

MASTA Limited

# MASTA Travel Clinic – Cambridge

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 14 May 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.

MASTA Travel Clinic - Cambridge is a private clinic providing travel health advice, travel and non-travel vaccines, blood tests for antibody screening and travel medicines such as anti-malarial medicines to children and adults. In addition the clinic holds a licence to administer yellow fever vaccines.

This location is registered with CQC 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 Care Quality Commission under the Health and Social Care Act 2008 to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

One of the nurses is the registered manager. A registered manager is a person who is registered with the Care

# Summary of findings

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We spoke with three clients and received comments cards from 18 clients about the services they had received. All the feedback we received was extremely positive, particularly in relation to the comprehensive advice and the friendly and professional staff.

## Our key findings were:

- Each patient received an individualised travel health brief which was tailored to the patient's specific needs and travel plans. The health brief outlined a risk assessment and all travel vaccinations that were either required or recommended. Specific health information including additional health risks related to their destinations with advice on how to manage common illnesses was also included.
- 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 locations.
- The provider ensured that 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 offered by the service.
- There was an infection prevention and control policy and procedures were in place to reduce the risk and spread of infection. Infection control audits and risk assessments were undertaken and identified actions were completed.
- Vaccines, medicines and emergency equipment were safely managed. There were clear auditable trails relating to stock control.
- Consultations were comprehensive and undertaken in a professional manner.
- The service encouraged and valued feedback from patients and staff and took action in response to the feedback received.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Patients we spoke with and Care Quality Commission comment cards completed prior to our inspection, were all positive about the standard of care received; particularly in relation to the comprehensive advice and the friendly and professional staff.
- There was a leadership structure in place with clear responsibilities, roles and systems of accountability to support good governance and management. Staff felt supported by the leadership team and worked well together as a team.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

- The provider had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There were effective arrangements in place for the management of medicines.
- There was a system in place for reporting and recording incidents including significant events. Lessons were shared at quarterly meetings to make sure action was taken to improve safety in the service
- Risk management processes were undertaken at both a local and corporate level.
- There were effective arrangements in place for the management of vaccines and medicines, including an effective cold chain system.
- The clinic had arrangements in place to respond to medical emergencies and had access to emergency medicines and equipment. Staff were up to date with basic life support training including anaphylaxis.
- There were effective systems in place to manage infection prevention and control. Infection control audits and risk assessments were undertaken and identified actions were completed.

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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 and had access to the most up to date information.
- A comprehensive travel assessment was undertaken prior to recommending or administering treatments.
- Staff had the skills and knowledge to deliver effective treatment and advice. Staff were extensively trained in travel health related issues.
- Staff demonstrated they understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Patients 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.

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### **Are services caring?**

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

- We saw that staff treated patients with dignity and respect.
- Patients were involved in decisions about their care and treatment.
- Patients were given a longer appointment for their first consultation.
- There was relevant information available to patients in the waiting area and on the website.
- Patients were informed about vaccinations that could be provided by their GP on the NHS where relevant.
- All of the feedback we saw was positive about the service patients had experienced, particularly in relation to the comprehensive advice and the friendly and professional staff.

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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.

# Summary of findings

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- Consultations and treatment were available to anyone who chose to use it and paid the appropriate charges. This was identified on the website, patient leaflet and also when contacting the service direct.
  - Longer appointments were provided for those with additional needs, and where necessary a second appointment would be arranged to ensure that a patients' capacity was fully assessed where required, or so that a carer or advocate could attend.
  - 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.
  - Information about how to complain was available at the clinic and on the MASTA website. Learning from complaints was shared with staff at monthly team meetings.
  - The provider was open to feedback and acted upon this.
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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 service had a comprehensive governance framework which supported the delivery of quality care. This included an organisational overview of policies, incidents, complaints and areas of risk.
  - The provider had a clear vision and strategy to deliver high quality travel healthcare and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
  - There was a clear leadership structure and staff said they felt supported by management.
  - A comprehensive induction system was in place, however, all the staff at the clinic were already in post when MASTA became the provider, so there were no records available for review. Staff attended monthly team meetings and attended training opportunities. There was a strong focus on continuous learning and improvement at all levels.
  - There was a culture of openness and honesty.
  - Feedback was proactively sought from clients and staff. We saw examples where feedback had been acted upon; for example, improvements had been made to the waiting area.
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# MASTA Travel Clinic – Cambridge

## Detailed findings

### Background to this inspection

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.

MASTA Travel Clinic - Cambridge is located at 41 Hills Road, Cambridge, Cambridgeshire, CB2 1NT. The private travel clinic is a location for the provider MASTA 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, blood tests for antibody screening and travel medicines such as anti-malarial medicines to children and adults. MASTA Limited are licenced for the importation and distribution of vaccination medicines, and supply vaccines to GP surgeries and NHS services across the country. They also provide travel health training and mentorship for pharmacists and nurses.

The Cambridge clinic is open from 9.30am to 5pm on Mondays, Tuesdays and Fridays, from 8am to 7pm on Wednesdays, from 11.30am to 7pm on Thursdays, and from 9am to 4pm on Saturdays. In addition MASTA provide a telephone consultation service with specialist travel nurses and have a central customer service team to manage appointment bookings.

We inspected the clinic on 14 May 2018. The inspection was led by a CQC inspector, and there was a practice nurse specialist advisor and a second CQC inspector.

Before visiting, we reviewed a range of information we hold about the service. We also asked the service to complete a provider information request. Before our visit we spoke with the lead nurse who was also the registered manager. During our visit we:

- Spoke to the head of clinical standards, nursing and reception staff at the clinic.
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed comment cards where patients 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

### Safety systems and processes

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

- The senior nurse was the safeguarding lead at the clinic. All the nurses had received training on adult and child safeguarding to level three. Safeguarding information was displayed in the clinical rooms. Nurses had received 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 relating to the management of fire safety, health and safety, security and Legionella.
- The provider had a range of safety policies and procedures which were regularly reviewed and communicated to all staff. Staff confirmed they were easily accessible.
- The provider carried out a range of staff checks, which included 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 revalidation in order to maintain their registered nurse status.
- There was a chaperone policy and posters offering a chaperone service were visible on the waiting room noticeboard. (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).

- There was an effective system to manage infection prevention and control. Annual audits took place and the most recent audit, completed in July 2017, identified an action in relation to the cleanliness of the flooring. This was acted upon and resolved. We noted that sharps information was not displayed in the clinic rooms. We raised this and sharps notices were displayed before the end of the inspection.

### Risks to patients

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

- There were arrangements in place to ensure a suitable MASTA trained nurse was available to provide cover for when nurses were 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. All staff had received training in basic life support. Emergency equipment was available within the building including access to oxygen. The clinic had completed a risk assessment and as a result did not have a defibrillator on site. There was one available in a building close by and notices were displayed which advised of this location. Staff we spoke with were aware of these arrangements.
- 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.) Evidence based guidance was in place for the appropriate dose according to the patient's age.
- We saw records to show that emergency medicines and equipment were checked on a daily and weekly basis. All the medicines we checked were in date.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment. On registering with the service, and at each consultation, patient identity was verified and recorded in their records. Individual patient 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

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

# Are services safe?

- 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 medical team and the pharmacy team signed them off. They were then distributed electronically. Staff were not able to sign the document until they had read it through. All were signed individually and a copy 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 evidence based guidance. There was evidence of clear recording on patient 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 stored in the clinic and medicine refrigerator were stored securely and were only accessible to authorised staff.
- Nurses 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 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 patients safe. The clinic provided complete medicine courses with appropriate directions and information leaflets.
- We saw that the provider had obtained assurances regarding any risks and had written risk assessments in relation to safety issues. These included fire safety, waste management, lone working and the management of legionella.
- A health and safety risk assessment had been completed. Documented health and safety checks were completed on a monthly, three monthly and annual basis. Identified actions had been completed; for example, the flooring in the entrance had been repaired.
- There was a fire risk assessment and documented checks of fire equipment.
- Additional security measures were in place when staff were lone working.
- Staff had received training in basic life support and managing emergencies. There was emergency equipment and medicines available which were accessible and within date.
- 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 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 them to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was evidence of shared learning from significant events which occurred in other MASTA travel clinics. For example, a laminated card which detailed the schedules for a specific vaccination were displayed, to minimise the risk of this vaccine not being given according to the correct schedule.
- The clinic had recorded seven significant events during the preceding year. For example, one involved incorrect bottles being used for blood specimens. They had taken immediate action to remedy this and had improved their labelling to minimise the risk of re-occurrence.
- The provider was aware of and complied with the requirements of the Duty of Candour.

## Track record on safety

- The clinic had a good safety record.

## Are services safe?

- The service received safety alerts and these were reviewed by the medical team and any action necessary

was cascaded to clinics via the company's computer system. Alerts were received by nurses in red text and directed them to the appropriate action which was recorded once completed.



# Are services effective?

(for example, treatment is effective)

## Our findings

### 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 20 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 had recently 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. (FGM) Nurses knew who to contact if they had any concerns.
- Patients 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 patient 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. Nursing 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 clinical audits which covered all the travel clinics. Audit results, recommendations and learning was shared and monitored to completion. For example, MASTA introduced a pilot scheme for colour coded labels to be used on antimalarial medicines to minimise the risk of dispensing errors. Following a successful pilot, this was introduced to all travel clinics for clearer identification of each antimalarial medicine.

### Effective staffing

- Nurses who worked 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.
- 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.
- A comprehensive induction system was in place, however, all the staff at the clinic were already in post when MASTA became the provider, so there were no records available for review. We were informed that any new nurses received support for six weeks which included longer appointment times, protected time for learning and development and support from a nominated mentor.
- A new framework for appraisals, with the opportunity for regular one to one meetings was being implemented throughout the MASTA travel clinics. One of the nurses confirmed that they had not received an appraisal; however this was currently being scheduled in line with the new appraisal framework. All other staff had received an appraisal in the previous 12 months.

### Coordinating patient care and information sharing

- The provider informed us that they shared relevant information with other services such as Public Health England as appropriate.

# Are services effective?

(for example, treatment is effective)

- 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 a patients' GP of their treatment; however, they provided patients with a printed copy of their vaccinations, including batch numbers, and/or blood test results to share with their GP or practice nurse.
- The clinic clearly displayed consultation and vaccine fees in the waiting area and also on their website. Information was also available in the clinic rooms for nurses and patients to refer to when. 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 talked patients through 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.
- Patients were able to test products for suitability, free of charge; for example, if they had sensitive skin they could trial products before deciding whether to purchase them.

## Consent to care and treatment

- Staff understood the relevant consent and decision making requirements, including the Mental Capacity Act 2005.
- All patients were asked for consent prior to any treatment being given. Verbal consent was recorded and written consent was scanned into the patient's record, as necessary.
- 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 consent. For patients with additional needs, the nurse 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.
- We saw evidence that consent forms were completed fully and appropriately signed, when required.

# Are services caring?

## Our findings

### Kindness, respect and compassion

- We observed that staff were respectful and courteous to patients and treated them with dignity and respect. The nurse always went into the waiting area to call a patient through to the consulting room. We noted that the consultation room door was closed during the consultation and conversations could not be overheard.
- All of the feedback we received was positive about the service patients 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 in patient records. 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 patients used their own relatives to act as interpreters, or arranged their own interpreters. Staff were aware of the risks associated with this, although they reported that they had not observed and were not aware of any issues as a result. Interpreter or translation services could be made available if required through MASTA, however, this usually meant that a separate appointment needed to be made.

### Privacy and Dignity

Staff at the clinic respected and promoted clients' privacy and dignity.

- We overheard telephone conversations with patients and their confidentiality was maintained.
- Staff recognised the importance of dignity and respect.
- The service complied with the Data Protection Act 1998.
- All patient records were electronic and held securely. Staff complied with information governance and gave medical information to patients only.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The service organised and delivered services to meet patient needs. The provider understood the needs of its population and tailored services in response to those needs. For example;

- Appointment demand was monitored and the clinic opened for additional hours on a Saturday, during times when demand peaked.
- Same day appointments were available.
- Patients were able to book online and initiate the assessment process prior to their face to face consultation.
- 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.
- MASTA staff were 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 patients in those circumstances.
- In addition to travel vaccines, the service was able to dispense anti-malarial medicines through the use of patient group directions/patient specific directions (PDGs/PSDs). Other travel related items, such as water purification products, were also available to purchase.

- There was access to translation services should the need arise and was available by arrangement.
- We were informed that a member of staff, from the MASTA team, was developing pictorial cards to support those patients who may have some language difficulty. These would be cascaded across all MASTA locations.

### Access to the service

- Feedback showed patients were able to access care and treatment within an acceptable timescale for their needs.
- Clinic rooms were located on the ground and first floor. Patients with mobility needs were seen in the ground floor clinic room.
- Patients accessed the service via the MASTA website which directed them to a customer contact centre. The clinic was open from 9.30am to 5pm on Mondays, Tuesdays and Fridays, from 8am to 7pm on Wednesdays, from 11.30am to 7pm on Thursdays and from 9am to 4pm on Saturdays.
- 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 was 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 received one complaint in the last year. The service learned lessons from individual concerns and complaints. The provider took actions from the outcomes of complaints to improve care nationally, and these were shared with all staff at monthly team meetings. For example, additional time was scheduled during the day for paperwork, to minimise waiting times.

# Are services well-led?

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

## Our findings

### 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 and corporate 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 effective arrangements in place for identifying, recording and managing risks, which included risk assessments and significant event recording. There were dedicated MASTA complaint and incident review meetings held every quarter.
- There was a comprehensive understanding of both local and organisational performance. A range of regular meetings were held which provided an opportunity for staff to be engaged in the performance of the service.
- Staff we spoke with demonstrated they had the capacity and skills to deliver high-quality travel and non-travel services at the Cambridge 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 the provider was supportive, visible and 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. The new appraisal framework which had recently been launched by MASTA to be used in the travel clinics for staff, was based upon their vision.

### 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. All specialist travel health nurses reported to the senior

nurse who reported to a head of operations. 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 mandatory training and attendance at external courses and conferences. A new framework for appraisals, with the opportunity for regular one to one meetings was being implemented throughout the MASTA travel clinics.

### Governance arrangements

During 2017, MASTA Limited had been bought by McKesson Europe AG (previously Celesio AG). MASTA remained a separate legal entity; however, they were completing a process of aligning their governance structures with McKesson Europe AG. 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. At the time of this inspection, there were a number of policies and procedures which were being reviewed in line with McKesson Europe AG which were near to completion.
- 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 clear and effective processes for managing risks, issues and performance.

- There were effective operational arrangements to identify, record, monitor and address current and future risks within the clinic. For example, the staff undertook a variety of daily, weekly and monthly and annual 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

# Are services well-led?

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

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 and when updates were due. The associated documents could be located easily when 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. Arrangements were 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 were automatically available on the IT system and were populated by the system onto each patient 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 patient feedback via a 'how did we do' feedback form after every consultation. Three responses had been completed in April 2018, which were positive about the service received.

- Quarterly customer delight surveys were undertaken. We reviewed the most recent survey results from November 2017 to February 2018; 2511 clients had attended an appointment and 53 had completed a survey. This was approximately a 2% response rate. Responses were primarily positive and actions were taken to address the issues raised. For example, magazines in the waiting room were kept up to date. Responses were detailed in a folder in the waiting room for patients to read.
- We saw other examples of acting on feedback; for example, new heaters had replaced storage heaters, so that the clinic temperature could be adjusted.
- Staff were encouraged to provide feedback at their regular meetings. Changes had been made as a result of staff feedback. For example, a notice was in place in the reception area in relation to patients who arrived late for their appointment. This helped to support the work of the receptionists.

## 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 patients.
- The nurse at the Cambridge clinic had presented their research findings at a national Faculty of Travel annual conference in October 2017. 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 patients with disability impairment or language limitations.