated with not having on-site access to a defibrillator and identified the location of two community defibrillators which were close to the clinic. We saw instructions placed with other emergency equipment which provided staff with clear directions of where to locate the community defibrillators.
- All staff had received training in basic life support. Emergency equipment was available including access to oxygen. Emergency medicines for the treatment of anaphylaxis were in a secure area of the clinic but easily accessible to staff and all staff knew of their location.
- There was a first aid kit available within the travel clinic and staff had received training in its usage.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients. On registering with the service,

Are services safe?

clients were required to complete a series of questions which included a record of their identity. Staff explained that when treating children; their parent or guardian's identity was verified and recorded in client records during consultations'. Individual client records were written and managed in a way that kept patients safe. The electronic -clinic records we saw showed that information needed to deliver safe care and treatment was accessible to relevant staff.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines minimised risks.
- Staff prescribed, administered or supplied medicines to clients and gave advice on medicines in line with legal requirements and current national guidance.
- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring medicines were kept at the required temperatures and described the action to take in the event of a potential failure.
- Nursing staff carried out regular medicine audits to ensure storage and administration was in line with best practice guidelines for safe prescribing, such as fridge temperature monitoring and the security of medicines. Annual audits of Yellow Fever vaccine use were undertaken in order to meet the standards of good practice required for the licence to administer the vaccine.
- The nurses used Patient Group Directions (PGDs) to administer vaccines and Patient Specific Directions (PSDs) such as administering specific vaccines if clients had an allergy to a vaccine component. PGDs and PSDs had been produced in line with legal requirements and national guidance. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). We saw evidence that nurses had received appropriate training and had been assessed as competent to administer the medicines referred to 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.
- During our inspection, we found that clients were treated with medicines, which were sourced by MASTA medical consultant. For example, the service used an international vaccine called Sci-B-Vac which is indicated for active immunisation against hepatitis B virus; however, it is unlicensed in the United Kingdom. Members of the clinical team we spoke with explained that the decision to use this medicine had been taken after careful consideration by MASTAs delegated doctors and was the most appropriate medicine to use during periods of vaccine shortages. Clients were provided with an information sheet, which clearly outlined risks and side effects of using an unlicensed vaccine. Staff provided documents which showed that the service gained authorisation to use Sci-B-Vac.

Track record on safety

There were comprehensive risk assessments in relation to environmental safety issues. For example, the service carried out fire, legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), control of substances' hazardous to health (COSHH) as well as health and safety risk assessments. Lone working risk assessments had been carried out.

Lessons learned and improvements made

The provider used a range of information to identify risks and improve patient safety. For example, national infectious disease outbreak alerts as well as comments and complaints received from clients. Staff explained that the process for responding to incidents involved investigations at a local level, using a root cause analysis framework. Information was then escalated to the MASTA head office, where all incidents were also reviewed and monitored. The service had a comprehensive process for reporting incidents and staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents. However, we saw inconsistencies in the reporting

Are services safe?

of incidents. For example; there were two incidents relating to a vaccination fridge failure, appropriate actions had been taken in response to the incident such as seeking professional advice from manufacturers and disposal of vaccines had been carried out. However, we found that the reporting of these incidents were not consistently followed in line with the service incident reporting protocol.

Although staff explained that quarterly clinical incident review meetings were held to help the service to understand risks and provide a clear, accurate and current

picture; records showed that only one meeting had took place which was in January 2018. Staff told us that a meeting had also taken place in July 2017; but were, unable to provide minutes to evidence this.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. Staff explained that in the event of unexpected or unintended safety incidents the service would provide affected people reasonable support, truthful information; a verbal and written apology.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

- Clients received a MASTA travel health brief. The brief provided an individualised travel risk assessment, health information including additional health risks related to their destinations and a written immunisation plan specific to them.
- A comprehensive assessment was undertaken which included an up to date medical history.
- Additional virtual clinical support was available during each consultation from the medical team located at MASTA head office. Staff we spoke with provided clear explanation of situations when further clinical support would be requested.
- Latest travel health alerts such as outbreaks of infectious diseases were available.
- We saw no evidence of discrimination when making care and treatment decisions. The nursing staff we spoke with demonstrated awareness of the challenges faced by patients such as travellers with disabilities and special requirements' when providing information.

Monitoring care and treatment

The provider had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, we saw evidence of an audit aimed at identifying why clients were not dispensed on site malarial chemoprophylaxis (the preventive treatment of malaria) vaccine. The audit identified areas to further build on the quality of service being delivered; for example, placing an alert on the medical database to remind nurses to document decisions regarding administered vaccines. The service also carried out annual audits of client records against standard competencies. Staff explained that a nurse had been employed to undertake quality

improvement projects. The 2018 audit plan included carrying out repeat audits to build on audit recommendations and demonstrate whether quality improvements had been achieved.

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

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation could demonstrate how they stayed up to date.

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop such as attendance on a nationally recognised diploma in travel medicine.
- Annual training days were arranged by MASTA and staff explained that external speakers and educators were invited. Staff explained that the 2017 training day included talks from specialists on Rabies (a virus spread to people from the saliva of infected animals) and Tick-borne encephalitis (TBE is a viral infectious disease involving the central nervous system).
- The service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation.
- New nurses received support for six weeks which included longer appointment times, protected time for learning and development and support from a nominated mentor.
- The provider ensured the competence of staff employed in advanced roles by carrying out an audit of their clinical decision making.

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

The provider shared relevant information with other services such as Public Health England and clients GPs in a timely way; there were processes in place when consent was not given. For example, clients were given a letter and given advice regarding sharing relevant information with their registered GPs.

The clinic clearly displayed consultation and vaccine fees. In addition, clients were advised which vaccines were available free from their GP practice.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives whilst travelling. For example, the travel health brief and travel consultation tool used by nurses talked clients through advice to prevent and manage travel health related diseases. For example, precautions to prevent Malaria and advice about food and water safety.

Consent to care and treatment

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

The service carried out a customer satisfaction survey during December 2017 and February 2018. The analysis of the survey showed that out of 168 clients who attended the travel clinic over this period nine had completed the on-line survey; demonstrating a 1% response rate. The results showed that those who responded rated the practice nine out of 10 for the quality of service received and how well they were treated. Staff explained that the service aim was to achieve an average score of more than eight.

MASTA Birmingham provided comment cards for clients to give feedback after each visit and received 18 how did we do today comment cards, we saw an analysis of the key comments which showed that children felt at ease during appointments, staff were very informative; friendly and helpful.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care:

- A comprehensive travel health brief was provided and staff helped clients find further information and access additional services where required. They helped them ask questions about their care and treatment.
- The customer delight survey showed that patients rated the service 10 out of 10 for the clarity and relevance of the travel health advice given.
- The MASTA client feedback forms we saw showed that patients who accessed the clinic felt staff listened to them and involved them in making decisions about their care and treatment.
- Staff explained that interpretation services were available for clients who did not have English as a first language; however, the service had not been required for any clients in the last 12 months.

Privacy and Dignity

The clinic respected and promoted clients' privacy and dignity.

- Staff recognised the importance of dignity and respect.
- The service complied with the Data Protection Act 1998 and the management of personal data in line with the General Data Protection Regulation (GDPR).

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. For example, the service carried out an analysis of the average appointments each day; age groups and treatment provided. As a result, the service identified the need to offer more appointments' during lunch times; patients also had the option of being seen at a local pharmacy who delivered services for MASTA and telephone consultations were available.
- The provider improved services where possible in response to unmet needs. For example, staff explained that the website had been simplified following client feedback.
- The facilities and premises were appropriate for the services delivered. Staff explained that the service obtained client couches in clinical rooms in response to client feedback.
- The service made reasonable adjustments when clients found it hard to access services. For example, staff explained that other MASTA travel clinics were available for clients who had difficulty accessing the clinic and prior arrangements could be made to accommodate clients' needs.

Timely access to the service

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

- Clients accessed the service through a customer contact centre. The clinic was open between 8.30am and 4.30pm on Mondays and Wednesdays, appointments were available between 8.45am and 3.45pm with a one-hour closure for lunch. The nurses were flexible and would accommodate clients outside of these times where possible.
- Clients had timely access to initial assessment and consultations. Those with the most urgent needs had their care and treatment prioritised.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Booking were managed by MASTA customer services centre; alternatively, clients were able to book appointments direct using the service website. Staff explained that at the time of booking an appointment, clients were given a unique identification number which they were required to present during their appointment.

Listening and learning from concerns and complaints

The provider took complaints and concerns seriously and had systems in place to enable staff to respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to follow. Staff told us they had not received any complaints; however, would treat patients who made complaints compassionately and deal with any concerns immediately.
- The complaint policy and procedures were in line with recognised guidance. The clinic had not received any complaints in the last year. Staff explained that the provider would ensure all staff receive feedback on any complaints and subsequent actions.

Are services well-led?

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

Our findings

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

Leadership capacity and capability;

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

We spoke to the nominated individual and the registered manager, who was the lead nurse for the Birmingham clinic. They demonstrated they had the capacity and skills to deliver high-quality, travel and non-travel services at the Birmingham 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, and provided clinical support to the nurse.

Vision and strategy

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

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the service. They told us they could raise concerns, were encouraged to do so and would be listened to.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal, provision of an external course annually and encouragement to undertake a diploma in travel health.

- Nurses were considered valued members of the service. They were given protected time for professional development and evaluation of their clinical work.
- The provider had a whistleblowing policy in place. A whistle blower is someone who can raise concerns about practice or staff within the organisation.

Governance arrangements

Although there were specific responsibilities, roles and systems of accountability to support governance and management arrangements; there were areas that needed strengthening to ensure arrangements that were in place worked consistently in practice.

- Structures, processes and systems to support good governance and management were set out.
- 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 in respect of safeguarding children and medicines management.
- Although MASTA Ltd had established policies, procedures and activities to ensure safety which were available to all staff; incidents were not always being reported in line with MASTA incident reporting protocol and review meetings were not routinely carried out.
- Clarity around what should be reported as an incident had not been established. The service incident policy states all incidents and adverse events including near misses must be reported by the person who identifies the incident and that individual is also responsible for completing the appropriate incident form. However, staff we spoke with were under the impression that only significant events needed to be reported as an incident.
- Staff explained that quarterly senior nurse meetings were taking place; however, records we viewed did not show that this was the case.
- MASTA had an operational support structure for nurses who required clinical support during clinics which provided assurances that the service was operating as intended.

Managing risks, issues and performance

Are services well-led?

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

Although there were clear and effective processes for managing risks, issues and performance; we found that clinical waste was not being segregated in a way which enabled it to be classified correctly so that it was managed appropriately upon collection.

- Members of the management team explained that discussions had been held with clinical waste contractors and risks had been explored and mitigated. Staff also explained that the premises was shared and there was an agreement that MASTA were able to send their clinical waste along with the contract holders. However, this was not in line with recognised best practice standards for those involved in the management and disposal of healthcare waste.
- There was an effective process to identify, understand, monitor and address current and future risks within the clinic. For example, the staff undertook a variety of daily, weekly and monthly checks to monitor the safety of the clinic.
- We saw there were operational arrangements in place for identifying, recording and managing risks; which included a range of risk assessments such as fire, health and safety. The service also carried out a comprehensive risk assessment to mitigate risks in the absence of a defibrillator.
- The provider had processes to manage current and future performance. A staff annual appraisal system was in place. Performance of employed clinical staff could be demonstrated through audit of their consultations.
- There was clear evidence of action to change practice to improve quality.

Appropriate and accurate information

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

The provider used information technology systems to monitor and improve the quality of care. For example, each vaccine name and batch number were automatically available on the IT system and were populated by the system onto each client record once administered.

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

Engagement with patients, the public, staff and external partners

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

- The clinic proactively sought clients' feedback by inviting clients to complete a 'how did we do' feedback form after every consultation. In addition, quarterly customer delight surveys were undertaken.
- The clinic worked closely with its partnership organisation STA Travel and local pharmacies.

Continuous improvement and innovation

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

- Learning was shared from other clinics and partnership sites and used to make improvements.
- The provider was in the process of developing visual cue cards for clients with disability impairment or language limitations.
- In response to Meningitis B outbreaks locally, there were visible vaccine leaflet for families, nurses ensured extra stock was available and staff were aware of how to support and signpost clients to support services.
- In response to local outbreaks staff placed advertising leaflets in the travel store inviting clients who accessed the store to have the Influenza vaccine.