

MASTA Limited

MASTA Travel Clinic – Manchester

Inspection report

STA Manchester
Unit 6, Barton Arcade, 556 Deansgate
Manchester
M3 2BW
Tel: 03301004131
Website: www.masta-travel-health.com

Date of inspection visit: 17 May 2019
Date of publication: 15/07/2019

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at MASTA Travel Clinic Manchester as part of our inspection programme.

MASTA Travel Clinic Manchester provides pre-travel assessments, travel vaccinations and travel health advice.

This service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Those occupational health related services provided to clients

under a contractual arrangement through their employer or government department are exempt by law from CQC regulation. Therefore, they did not fall into the scope of our inspection.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection visit. We received 27 comment cards, all of which were positive about the standard of care received.

Our key findings were:

- Systems were in place to protect people from avoidable harm and abuse. When mistakes occurred, lessons were learned.
- There were effective arrangements in place for the management of vaccines and medicines.
- The service had arrangements in place to respond to medical emergencies.
- MASTA Travel Clinic Manchester shared facilities with another company. The consultation room was in the basement of the building only accessible by steep steps. The waiting area was shared with the other company and there were no toilet facilities. The

Summary of findings

provider was aware of the limitations of the premises and any patient requiring disabled access would be redirected by their customer service centre to one of MASTA Travel Clinic's other locations.

- Staff were aware of current evidence- based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Patient survey information and CQC comment cards we reviewed indicated that patients were very satisfied with the service they received. Patients commented that they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.

- Information about the service and how to complain was available.
- There was a clear leadership structure and staff felt supported by management.

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

- Ensure training certificates outline the level of training received.
- Ensure policies and protocols are accessible to staff in the event of the computer system not working.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

MASTA Travel Clinic – Manchester

Detailed findings

Background to this inspection

The head office for the provider MASTA Limited (Medical Advisory Services for Travellers Abroad) is based in Leeds. They have many pharmacy and nurse-led travel clinics located throughout England and Ireland and have been established for over 30 years. For this inspection we visited the location at MASTA Travel Clinic Manchester, based with the STA travel store, situated within Manchester city centre.

MASTA Travel Clinic Manchester shares facilities with another company. The consultation room is in the basement of the building only accessible by steep steps. The waiting area is shared with the other company and there are no toilet facilities. Any patient requiring disabled access is redirected by their customer service centre to one of MASTA Travel Clinic's other locations.

Opening hours for the Manchester MASTA clinic are Tuesday to Friday and some Saturdays 10am until 6pm and 11am to 7pm on Thursdays. Patients could contact customer services when the clinic was closed. The service sees on average eight to ten patients per day.

MASTA Travel Clinic Manchester provides a comprehensive travel service including pre-travel assessments, travel vaccinations and travel health advice. All services incur a consultation charge to the patient. Treatment and intervention charges vary, dependent upon what is provided.

How we carried out this inspection

We inspected this service on 17 May 2019. During our visit we:

- Spoke with two members of staff.
- Reviewed documents and policies.
- Looked at the computer system for record keeping and staff information.
- Reviewed Care Quality Commission comment cards completed by people who had used the service.

The service provided background information which was reviewed prior to the inspection. We did not receive any information of concern from other organisations.

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.

Our inspection team was led by a CQC lead inspector. The team included a specialist adviser.

Are services safe?

Our findings

We rated the service as Good for providing safe services because they were providing services in accordance with the relevant regulations.

Safety systems and processes

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

- The provider conducted safety risk assessments. Appropriate safety policies were in place and regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. However, during the inspection, staff had difficulty accessing some information on the computer system. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and every two years. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. However, we saw recent safeguarding training certificates which did not outline the level of training received. Flow charts were available in the consultation room with details of local safeguarding arrangements and contact details.
- There was an effective system to manage infection prevention and control and there were systems for safely managing healthcare waste.

- Health and safety risk assessments for the premises and materials and equipment had been carried out including a Legionella risk assessment. There had been a fire risk assessment and fire safety equipment was tested. There was a lone working policy for staff and a risk assessment had been carried out. Staff had been provided with panic alarms.

Risks to patients

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

- There arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- The service had adequate arrangements in place to respond to emergencies and major incidents. The service was not intended for use by patients with either long term conditions or as an emergency service. In the event an emergency did occur, the provider had systems in place, so emergency services could be called. Staff received annual basic life support training. The service had an oxygen cylinder with adult and children's masks and there was also a first aid kit available. Emergency medicine for anaphylaxis was available. The service could access a defibrillator nearby.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. Nursing staff had their professional registration checked annually and all had appropriate indemnity insurance.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Are services safe?

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks.
- The service carried out regular medicines audits to ensure administration was in line with best practice guidelines for safe prescribing, such as fridge temperature monitoring and monthly update checks against a recognised travel information website.
- Patient Group Directions (PGDs) had been adapted by the clinic to allow nurses to administer travel medicines in line with legislation. These were in a colour coded format that was easy for staff to refer to. They were in-date and appropriately authorised. Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- There was an additional safety mechanism on the service's computer system which preselected the vaccinations to be given to ensure only in date vaccinations were administered and correct serial numbers recorded.
- There were protocols for verifying the identity of patients including children. This was in the process of being updated to ensure identification of children was checked at each visit.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned, and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned, shared lessons and identified themes and acted to improve safety in the service. Investigations were undertaken at a local level, using a root cause analysis framework. Information was escalated to MASTA head office, where all incidents were also reviewed and monitored. There was an analysis of themes, trends and numbers of incidents across all locations to support any identified changes in processes or service delivery. Meetings were held at both local and corporate level and we saw that learning from incidents was disseminated to staff. Any changes in processes were also reviewed to monitor effectiveness.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

The service acted on and learned from external safety events as well as patient and medicine safety alerts. When the service received safety alerts, these were reviewed by the company's medical team and any action necessary was cascaded to clinics via the company's computer system.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the service as Good for providing effective services because they were providing services in accordance with the relevant regulations.

Effective needs assessment, care and treatment

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

- The service assessed needs and delivered care in line relevant and current evidence-based guidance and standards, including Public Health England's (PHE) best practice guidelines.
- The service had systems in place to keep all clinical staff up to date. Staff had access to guidelines from a recognised travel information website and used this information to deliver care and treatment that met peoples' needs.
- A comprehensive travel assessment was undertaken prior to recommending or administering treatments.
- The service offered consultations to anyone who requested and paid the appropriate fee and did not discriminate against any client group.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

The service monitored that guidelines were followed through audits and random sample checks of patient records. This included an up-to-date medical history, a clinical assessment and recording of consent to treatment.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the Nursing and Midwifery Council and were up to date with revalidation.

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to and communicated effectively with other services when appropriate.
- Before providing treatment, nurses at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.

Supporting patients to live healthier lives

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

The service had information available on their website and travel leaflets were also available. There was a patient information file in the waiting room that contained information about the service as well as fact sheets for various diseases.

Patients were given a travel health passport that contained a record of any vaccinations, useful information and contacts for when they were abroad. This included advice about drinking water and food and what to do if a patient was bitten by animals or insects. Patients were also provided with a travel health brief which detailed all the country specific information relevant to their trip.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Consent forms were available.

Are services effective?

(for example, treatment is effective)

The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the service as Good for providing caring services because they were providing services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated them. We received 27 Care Quality Commission comment cards which highlighted that patients were treated with kindness and respect.
- The service carried out its own surveys by emailing patients after their consultation if they had given their consent to do so. The survey asked questions about the quality of care and access to the service. We looked at results for this year and found that there was a high satisfaction rate with the helpfulness of staff.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

There was clear information on the service's website with regards to how the service worked and what costs applied including a set of frequently asked questions for further supporting information. The website had a set of terms and conditions and details on how the patient could contact them with any enquiries.

There was a patient information file in the waiting room clearly setting out information about the cost of consultations and treatments and fact sheets about immunisations.

CQC comment cards and patient survey information reviewed highlighted that patients felt involved in decision making about the care and treatment they received.

Privacy and Dignity

The service respected patients' privacy and dignity.

Staff recognised the importance of people's dignity and respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the service as Good for providing a responsive service because they were providing services in accordance with the relevant regulations.

Responding to and meeting people's needs

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

- MASTA Travel Clinic Manchester shared facilities with another company. The consultation room was located in the basement of the building only accessible by steep steps. The waiting area was shared with the other company and there were no toilet facilities. The provider was aware of the limitations of the premises and any patient requiring disabled access would be redirected by their customer service centre to one of MASTA Travel Clinic's other locations.
- The service is designated as a yellow fever centre, which meant it was able to accommodate people's needs around the demand for this vaccine.

Timely access to the service

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

- Patients had timely access to treatment. MASTA Travel Clinic Manchester's opening hours were Tuesday to Friday and some Saturdays 10am until 6pm and 11am to 7pm on Thursdays. Patients could contact customer services when the clinic was closed.
- Same day appointments were available for those with urgent travel needs.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint was available on the service's web site. The provider had a complaints policy and procedure. The policy contained appropriate timescales for dealing with a complaint.

The provider had systems in place so that staff learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. There had been no complaints at the service in Manchester in the past 12 months.

Are services well-led?

Good 

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

Our findings

We rated the service as Good for providing a well led service because they were providing services in accordance with the relevant regulations.

Leadership capacity and capability;

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

- The head office for the provider MASTA Limited (Medical Advisory Services for Travellers Abroad) is based in Leeds. They have many pharmacy and nurse-led travel clinics located throughout England and Ireland and have been established for over 30 years.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values to work together to provide a high-quality responsive service that put caring and patient safety at its heart. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so.
- There were processes for providing all staff with the development they need. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

- There was a variety of daily, weekly and monthly checks in place to monitor the performance of the service.
- We saw there were effective arrangements in place for identifying, recording and managing risks. 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.

Are services well-led?

Good 

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

Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents. Business contingency plans were in place for any potential disruption to the service.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The service was registered with the Information Commissioner's Office and had its own information governance policies and Caldicott guardian to ensure patient information security. A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient information and enabling appropriate information-sharing. Patient records were stored securely.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. It had gathered feedback from complaints received. These were then analysed and appropriate actions implemented.

After each consultation the patient was asked to complete a satisfaction survey if they had given their consent. There was also a 'how did we do' feedback form and box in the waiting area. Each quarter the results were compiled and analysed to identify any themes or areas for improvement.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- All staff were involved in discussions about how to run and develop the service and were encouraged to identify opportunities to improve the service delivered. Staff told us that the team meetings were the place where they could raise concerns and discuss areas of improvement.

There was a quality improvement strategy and plan in place to monitor quality and to make improvements, for example, the service was currently exploring ideas to improve the consent process.