

MASTA Limited

# MASTA Travel Clinic – Southampton

## Inspection report

STA Southampton  
6 Civic Centre Road  
Southampton  
SO14 7FL  
Tel: 0330 100 4131  
Website: [stasouthampton@masta.org](mailto:stasouthampton@masta.org)

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### Overall summary

We carried out an announced comprehensive inspection on 4 October 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.

### **Background**

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.

We inspected MASTA Travel Clinic Southampton, STA Southampton which is registered as a private doctor service that provides pre-travel assessments, travel vaccinations and some non-travel vaccinations. Some occupational health services are provided to agreed organisations. The clinic was opened in 2013 as part of the MASTA Ltd network of clinics. There are currently three members of staff within the clinic that are all qualified nurses, that undertake vaccinations and assessments. The clinic opens five days a week, but these are flexible and not set days, although the clinic is always open on a Saturday. The clinic is situated in the rear of the shop area of a travel agency in Southampton.

A nurse staff member is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

During the inspection feedback was collected through comment cards that patients had completed prior to our visit. There were a total of eight comment cards which were all positive regarding the treatment that had been received.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The clinic had clearly defined and embedded systems to minimise risks to client safety.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- A customer survey showed that clients found it easy to make an appointment.
- The clinic was situated within a travel agency and was equipped to treat clients.
- There was one consulting/treatment room which was secured with a keypad entry door.
- There was a waiting area for clients where travel information and registration certificates were easily viewed.
- There was a comprehensive risk assessment of sole working but there were some shortfalls in the provision of emergency equipment on site.
- There was a clear leadership structure and staff felt supported by management. The clinic proactively sought feedback from staff and clients, which it acted upon.

The area where the provider should make improvement is:

- Review the risk assessment regarding the provision of equipment in the case of an emergency where life support could be required.

# 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 areas where improvements should be made relating to the safe provision of treatment. This was because the provider did not have a comprehensive risk assessment regarding the provision of further equipment in the case of an emergency where life support was required.

- There was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the clinic.
- The clinic generally had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding vulnerable adults and also children to level three.
- At the time of the inspection no risk assessment was supplied regarding provision of a defibrillator or other emergency equipment.

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### **Are services effective?**

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

- Staff were aware of current evidence based guidance.
- There were some clinical audits that demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff understood the importance of consent and decision-making for all clients.

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### **Are services caring?**

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

- Data from the MASTA customer survey showed that clients found the clinic to be good in all areas, and that the quality of service was excellent.
- Survey information we reviewed showed that clients said they were treated in a professional and respectful manner.
- Information for clients about the services available was accessible and clearly stated the costs involved and also which vaccinations could be accessed free of charge via the NHS.
- We saw staff treated clients with kindness and respect, and maintained client information confidentiality.

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

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

- The practice understood its population profile and had used this understanding to meet the needs of its clients.
- Clients could book appointments through the clinic itself, through the website or by telephoning a MASTA telephone line.
- Clients said they found it easy to make an appointment.
- The clinic was well equipped to treat clients and meet their needs and was accessible to those with mobility requirements.

# Summary of findings

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- Information about how to complain was available at the clinic and on the MASTA website. Learning from complaints was shared with staff.
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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 clinic had a clear vision and strategy to deliver high quality care. Staff understood the company vision and their responsibilities in relation to it.
  - There was a clear leadership structure and staff felt supported by management. The clinic had policies and procedures to govern activity and held regular governance meetings.
  - An overarching governance framework supported the delivery of the strategy and good quality care.
  - Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
  - The clinic encouraged a culture of openness and honesty.
  - The clinic proactively sought feedback from staff and clients and we saw an example where feedback had been acted upon.
  - There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
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# MASTA Travel Clinic – Southampton

## Detailed findings

### Background to this inspection

The date of inspection was 4 October 2017. Our inspection team was led by a CQC Lead Inspector. The team also included a practice nurse specialist adviser.

During the inspection the team spoke to members of staff who worked at the clinic, observed the staff at the workplace and also reviewed documents and the working environment.

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?

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

We did not receive any information of concern from any stakeholders.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

- The provider was aware of and complied with the requirements of the Duty of Candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- 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.

There was a system for reporting and recording significant events.

- Staff told us they would inform the regional manager of any incidents and there was a recording form available on the internal computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour.
- All significant event reporting was dealt with by a central team within MASTA. We reviewed one incident that had occurred in the last year specifically from the Southampton MASTA clinic. A client had received incorrect advice regarding the risk of malaria for one particular destination. The clinic tried to contact the client but the wrong email details had been recorded and the telephone number was unavailable. This was treated as a significant event and escalated to the management team within MASTA. This in turn led to shared learning for all staff to always ensure correct contact details are recorded for all clients.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We were told that the MASTA head office carried out a thorough analysis of the significant events.
- We saw evidence that MASTA head office monitored trends in significant events and evaluated any action taken.

### Reliable safety systems and processes (including safeguarding)

The clinic had clearly defined and embedded systems, processes and practices in place to minimise risks to client safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns.
- There was a safeguarding lead within the central organisation.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. All nurses at the clinic were trained to child safeguarding level three.

### Medical emergencies

The clinic had arrangements to respond to emergencies and major incidents.

- There was a panic alarm for use by the staff in the event of an incident or an emergency. This panic alarm would sound in the main shop where the clinic was situated and shop staff would immediately investigate the alarm and could access the door of the clinic using the key code lock.
- No vaccinations were given without the travel shop staff also being present in the store.
- There were emergency medicines available in the treatment room. The only emergency drug on the premises was adrenaline which is the recommended first line drug for life threatening anaphylaxis. The clinic had made the decision not to stock further commonly used emergency drugs for an allergic reaction after considering the guidelines by the Resuscitation Council UK.
- All staff had received up to date basic life support training and there was a comprehensive risk assessment for lone worker life support. However there was no risk assessment for some emergency equipment including airways, suction equipment or defibrillator on the premises.

# Are services safe?

- The clinic had oxygen easily available and equipment was checked weekly. The head office for MASTA had access to the online recording of checks and would send an alert if the check was not recorded by staff in a timely fashion.
- All the medicines we checked were in date and stored securely.
- The clinic had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff that were held within the MASTA head office.

## Staffing

All personnel files were held centrally in the MASTA organisation. All staff were checked thoroughly to ensure that they had the correct registration with the appropriate professional body and the appropriate checks through the DBS. The registered manager of the clinic had an enhanced DBS check as per the MASTA policy. (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).

There was a chaperone policy for clients which was advertised in the clinic and all nursing staff were trained appropriately.

## Monitoring health & safety and responding to risks

There were procedures for assessing, monitoring and managing risks to client and staff safety.

- There was a health and safety policy available.
- The clinic had an up to date fire risk assessment and carried out regular fire drills. There was a fire evacuation plan and the fire alarm was tested regularly. All actions from the latest fire risk assessment in September 2017 had been carried out by the clinic and there were no outstanding actions.
- The clinic had a variety of other risk assessments to monitor safety of the premises and this included infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There was a Legionella risk assessment dated September 2017 which had an action

to descale a tap which was in the process of being undertaken. We saw evidence that all taps were run through for 5 minutes every week with a temperature check taken monthly.

- 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 to ensure enough staff were on duty to meet the needs of clients and each member of staff would provide cover for a staff absence. If the staff could not cover an absence between them then the MASTA organisation would send a member of staff from another clinic.

## Infection control

There was an infection prevention control (IPC) protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

## Premises and equipment

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. There was a contract with a cleaning company and we saw that the cleaners would follow a checklist that had been agreed with the clinic staff.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use.

## Safe and effective use of medicines

The arrangements for managing vaccines in the clinic minimised risks to client safety (including obtaining, recording, handling, storing, security and disposal).

- The practice carried out medicines audits in line with MASTA policy, and this included an annual clinical audit for yellow fever.
- Patient Group Directions had been adopted by the clinic to allow nurses to administer vaccinations in line with legislation. These were correctly authorised by MASTA and signed via the internal computer system so that the head office of MASTA could ensure that they had been read by the staff member.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Assessment and treatment

Staff were aware of relevant and current evidence based guidance and standards.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from the central MASTA medical team and used this information to deliver care and treatment that met clients' needs.
- All medical alerts were sent through the organisation intranet and included any potential or actual shortages in supply for certain vaccinations.

### Staff training and experience

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The clinic had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- All staff also received role-specific training and updating. For example there was a two day induction that focused entirely on the administration of vaccinations.
- Staff administered vaccines and could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to, and made use of, e-learning training modules and in-house training. In particular all staff were able to take a diploma in travel health and were encouraged to apply for any extra

training related to their job role. Each member of staff was given at least one day a year for personal development training as part of the standard contract of employment.

### Working with other services

The clinic forwarded their own data to the MASTA organisation as a whole which would monitor any trends or incidents.

There was evidence of some quality improvement including audit. This included a medical notes audit and mandatory yellow fever audit. The yellow fever risk audit showed improvements in record keeping and advice given to older patients where statistically there was a greater chance that the vaccination could result in an adverse reaction.

Information about clients' outcomes was collated where possible, and the clinic was able to report that there were no clients returning from travel with disease.

The information needed to plan and deliver care and treatment was available to relevant staff when there was a specific medical requirement.

As part of the initial health check prior to vaccinations offered, it was determined if the client has recently undergone chemotherapy or had a disorder or disease that caused any immunosuppression. If this was determined to be applicable then the central MASTA medical team were contacted by the clinic staff and they would then seek permission to contact the client GP or consultant. This co-ordination of care was particularly important for live vaccines that may be given to the client.

### 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.
- Where a patient's mental capacity to consent to care or treatment was unclear the nurse assessed the patient's capacity and, recorded the outcome of the assessment.



# Are services effective?

(for example, treatment is effective)

- The website clearly stated on the clinic homepage that children aged up to 15 years must have a parent/guardian present and able to complete the consultation on their behalf.
- The website clearly stated, as did the clinic literature, that children aged 16-18 years must attend the consultation themselves.
- It was stated in the guidance on the website and when making a telephone appointment that all details of current and historical medical treatment needed to be brought to the appointment.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

During our inspection we observed that members of staff were courteous and helpful to clients and treated them with dignity and respect.

- The treatment room door was closed during consultations and the administering of vaccinations.
- Conversations taking place in the treatment room could not be overheard.

All of the eight patient Care Quality Commission comment cards we received were positive about the service experienced. Clients said they felt the clinic offered a very good service. Among the comments expressed were that the staff were fantastic and knowledgeable, and that they had been very professional.

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

All clients were given a longer appointment time for their first consultation, at which time they were provided with a tailored travel health brief. At this time the clients were given the most up to date health information and also advised which vaccinations could be accessed via the NHS at no cost and therefore did not necessarily have to be purchased through the clinic. The clinic had clear pricing lists for customers in the waiting area and in the consulting room.

MASTA collated satisfaction scores for its clinics where clients were asked to respond to an on-line survey and to

score the statement from 0-10, with 0 being very poor and 10 being excellent. In the year January to December 2016 there were 421 customers and 23 customers (6%) filled in the questionnaire.

MASTA Travel Clinic Southampton scored as follows for customer satisfaction:

- When asked how they would rate the quality of service received, the overall average score was 9.6.
- When asked how well they were treated by the staff, the overall average score was 9.7.
- When asked how likely they were to recommend the clinic to a friend or colleague, the average score was 9.5.

MASTA had determined that the target for all scores for all questions asked should be above an average of 8. There was only one question that scored less than 8:

- When asked how they would rate the facilities in the waiting room, the average score was 7.8. There were two additional comments that customers had stated with regard to this. That the waiting area was basic and another wanted more comfortable chairs and magazines available.

The clinic did provide facilities to help clients to be involved about the treatment they were receiving:

- The client was reminded at each appointment that they could also receive treatment through the NHS, through pharmacies and through other MASTA clinics.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The clinic understood its population profile and had used this understanding to meet the needs of its population.

- The clinic was operating in a travel agency and the clinic would give a discount for vaccinations to those that booked a holiday through the agency.
- All new clients had to initially register via telephone or the internet in order to receive a unique customer reference number that meant that all details could be tracked centrally by MASTA. The staff in the travel agency were able to help clients with this process and direct them accordingly.
- When a client first attended the clinic they were given a longer appointment in order to fully report on the health of the customer and their exact travel.
- All clients received a full and comprehensive print out of information to take away based on information supplied to the nurse at the clinic. This included the vaccinations that were either required to enter the country, highly recommended or optional. The information also included general health guidance and tips for travellers and showed the prevalence of certain diseases throughout the world with a map of the world.
- All information given to clients was updated daily by the central medical team.
- Clients were encouraged to book appointments in advance, although there was capacity on some days to see patients on the day, provided they had already registered.
- The MASTA organisation had oversight of the national and worldwide supply of vaccinations and monitored where demand may exceed supply. The organisation was prepared to source vaccinations from other suppliers where required in order to be able to continue to provide a service to clients.
- In addition to travel vaccinations the clinic was able to dispense anti-malarial medication and other travel related retail items, such as water purification products.
- The clinic provided a local flu vaccination service.
- Occupational health services were provided by the clinic to certain agreed organisations. All information was securely stored and shared with the organisations concerned.

- The practice sent text message or telephone call reminders of appointments if needed.

### Tackling inequity and promoting equality

- The store was fully accessible to all clients for treatment however there were no accessible customer toilets.
- An interpretation service could be requested by staff and arranged by the MASTA organisation.

### Access to the service

The clinic operated from a travel agency in Southampton town centre with nearby parking and facilities. The travel agency was generally open Monday to Thursday from 10am until 7pm and on Fridays and Saturdays from 10am to 6pm. The clinic opened for five days a week within these hours, but the days changed from week to week and were not set, although it was always open on a Saturday. This allowed flexibility for clients and staff for appointments. All appointments could be booked via the company website or by telephone. Once the clients had registered by telephone or via the website then they could also book an appointment in person at the clinic.

Most appointments were bookable in advance only, but there was capacity on some days for the clients to be seen on the day if they presented at the clinic.

- According to the MASTA customer survey, when clients were asked to rate the convenience of making an appointment at the clinic, with 0 being poor and 10 being excellent, the average score was 9.2.
- According to the same survey, when asked how easy it was to make an appointment, the average score was 9.2.
- When asked how prompt the appointment time was to the time booked, the average score was 9.9.

### Concerns and complaints

The clinic had a system for handling complaints and concerns.

- Its complaints policy and procedures were easily accessible to all staff through the internal computer system.
- Clients were able to complain to the clinic in person, or through the MASTA website or by telephone. Clients could also write to the MASTA organisation and the address details for the head office were available on the website.

# Are services responsive to people's needs?

(for example, to feedback?)

- Verbal complaints were recorded but would generally be dealt with by staff at the time.
- All complaints were dealt with centrally by the organisation with an acknowledgement within 48 hours of the complaint, and then a response within 20 days.
- All negative feedback given to the organisation through the survey or feedback forms was also followed up as if it was a complaint.
- Feedback was collated at a local level in addition to all centrally collected data and any issues were reported.

We looked at one negative feedback given to the clinic in the last 12 months. The issue was that the layout of the waiting area was too basic. We saw that the issue was discussed at a local management meeting and that there was an action plan to liaise with the travel agency to improve the area that the clients waited in. The clinic had received no complaints in the last two years, but we saw evidence that complaints from other MASTA clinics that may have an impact on the Southampton Travel Clinic were shared at staff meetings.

# Are services well-led?

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

## Our findings

### Governance arrangements

The clinic was part of a larger network of MASTA Travel Clinics and the organisation demonstrated that it had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Clinic specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the clinic was maintained. Staff meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- There was a well-defined line management structure and all nursing staff reported to a senior nurse, with each senior nurse reporting to a head of operations.
- There were formal quarterly senior nurse meetings.
- Clinical support was provided by a medical team in the MASTA head office.
- There were appropriate arrangements for identifying, recording and managing risks through clinic meetings and regional director meetings.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. There were dedicated MASTA complaint and incident review meetings every three to four months throughout the year.
- The organisation supported every nurse with re-validation requirements.

### Leadership, openness and transparency.

On the day of inspection the nurses in the clinic demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

- All nurses were trained and registered accordingly.

- Each nurse had been assessed by the MASTA medical director as fit to work in the clinic after an induction and training. There was a clear and formal continual assessment and appraisal system for each nurse in the clinic.

There was a clear leadership structure and staff felt supported by management.

- The clinic held and minuted a range of meetings including meetings with line management and the medical teams.
- The clinic held regular team meetings.
- Staff told us there was an open culture within the organisation and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for clinic staff to view.
- Staff said they felt respected, valued and supported by the organisation. All staff were encouraged to give feedback about how to run and develop the clinic and the organisation.
- All nurses were able to apply for a diploma in travel health and were supported with time required to undertake the learning. In addition all staff were entitled to at least one day a year for personal development training.
- The clinic had a culture of the service encouraging candour, openness and honesty.

### Learning and improvement

There was a focus on continuous learning and improvement in the organisation. There was a focus to keep a constant supply of vaccinations to satisfy demand, both for travel and non-travel vaccinations. Non-travel vaccines include flu and meningitis vaccinations. The organisation was also looking at ways of expanding further into other travel products, as well as further expansion into occupational health for companies.

The clinic had a clear vision to deliver high quality care and promote good outcomes for customers.

### Provider seeks and acts on feedback from its patients, the public and staff

The practice encouraged and valued feedback from customers and staff. It proactively sought feedback from:

# Are services well-led?

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

- Clients through the MASTA Customer Delight Survey and also locally at the clinic by filling out forms for the 'How Did We Do?' feedback box.
- Through complaints and compliments received from the general public.
- Staff through clinic review meetings and at any time by contacting the organisation head office.