

MASTA Travel Clinic - Gatwick Airport

Inspection report

1-3 Jubilee House, Furlong Way
London Gatwick Airport
Gatwick
West Sussex
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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?

Good 

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. Our last inspection on 13 December 2017 found that the service met all standards and was providing safe, effective, caring, responsive and well-led services. We carried out an announced comprehensive inspection on 25 June 2019 to ask the service the following key questions; are services safe, effective, caring, responsive and well-led?

Our findings were:

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 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 – Gatwick Airport provides pre-travel health assessments, travel health advice, anti-malarial medicines, travel vaccinations and non-travel vaccinations. The clinic is also a registered yellow fever vaccination centre.

This service is registered with 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 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At MASTA Travel Clinic – Gatwick Airport those occupational health related services provided to clients under arrangements made by their employer or a government department are exempt by law from CQC regulation and therefore did not fall into the scope of our inspection.

The travel health nurse advisor based at the location is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘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.

As part of our inspection we asked for CQC comment cards to be completed by clients prior to our inspection. We received 17 comment cards which were all positive about the service that had been provided.

Our key findings were:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The clinic had clearly defined and embedded systems to minimise risks to client safety.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Information about services and how to complain was available.
- There was a clear leadership structure and staff felt supported by management. The clinic proactively sought feedback from staff and clients, which it acted upon.
- The staff team looked at new ways to engage with the local community and were keen to explore research to improve services for clients.

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

- Review the current temporary repair to the flooring in the treatment room to ensure a more appropriate permanent solution is found.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) inspector. The team included a nurse specialist advisor.

Background to MASTA Travel Clinic - Gatwick Airport

MASTA Limited is the registered provider of services carried out at the location MASTA Travel Clinic – Gatwick Airport. The head office of MASTA Limited (Medical Advisory Services for Travellers Abroad) is based in Leeds. The provider has a network of private travel clinics across the United Kingdom.

We carried out an inspection of MASTA Travel Clinic – Gatwick Airport. Regulated activities provided at this location are carried out by nurses and include pre-travel health assessments, travel health advice, anti-malarial medicines, travel vaccinations and non-travel vaccinations. The clinic is also a registered yellow fever vaccination centre.

Services are carried out from:

Rooms 1-3 Jubilee House
Furlong Way
Gatwick
West Sussex
RH6 0JW

The clinic is located on the ground floor and arrangements can be made to support clients with limited mobility to access the clinic from the adjacent airport terminal building. Pay-for parking facilities are available nearby at the airport multi-storey car park. Toilets are located on-site for staff and members of the public to use.

Clinic opening hours were Monday 8am to 7pm, Thursday 8am to 7pm and 8am to 4pm on Friday. In addition, the clinic was flexible in accordance with demand.

The clinic has two qualified travel health nurses working variable hours. Both nurses are female. Staff at the location are supported by clerical staff at the provider head office. Clinical support is provided by remote clinical

advisors including a consultant pharmacist who also visits the location. The practice no longer has reception staff and all bookings are now handled by a central booking service.

We carried out an announced comprehensive inspection on 25 June 2019.

Prior to the inspection we gathered and reviewed information from the provider. There was no information of concern received from stakeholders. During our visit we:

- Spoke with the travel nurse advisor based at the clinic who is the registered manager and had taken on a regional managers role. We also spoke with another regional manager who supported the inspection as part of the providers approach.
- Reviewed comment cards where clients shared their views and experiences of the service.
- Looked at documents the clinic used to carry out services, including policies and procedures.
- Reviewed client survey results.

To get to the heart of client's 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.

This provider refers to people who use the service as clients and we have used this terminology through the report.

Are services safe?

Safety systems and processes

The clinic had systems and processes to keep clients safe and safeguarded from abuse.

- The clinic had systems to safeguard children and vulnerable adults from abuse. Arrangements for safeguarding reflected relevant legislation and local requirements. Corporate and local policies were accessible to all staff. Local policies clearly outlined who to contact for further guidance if staff had concerns about a client's welfare. The provider had introduced a new process for verifying the identity of children.
- Staff demonstrated they understood their responsibilities regarding safeguarding. They knew how to identify, and report concerns and had received training on safeguarding children and vulnerable adults relevant to their role with all nursing staff trained to child safeguarding level three. Staff had also received additional training on female genital mutilation and client pre-consultation questionnaires had been adapted to alert staff to concerns.
- The clinic had recruitment procedures in place and all staff personnel files were stored at MASTA head office. We saw evidence that recruitment checks had been carried out prior to employment including proof of qualifications and registration with the appropriate body. All staff had undergone Disclosure and Barring Service (DBS) checks and references had been taken up prior to employment (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).
- Chaperones were to be arranged in advance of treatment and a phone number was provided for client to use should this be required. All chaperones had received a DBS check and were trained in this role.
- There was an effective system to manage infection prevention and control and a policy was in place. Cleaning on the premises was carried out by external contractors organised by the landlord and the clinic maintained appropriate standards of cleanliness and hygiene. All staff had received up-to-date training in infection control. The registered manager was the infection control lead.
- The clinic has a contract in place for clinical waste to be collected. Clinical waste bins within clinic rooms had

been clearly labelled and it was the responsibility of nursing staff to empty these on collection days. Sharps containers were available in each clinic room and were labelled, dated and signed.

- The clinic ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. Electrical and clinical equipment had been tested within the past year.
- There was a health and safety policy available and accessible to all staff. A health and safety poster with contact details of representatives was on display within the waiting room area.
- The clinic had a variety of risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella. (Legionella is a term for a bacterium which can contaminate water systems in buildings). We saw evidence that monthly checks of clinic tap water temperatures were carried out.
- The clinic had an up-to-date fire risk assessment, carried out regular fire drills and fire safety equipment had been tested within the past year.
- As part of the clinic's lone working arrangements a new portable personal alarm system had been provided to staff. This included off site monitoring by another organisation who would summon assistance if required.
- We noted that in one of the treatment rooms the floor seals had opened presenting an infection control risk and potential trip hazard. The clinic staff had undertaken a temporary fix however this was starting to come away. We saw that they had contacted the landlord for a more permanent repair or replacement and were monitoring the risks.

Risks to patients

There were systems to assess, monitor and manage risks to client safety. The clinic had adequate arrangements to respond to emergencies and major incidents.

- There were arrangements for planning and monitoring the number staff needed and a system in place for staff from other MASTA travel clinics to provide cover should this be required.
- All staff had received an induction and had received basic life support training.

Are services safe?

- The clinic had access to although not responsibility for a defibrillator held in the shared-use building. A risk assessment had also been carried out around the lack of provision of a defibrillator within the clinic itself.
- Oxygen with adult and children's masks was available and signs on the treatment room door indicated which room this was stored.
- The emergency drug adrenaline, used in the event of anaphylaxis (a serious allergic reaction that is rapid in onset and can be fatal if not responded to), was safely stored in each clinic room. The clinic had made the decision not to stock further emergency drugs for an allergic reaction after considering the guidelines by the Resuscitation Council UK and as part of a risk assessment for responding to emergencies
- All nurses had appropriate professional indemnity cover in place.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the clinic minimised risks to client safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Patient Group Directives (PGDs) were in place for nurses to administer travel vaccinations and medicines in line with legislation. These had been authorised by a doctor and a consultant pharmacist at MASTA head office.
- The practice carried out medicines audits in line with the organisation's policy, and this included an annual clinical audit for yellow fever.
- Medicines were stored securely and all medicines requiring refrigeration were stored in an appropriate, secure medicine fridge. Temperatures were monitored and recorded in line with national guidelines. We observed that a fridge was overstocked and had limited room to allow appropriate air circulation. This was addressed at the time of the inspection by the registered manager.

Information to deliver safe care and treatment

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

- Client identity was verified at each consultation and on registering with the clinic. This included checks of photographic ID such as a passport, driving licenses, birth certificates and immunisation records for children.
- Parents of children were encouraged to bring their child's vaccination records to an appointment. We were informed that in some instances, with client consent, nurses would contact the relevant GP practice should there be uncertainty around what vaccinations a client had previously received.
- As part of the initial health check prior to vaccinations offered, it was determined if the Client has recently undergone medical treatment or had a disorder or disease that caused any immunosuppression. If this was determined to be applicable, then the service's clinical staff would seek permission to contact the Client's GP or consultant.
- Records of consultations were held on the computer system for each client and were accessible to staff when logged in. We saw that computer screens were locked by the user when the room was left unattended.

Safe and appropriate use of medicines

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

Track record on safety

There was a system for reporting and recording incidents.

- Staff told us they would fill out an incident form and send this to head office for logging and trend analysis. The form was available on the system and could be printed and manually filled out and scanned in. We saw evidence of incident forms used and summary logs created by head office. We were informed incidents were discussed amongst the clinical team at head office, analysis and learning was shared across clinics where appropriate.
- At a local level, informal meetings were held, and a communication book was also used for key information to be shared amongst staff.
- Staff informed us there were four significant events within the past year. We saw evidence that these incidents had been recorded, reported and actioned appropriately.

Lessons learned and improvements made

The clinic learned and made improvements when things went wrong

- There was a system for recording and acting on incidents. Staff understood their duty to raise concerns and report incidents

Are services safe?

- There were systems for reviewing and investigating when things went wrong. The clinic's systems made provision for learning and sharing lessons and identified themes. For example, following alerts on incidents following administration of a yellow fever vaccine, the provider reviewed their policy and have incorporated additional medical history questions, to support identification of an increased risk should the yellow fever vaccine be given to the client. Any changes in processes were reviewed to monitor effectiveness.
- There was a duty of candour policy in place. The provider encouraged a culture of openness and honesty.
- There was a system for receiving and acting on safety alerts. The clinic learned from external safety events as well as client feedback and medicine safety alerts.

Are services effective?

Effective needs assessment, care and treatment

The clinic had systems to keep clinicians up to date with current evidence-based practice. We saw that nurses assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as Public Health England and the National Travel Health Network and Centre (NaTHNaC, a body set up to protect the health of travellers and improve the quality of travel health advice given by GP practices, travel clinics, pharmacies and other healthcare providers, and provide up-to-date and reliable information for the traveler, travel industry and national government).
- We saw no evidence of discrimination when making care and treatment decisions.
- Each clinic room had two computer screens from which staff could show clients additional information such as travel maps and the vaccinations required for each geographical area.
- The clinic undertook a detailed assessment of the individual's needs prior to offering vaccinations. Each client was provided with a personal plan called the Travel Health Brief.

Monitoring care and treatment

- The clinic had carried out quality improvement audits at a local level and a wider provider level. For example, this included clinicians taking part in peer review of clinical notes where improvements were identified, and documentation circulated supporting good practice.

Effective staffing

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

- Staff whose role included provision of yellow fever immunisation had the necessary specific training to do so.
- The clinic understood the learning needs of new staff and an induction programme was in place that included a two-day training session provided by clinical staff as well as e-learning modules.
- We were informed that protected time for training was given including support for revalidation.

- The clinic had a system in place to ensure skills; qualifications and training were kept up-to-date and maintained. Staff were sent reminders as to when their next training was due.
- All staff providing clinical services were registered nurses, who had received specialist training in travel health. We saw records and qualifications to confirm this. All nurses were supported to undertake revalidation. Revalidation is the new process that all nurses and midwives in the UK will need to follow to maintain their registration with the Nursing and Midwifery Council (NMC), which allows them to practise.

Coordinating patient care and information sharing

- The provider shared relevant information with other services. For example, when vaccinations were completed the individual was given information and advice on contacting their GP. The clinic would contact the client's own GP if any concerns had been identified with patients consent.

Supporting patients to live healthier lives

- Clients were assessed and given individually tailored advice. For example, the clinic provided information leaflets on a number of infectious diseases, traveller's health guides and an individually tailored briefing pack was provided to each client following consultation.

Consent to care and treatment

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

- Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- When providing care and treatment for children and young people, parental attendance was required. Identification was sought in line with the provider's policy and next of kin details records on the client's record. MASTA had introduced a revised policy, across all their locations, regarding the identification of children and parental responsibility.
- We saw evidence that consent, both verbal and written, was recorded on the individual's records.

Are services caring?

Kindness, respect and compassion

- All the 17 Care Quality Commission comment cards we received were positive about the service experienced. Clients said they felt the clinic staff were caring, helpful, efficient and put them at ease; these comments also included parents of children attending the clinic. One card included a negative comment about the loss of the reception staff.

Involvement in decisions about care and treatment

- Written and verbal information and advice was given to clients about health treatments available to them.
- Staff told us that should a client wish for them to contact their GP then this would be carried out. Staff informed us of a recent example where a child's GP was contacted to check what vaccinations they had already received.
- The clinic had clear price lists in each clinic room and available in the waiting area. Staff told us that Clients were informed which treatments could be accessed via the NHS at no cost.

The clinic provided facilities to help clients be involved in decisions about their care:

- Staff told us that the number of Non-English-speaking clients was low but that translation services could be arranged through MASTA head office should this be required.

- Information leaflets were available to clients.
- CQC comment cards told us that clients felt listened to and supported by staff and had been given enough information during consultations to make an informed decision about the choice of treatment available to them.
- Clients received an individualised comprehensive travel health brief, detailing the treatment and health advice relating to their intended regions of travel.

Privacy and Dignity

We saw that staff respected patient privacy and treated them with dignity:

- Clinic room doors were closed during consultations and vaccinations; conversations taking place in these rooms could not be overheard.
- We were told that nurses went into the waiting area and called clients into the clinic room, clients were kept informed should there be a delay to their appointment.
- The service complied with the General Data Protection Regulations 2018 (GDPR).
- CQC comment cards supported the view that the service treated clients with respect and maintained their dignity.

Are services responsive to people's needs?

Responding to and meeting people's needs

The clinic organised and delivered services to meet clients' needs.

- The facilities and premises were appropriate for the services delivered. Two clinic rooms were available for use, a waiting room area and public toilet facilities were accessible.
- The clinic made reasonable adjustments when clients found it hard to access services. For example, arrangements could be made to support clients with mobility problems to access the clinic from the adjacent airport terminal building. The clinic had undertaken an accessibility audit and produced a statement on access.
- For clients requiring an interpreter we were told that the clinic would make arrangements through their head office.
- The service's client survey known as the 'Customer Delight Survey' carried out between March 2018 and May 2018 had 25 respondents. They rated the quality of services provided told us that all 22 respondents rated the clinic as excellent and three rated the service as good. All 25 respondents were definitely (19) or very likely (6) to recommend the clinic to family, friends and colleagues.

Timely access to the service

- Clinic opening were hours Monday 8:00am to 7:00pm, Thursday 8:00am to 7:00pm and 8:00am to 4:00pm on Friday. In addition, the clinic was flexible in accordance with demand.

Listening and learning from concerns and complaints

- We saw the provider had a leaflet available in the waiting area informing clients how to complain. The leaflet included contact details of who to contact should a client be unhappy with the action taken by the provider. Information about how to make a complaint was also available online via the provider's website.
- The clinic had a complaint policy and procedure in place. The provider undertook analysis of themes and trends from complaints received across the whole organisation. These were discussed at quarterly meetings and learning shared across the organisation.
- No complaints had been received by the clinic in the past year.

Are services well-led?

Leadership capacity and capability;

Clinic staff demonstrated that leaders had the capacity and skills to deliver care.

There was a clear leadership structure in place across the organisation and within the clinic itself.

Leaders demonstrated they understood the challenges and we were informed of instances where they were addressing them.

The clinic held informal meetings at a local level and regular formal meetings were held at a provider level.

We were informed that leaders at all levels were approachable and supportive. There was always a senior clinician available to contact when the clinic worked outside of its normal opening hours.

Staff said they were encouraged to give feedback about the clinic and they felt listened to.

Vision and strategy

The provider had a clear vision to provide a high quality service that put caring and patient safety at its heart. The provider had a realistic strategy and supporting business plans to achieve priorities

Culture

Staff told us that they felt respected and supported.

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 we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Staff told us that they were supported to meet the requirements of professional revalidation. Clinical staff were given one day a year protected time for professional development and protected time for training.

There were processes in place for supporting staff with their development needs. All staff received regular annual appraisals and were supported to meet the requirements of professional revalidation where necessary. All staff were considered valued members of the team.

There was a strong emphasis on the safety and well-being of all staff.

The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.

We were informed of the positive relationships between staff across the organisation.

Governance arrangements

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

There were a wide range of policies at an organisational level and a local level including a lone working policy specific to the clinic. The policies were undergoing a process of review and updating.

- There were formal quarterly senior nurse meetings and clinical support was provided by a medical team in the MASTA head office.

Managing risks, issues and performance

There were appropriate arrangements for identifying, recording and managing risks through clinic meetings and regional director meetings.

The clinic had a business continuity plan for major incidents such as power failure, building damage, IT failure. The plan included emergency contact numbers for staff.

Appropriate and accurate information

The clinic used information technology systems to monitor and improve the quality of care.

Client records were securely stored on the information technology system only accessible via staff log-in. The service had off-site secure electronic storage of client records as part of their business contingency plan.

Engagement with patients, the public, staff and external partners

The clinic involved clients and staff to support high-quality sustainable services.

Client and staff views and concerns were encouraged.

Are services well-led?

The service encouraged and valued feedback from Clients and staff. It proactively sought feedback from Clients through the MASTA Customer Delight Survey and also locally at the clinic by filling out feedback forms.

Continuous improvement and innovation

The clinic used reviews of incidents, complaints and feedback to make improvements.

Clinic staff were involved in and received peer review of clinical notes from elsewhere in the organisation to drive improvement.

Staff were involved in delivering educational talks to a local school and were developing presentations for further engagement with schools to help prepare teachers, students and parents/carers for school trips abroad.

The staff were also preparing a research study into a simple device that may assist in reducing anxiety for clients who had a needle stick phobia.