

MASTA Travel Clinic – Kings Cross

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?

Requires improvement 

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 9 July 2018 – the provider was not rated at this stage in line with our methodology at the time.)

The key questions are rated as:

Are services safe? – Requires improvement

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 – Kings Cross as part of our inspection programme 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.

Our key findings were:

- There were concerns regarding the cleanliness and hygiene of the premises and we were not assured there were effective systems in place to prevent and protect people from a healthcare-associated infection.
- Patients received an individualised travel health brief which was tailored to their specific needs and travel plans. The comprehensive health brief outlined a risk assessment; all travel vaccinations that were either required or recommended, and other relevant health information related to their destinations.
- The clinic had clear systems to manage risk so that safety incidents were less likely to happen. The provider discussed any incidents with the wider corporate team where lessons learned were shared to improve their processes across all locations.

- The provider ensured care and treatment was delivered according to evidence based guidelines and up to date travel health information.
- Staff had the relevant skills, knowledge and experience to deliver the care and treatment provided by the service.
- There were arrangements in place to deal with medical emergencies.
- Vaccines, medicines and emergency equipment were safely managed. There were clear systems in place relating to stock control.
- The provider encouraged and valued feedback from patients and staff.
- Staff treated patients with compassion, kindness, dignity and respect.
- There was a leadership structure in place with clear responsibilities and roles of accountability to support good governance and management.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Maintain appropriate standards of hygiene for premises and equipment.

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

- Review arrangement for chaperones requested by patients on the day of their appointment.
- Review the clinic's signage arrangements with the host provider so that it is easier for patients to locate the service.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was made up of a CQC Inspector and CQC Nurse Specialist Advisor.

Background to MASTA Travel Clinic - Kings Cross

MASTA Travel Clinic – Kings Cross is a private clinic providing travel health advice, travel and non-travel vaccines, to children and adults. The clinic is registered with the Care Quality Commission under the Health and Social Care Act 2008 to provide the regulated activities Diagnostic and screening procedures and Treatment of disease, disorder or injury.

The head office for the provider MASTA Limited (Medical Advisory Services for Travellers Abroad) is based in Leeds. The medical team and head of operations is based there. They have many pharmacy and nurse-led travel clinics located throughout the United Kingdom.

The registered manager for the location is the senior nurse. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

MASTA Travel Clinic – King’s Cross is located at Battle Bridge House, 300-306 Gray’s Inn Road, London WC1X

8DU. The service at the location commenced in June 2017. The premises are owned and managed by BUPA, with the provider having exclusive use of one consultation room.

MASTA Limited provides more than 170 private travel clinics across the UK. The clinic offers travel health consultations, travel and non-travel vaccines and travel medicines such as anti-malarial medicines to children and adults. The clinic is also a registered yellow fever vaccination centre. MASTA Limited are licenced for the importation and distribution of vaccination medicines, and to supply vaccines to GP surgeries and NHS services across the country. They also provide travel health training and mentorship for pharmacists and nurses.

The Kings Cross clinic is open between 8.30am and 6pm on Mondays and Wednesdays. In addition MASTA provide a telephone consultation service with specialist travel nurses and have a central customer service team to manage appointment bookings. Patients are able to attend one of the provider’s other London locations when the Kings Cross clinic is not open.

Are services safe?

We rated the service as Requires Improvement for providing safe services.

Safety systems and processes

The service had systems to keep patients safe and safeguarded from abuse, although we were not satisfied there were safe systems in place for managing infection prevention and control (IPC).

- We were not assured that there was an effective system to manage infection prevention and control. Annual audits took place and the most recent audit had not identified any significant concerns. However, on the day of the inspection we found the premise was visibly unclean. For example, we found dust collected on the furniture, carpet, window sills and skirting boards of the consultation room. The clinic told us that daily cleaning took place and we saw evidence of a cleaning schedule. However, the provider could not evidence a signed cleaning log for the premises. We also found two used needle caps on the floor of the consultation room which had not been disposed of appropriately.
- The safeguarding lead at the clinic was a pharmacist. The pharmacist had received training on adult and child safeguarding to level three, including specific training to recognise and report suspected risks related to female genital mutilation. The initial assessment medical questionnaire included specific questions to enable staff to identify and report concerns.
- There was a corporate Caldicott Guardian in place and the medical lead had a safeguarding responsibility for all locations. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of service-user information and enabling appropriate information-sharing.
- A range of safety risk assessments had been carried out in regards to the premises. These included risk assessments and management of fire safety, health and safety, legionella testing and security.
- The provider had a range of safety policies which were regularly reviewed and communicated to staff. All policies and procedures were regularly reviewed and were 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.

- There was a chaperone policy and posters offering a chaperone service in the consultation room. However, the provider told us that a chaperone was only available if the patient made the request prior to the appointment. If a chaperone was requested during the consultation the patient was asked to re-book an appointment so that a chaperone could be arranged. 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.

Risks to patients

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

- There were arrangements in place to ensure a suitable MASTA trained nurse or pharmacist was available to provide cover when the pharmacist was absent due to holidays or sickness.
- Clinical staff had appropriate indemnity insurance in place.
- There were systems in place to respond to a medical emergency. The pharmacist received training in basic life support and was qualified as a first aid instructor and an automatic defibrillator instructor.
- Emergency equipment was available within the building, including access to oxygen and defibrillator.
- Emergency medicines to be used in cases of anaphylaxis were safely stored and were checked daily. Anaphylaxis is a serious allergic reaction that is rapid in onset and can be fatal if not responded to.
- We saw evidence there was an effective system for managing emergency medicines and equipment. All the medicines we checked were in date.

Information to deliver safe care and treatment

On registering with the service, and at each consultation, client identity was verified and recorded in their records. Individual client records were written and managed in a way that kept patients 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.

Safe and appropriate use of medicines

Are services safe?

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

- There were patient group directives (PGDs) and patient specific directives (PSDs) in place to support safe administration of vaccines and medicines. 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. PSDs are written instructions for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis. All PGDs and PSDs were written up by the MASTA medical team and their pharmacy team signed them off and distributed electronically. Staff were not able to sign the document until they had read it through. All were signed individually and a copy was sent to head office.
- A programme of audit was undertaken in relation to medicines, to ensure that administration and prescribing were carried out in line with best practice guidance. There was evidence of clear recording on client records when a vaccine or medicine had been administered.
- The provider used an accredited company to deliver vaccines and these were only delivered on the days when the clinic was open.
- We found that medicines were stored securely and were only accessible to authorised staff.
- Nurses and pharmacists carried out regular 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. Guidance was in place and staff were aware of actions to take if fridge temperatures were outside of the recommended range.
- 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 vaccines were given. It pre-recorded the serial numbers automatically as an additional safety mechanism.

- Arrangements for dispensing medicines such as anti-malarial treatment kept clients safe. The clinic provided complete medicine courses with appropriate directions and information leaflets.

Track record on safety

- The clinic had a good safety record.
- Written risk assessments had been completed in relation to safety issues. These included fire safety and health and safety. Health and safety assessments were completed on a monthly, three monthly and annual basis.
- Staff were aware of how to alert colleagues to an emergency.

Lessons learned and improvements made

The provider learned and made improvements when things went wrong. They continually monitored and reviewed risks.

- Significant events and complaints were investigated at quarterly meetings and shared at a corporate level. 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. This helped staff to understand risks and gave a clear and accurate picture that led to safety improvements.
- The clinic had not recorded any significant events during the preceding year but learning from significant events at other locations had been shared with staff at the Kings Cross clinic.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The service received safety alerts and these were reviewed by the central medical team and any action necessary was cascaded to clinics via the providers computer system. Alerts were received by nurses and pharmacists in red text and directed them to the appropriate action which was recorded once completed.

Are services effective?

We rated the service as good for providing effective services.

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.

- A patient's first consultation was usually 30 minutes long, during which a comprehensive pre-travel risk assessment was undertaken. This included details of the trip, including any stopovers, any previous medical history, current medicines being taken and previous treatments relating to travel. MASTA Ltd added some questions to the assessment to alert nurses to any potential concerns about children being taken abroad for a medical procedure such as female genital mutilation. Nurses and pharmacists had contact information for reporting any concerns.
- Clients received a MASTA travel health brief. The brief provided a comprehensive individualised travel risk assessment, health information related to their destinations and a written immunisation plan tailored to their specific travel needs. The health brief also provided advice on how to manage potential health hazards and some illnesses that were not covered by vaccinations. This was created and fully discussed during the consultation and a printed copy was provided for the client to take home.
- Additional virtual clinical support was available during each consultation from the medical team based at head office.
- Latest travel health alerts such as outbreaks of infectious diseases were available.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

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

- Batch numbers of all vaccinations given were recorded and a printed copy was given to patients to share with their GP or practice nurse.
- MASTA had a programme of two-cycle clinical audits which covered all the travel clinics. Audit results, recommendations and learning was shared and monitored to completion. In addition to the programme of clinical audits, the service regularly conducted audits on patient consultations and medical notes to ensure consultations and any treatments were ethical, in line with evidence based guidance and the providers own policies.

Effective staffing

- Nurses and pharmacists, including bank staff who covered short term absences at the clinic had the skills, knowledge and experience to carry out their roles. They had received specific training appropriate to their roles and could demonstrate how they stayed up to date. Nurses and pharmacists were supported to complete the Diploma in Travel Medicine, and to become a member of The Faculty of Travel Medicine.
- 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 at national conferences and study days.
- 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 and pharmacists received support for six weeks which included longer appointment times, protected time for learning and development and support from a nominated mentor.

Coordinating patient care and information sharing

- The provider shared relevant information with other services, such as hospital consultants in a timely way.
- Outside of the patient consultations, the service worked with other travel and health organisations to ensure they had the most up to date information.
- The clinic did not directly inform patients' GPs of their treatment, however, they provided clients with a printed copy of their vaccinations, including batch numbers to share with their GP or practice nurse.

Are services effective?

- The clinic clearly displayed consultation and vaccine fees in on their website. In addition patients were advised which vaccines were available free from their own GP practice.

Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives whilst travelling.

- The MASTA travel health brief and travel consultation provided patients with advice to prevent and manage travel health related diseases. For example, precautions to prevent Malaria and advice about food and water safety. The health brief also provided information about how to avoid and/or manage other illnesses not covered by vaccinations which were relevant to the destinations being visited.

Consent to care and treatment

- Staff understood the relevant consent and decision making requirements, including the Mental Capacity Act 2005.
- All clients were asked for consent prior to any treatment being given. Consent to share information was recorded.
- 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.

We were informed that treatment was not undertaken without patient consent. For patients with additional needs, staff ensured that a carer or advocate was present at the appointment and sometimes a second appointment was made to ensure appropriate time was taken to access mental capacity where required.

Are services caring?

We rated the service as good for providing caring services.

Kindness, respect and compassion

- We received 7 patient Care Quality Commission comment cards, all of which were positive about the service.
- We observed that staff were respectful and courteous to patients and treated them with dignity and respect. We noted that the consultation room door was closed during the consultation and conversations could not be overheard.
- All of the patient feedback we obtained was positive about the service they had experienced. Staff were described as being friendly, caring and professional.

Involvement in decisions about care and treatment

- Comprehensive information was given about treatments available and the patient was involved in

decisions relating to this. We saw evidence that discussions about health risks, vaccinations and the associated benefits and risks to specific vaccinations were recorded. Written information was provided to describe the different treatment options available.

- At each appointment patients were informed which treatments were available at no cost through the NHS.
- Patients also received an individualised comprehensive travel health brief detailing the treatment and health advice relating to their intended region of travel.
- Staff told us that interpreter or translation services could be made available if required.

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.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. The provider understood the needs of its population and tailored services in response to those needs.

- Same day appointments were available.
- Patients were able to book online and initiate the assessment process prior to their face to face consultation.
- Patients were directed to other clinics nearby if they were unable to attend during the normal opening hours.
- Telephone consultations were available via a hub at the head office.
- The clinic facilities were appropriate for the services delivered.
- Information was available on the MASTA website, informing prospective patients of the services provided. All new patients had to initially register either online or by telephone to receive a unique identification number.
- There were MASTA staff available to assist with registration, should the patient encounter any issues.
- After consultation, patients received a personalised travel health brief, which detailed any additional health risks of travelling to their destinations as well as the vaccination requirements. The travel health brief also included general tips and health advice for travellers and identified the prevalence of diseases in areas of the world.
- The MASTA organisation had oversight of the national and worldwide supply of vaccinations and monitored where demand may exceed supply. There were contingencies in place to support service provision to clients.

- In addition to travel vaccines, the service was able to dispense anti-malarial medication through the use of PGDs and PSDs. Other travel related items, such as water purification products, were also available to purchase.
- There was access to translation services for patients whose first language was not English.

Access to the service

- Feedback showed patients were able to access care and treatment within an acceptable timescale for their needs. There was a 'walk in' service available, where no appointment was needed.
- Patients accessed the service via the MASTA website which directed them to a customer contact centre. The clinic was open between 8.30am and 6pm on Mondays and Wednesdays.
- Consultations and treatment were available to anyone who chose to use it and paid the appropriate charges. This was identified on the website, service leaflet and also when contacting the service direct.

Listening and learning from concerns and complaints

- The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care. These were discussed at quarterly meetings at head office where all staff were invited.
- Information about how to make a complaint or raise concerns were available in the waiting area and it was easy to follow.
- The complaint policy and procedures were in line with recognised guidance. This clinic had not received any complaints in the last year, however, learning from complaints about other locations were shared with staff at the Kings Cross clinic.

Are services well-led?

We rated the service as good for providing well-led services.

Leadership capacity and capability;

- MASTA Limited had an overarching governance framework, which supported strategic objectives, performance management and the delivery of quality care. This encompassed all MASTA Travel Health Clinics and ensured a consistent approach.
- Policies, procedures and standard operating procedures were developed and reviewed at organisation level. These were cascaded and implemented in the network of MASTA clinics. Staff had access to these and used them to support service delivery.
- We saw there were some effective arrangements in place for identifying, recording and managing risks; which included risk assessments and significant event recording. However, we were not assured that there were effective systems in place to prevent and protect people from a healthcare-associated risk and infection
- There was a comprehensive understanding of both local and organisational performance. A range of regular meetings were held which provided an opportunity for staff to be engaged in the performance of the service.
- Staff we spoke with demonstrated they had the capacity and skills to deliver high-quality, travel and non-travel services at the Kings Cross clinic. They were knowledgeable about issues and priorities relating to the quality and future of services, understood the challenges and were addressing them.
- Staff told us that that the provider was supportive, visible, approachable and supported staff development.

Vision and strategy

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

Culture

- There was a clear organisational leadership, management and staffing structure. There was a range of departmental staff based at head office, which included the Medical Director, Human Resources Manager, Education Lead Nurse and General Manager. The pharmacist reported to a regional head and received peer support through local hub meetings where staff from the provider's London clinics would

meet to discuss policies and access training. There was a range of minuted meetings held centrally and available for staff to review. We reviewed copies of some of these meetings.

- Staff were aware of their responsibility to comply with the requirements of the Duty of Candour. (This means that people who used services were told when they were affected by something which had gone wrong, were given an apology and informed of any actions taken to prevent any recurrence.)
- There were processes for providing all staff with the training and development they needed. This included appraisal, external courses and the opportunity to undertake a diploma and MSc qualification in travel health.

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 and understood. MASTA Ltd had established policies, procedures and activities to ensure safety which were available to all staff.
- Staff were clear on their roles and accountabilities.
- Quarterly senior nurse meetings and operational reporting structures provided assurances that the service was operating as intended.

Managing risks, issues and performance

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

- We saw there were effective operational arrangements in place for identifying, recording and managing risks, with the exception of infection prevention control.
- 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 checks to monitor the safety of the clinic.
- The nominated individual had developed a service checklist which was used in all nurse led MASTA travel clinics. This acted as a check to ensure that, for example, relevant risk assessments and recruitment requirements had been completed, if any actions were required, when updates were due, and that the associated documents could be located easily when

Are services well-led?

needed. 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.

Appropriate and accurate information

- The provider was registered with the Information Commissioner's Office and had its own information governance policies. There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient 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 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 provider involved patients, staff and external partners to support high-quality sustainable services.
- The clinic proactively sought patients' feedback via a 'how did we do' feedback form after every consultation. We saw that the registered manager at the location had responded to each patient who had left feedback.
- Staff were encouraged to provide feedback at their regular meetings.

Continuous improvement and innovation

- There were systems and processes for learning, continuous improvement and innovation.
- There was a focus on continuous learning and improvement at all levels. 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 provider was in the process of developing visual cue cards for clients with disability, impairment or language limitations.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The registered person had failed to maintain standards of hygiene appropriate for the purposes for which the premises were being used. In particular:</p> <ul style="list-style-type: none">• The premises was visibly unclean. For example, there was dust on the furniture, carpet and surrounding areas of the consultation room.• The provider could not evidence signed cleaning logs for the premises.• We found two used needle caps on the floor which had not been disposed of appropriately. <p>This was in breach of Regulation 15 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>