

MASTA Travel Clinic Marylebone

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

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. (This location has not been inspected previously).

We carried out an announced comprehensive inspection at MASTA Travel Clinic Marylebone on 14 August 2019, as part of our inspection programme.

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 Marylebone provides pre-travel assessments, travel vaccinations and travel health advice. In addition, the service holds a licence to administer yellow fever vaccines. All services incur a consultation charge to the client. Treatment and intervention charges vary, dependent upon what is provided.

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 general 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. The provider has contracts in place with several large public sector organisations, where occupational health vaccinations and blood testing for immunity status are provided to the employees of those companies. These types of arrangements are exempt by law from CQC regulation. Therefore, they did not fall into the scope of our inspection.

The lead clinician 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.

On the day of inspection, we had received 11 completed CQC comment cards, all of which were wholly positive. They described the service as being very good and efficient and staff as being professional, friendly, caring and informative.

During the inspection we reviewed a range of systems and processes relating to governance, service delivery and customer care.

Our key findings were:

- There were clear systems in place to manage risk so that safety incidents were less likely to happen. When incidents did happen, the provider learned from them and improved their processes across all their clinic locations.
- The effectiveness and appropriateness of care provided by the service, was routinely reviewed. It ensured that care and treatment was delivered according to evidence based guidance and up-to-date travel health information and advice.
- Clients received a personalised travel plan, known as a travel health brief, which contained a risk assessment, health information, including any additional health risks relating to their destinations, and an immunisation plan specific to them.
- Staff involved clients in decisions about their care and treatment. They treated clients with kindness, compassion, dignity and respect.
- There was a leadership and managerial structure in place with clear responsibilities, roles and accountability to support good governance.
- The provider was aware of the requirements of the duty of candour.
- Staff were aware of their own roles and responsibilities. They said they felt supported by leaders and managers who were accessible when appropriate.
- Policies and procedures were up to date and had been reviewed in line with the most recent best practice guidance.
- MASTA had introduced a revised policy, across all their locations, regarding the identification of children and parental responsibility.

Overall summary

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

- Review the chaperone process and how staff are made aware of it, to ensure that all staff are aware of how to obtain a chaperone if a patient asks after their arrival, and that a chaperone could be obtained in a timely way under these circumstances.
- Review the arrangements to protect lone working staff and patients, as long as the SoloProtect system is not functioning.
- Review the systems for storing recruitment, training and professional registration information so that this information can be accessed when required.

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 GP specialist advisor (with travel health experience).

Background to MASTA Travel Clinic Marylebone

The provider MASTA (Medical Advisory Service for Travellers Abroad) Limited has more than 170 private clinics across the UK. McKesson UK (a pharmaceutical distributor and healthcare information technology company) owns MASTA. The head office for the provider is based in Leeds. The medical team, pharmacy team, head of operations and a range of departments such as human resources (HR) are based there.

The provider is registered with the Care Quality Commission (CQC) for the regulated activities of diagnostic and screening procedures and the treatment of disease, disorder or injury, to be delivered at the MASTA Travel Clinic Marylebone.

MASTA Travel Clinic Marylebone is located downstairs within John Bell & Croyden at 50-54 Wigmore St, Marylebone, London W1U 2AU. There is level access, and an accessible toilet. There are no car parking facilities on site, however there are parking facilities within a fifteen-minute walk and there are good public transport links to the clinic.

The opening hours of MASTA Travel Clinic Marylebone are 10am to 6pm Monday to Saturday, with appointments available between 10.15am and 5pm. Clients can book via the provider's website or via telephone with the central customer service team. The clinic provides telephone consultations to support travel risk assessment as well as face-to-face consultations with a travel health advisor.

The clinical team consists of two travel health advisors; one male and one female. One of the travel health advisors is a registered nurse, and the other a pharmacist. Both work part-time. One of the travel health advisors acts as registered manager with CQC.

MASTA has only one clinical room at the location, and access to shared staff toilet and kitchen facilities. Only one MASTA travel health advisor works at the location at a time. There are no administration/reception staff based at the clinic.

Further information can be found at

How we inspected the service

Before visiting the clinic, we reviewed a range of information we hold about the service. This included pre-inspection information we requested from the provider.

During our inspection we:

- Spoke with the registered manager who was the lead travel health advisor and regional area manager for service.
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed CQC comment cards where clients shared their experience and views of the clinic.

To get to the heart of people's experiences of care and treatment, we always ask the following 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?

We rated safe as good.

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

Safety systems and processes

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

- There were systems in place to safeguard clients from abuse. There was a nominated safeguarding lead and Caldicott Guardian at a corporate level. (A Caldicott Guardian is a senior person responsible for protecting the confidentiality of service-user information and enabling appropriate information sharing.) Safeguarding policies had been updated to include the new levels of training for staff. All staff had completed the appropriate level of adult and safeguarding training. They knew how to identify and report any concerns, including those relating to female genital mutilation (FGM).
- The service had systems in place to assure that an adult accompanying a child had parental authority. The provider had recently introduced a revised policy regarding identification of children. This incorporated the viewing of the child's passport to provide photographic identification. This had recently been introduced across all the MASTA travel clinics.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required, although not all records were available for us to review during the inspection. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). There was a system to check new employees' registration with the Nursing and Midwifery Council (NMC) or the General Pharmaceutical Council (GPhC), and for ongoing checks of NMC registration. The system for ongoing checks had not yet been extended to pharmacists, who MASTA had only recently begun to employ.
- Clients were sent informed in advance of their appointment that chaperones were available, and there was also a notice in the clinic room. about asked on making a booking if they required a chaperone. We

heard differing accounts of how a chaperone would be sourced if not requested in advance, and it was not clear that an appropriate chaperone could be obtained in a timely way under these circumstances.

- Appropriate safety risk assessments had been conducted by the provider. There were safety policies in place, which outlined clearly who to go to for further guidance should the need arise. Staff had access to a health and safety manual, which included fire safety information, including risks identified at a location level. Staff received safety information from the provider as part of their induction and refresher training.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- There was an effective system to manage infection prevention and control (IPC). This included a system to reduce the risk of Legionella, such as water testing. (Legionella is a bacterium which can contaminate water systems in buildings.) Staff had received IPC training, although full training records were not available during the inspection. There was an IPC lead for the clinic, who was supported by a governance team based at the provider's head office. We saw annual IPC audits where actions had been identified and addressed.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There were arrangements in place to ensure a suitably MASTA trained travel health advisor was available to provide cover during times of need.
- We were informed a new travel health advisor had recently commenced employment at the clinic. We were assured they had followed the recruitment process and had received an induction appropriate to their role. We saw evidence of competency assessments, which allowed the advisor to work unsupervised. However, they had access to a member of staff at all times via the medical team.
- When there were changes to services or staff, the provider assessed and monitored the impact on safety.

Are services safe?

- There were appropriate indemnity arrangements, including professional indemnity for registered nurses, in place to cover all potential liabilities.
- Staff had received basic life support training. They understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. Emergency medicines to deal with anaphylaxis were safely stored in the consulting room. (Anaphylaxis is a serious allergic reaction that is rapid in onset and can be fatal if not responded to.) There was access to oxygen with adult and children's masks. MASTA had undertaken a risk assessment to support the decision not to have their own defibrillator at the clinic.
- We saw records to show that emergency medicines and equipment were checked on a weekly basis. All medicines and equipment we checked were in date and good working order.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.
- There was generally only one MASTA staff member working at the location at any one time. Staff had access to support of a medical team by telephone at all times. There was also a SoloProtect device (to allow lone workers to summon support in the event that clients were abusive or needed emergency medical support) but this was not working at the time of the inspection.

Information to deliver safe care and treatment

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

- On registering with the service, and at each consultation, client identification was verified and recorded. Individual client records were written and managed in a way that kept clients safe. The records we saw showed that information needed to deliver safe care and treatment was available to clinicians 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.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading.

- The travel health advisors gave clients advice and information in line with current guidance. They accessed travel health sites such as the National Travel Health Network and Centre (NaTHNaC) and TRAVAX to ensure they were aware of the most up to date information.

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 provider had risk assessed the treatments they offered. They had identified medicines which were not suitable for prescribing if the client did not divulge any potential contraindications, such as being immunosuppressed.
- The provider had an electronic stock control system as an additional safety mechanism. The system pre-selected the individual vaccines to be administered, to ensure only in date ones were given. It also pre-recorded the serial numbers automatically.
- The travel health advisors used Patient Group Directions (PGDs) to prescribe, administer or supply vaccines and medicines to clients. PGDs and PSDs had been produced in line with legal requirements and national guidance. (PGDs and PSDs are written instructions for the supply or administration of medicines.)
- Regular medicine audits were carried out to ensure storage and administration was in line with best practice guidelines. Annual audits of yellow fever vaccine use were undertaken in order to meet the standards of good practice required for the designated licence to administer the vaccine.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- Health and safety risk assessment and fire risk assessments had been completed, and we saw evidence that changes had been made as a result, to areas managed by the provider (for example repairs to sealant on a sink) and to areas managed by the premises' landlord.

Are services safe?

- Documented health and safety checks were completed on a monthly, quarterly and annual basis. Any actions identified were completed in a timely way.
- Clinic activity was monitored and reviewed. This helped the provider to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- All medicine and healthcare safety alerts, such as those from NaTHNaC and the Medicines and Healthcare products Regulatory Agency (MHRA), were actioned and cascaded to staff for information by the corporate governance team. These included details of any potential or actual shortages of vaccines.

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. They were supported by leaders and managers at a local and corporate level.
- There were adequate systems for reviewing and investigating when things went wrong. Investigations were undertaken at a local level, using a root cause analysis framework. Information was escalated to MASTA head office, where all incidents were reviewed and monitored.
- There was analysis of themes, trends and numbers of incidents across all MASTA locations to support any identified changes in processes or service delivery. For example, following an MHRA of two fatal incidents following administration of a yellow fever vaccine, the provider had 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.
- 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 incident, those affected clients were given reasonable support, truthful information and a verbal and written apology. Records of verbal and written interactions were kept by the provider.

Are services effective?

We rated effective as good.

We found that this service was providing effective care 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)

- Staff were aware of relevant and current evidence-based guidance and standards relating to travel health. The provider had systems in place to keep staff up to date.
- The central MASTA team issued a travel brief to all locations, whereby all information from relevant sources, such as Public Health England and NaTHNaC, was co-ordinated into one place. This supported the travel health advisors to easily access the most up to date information. Staff also had access to virtual clinical support from the provider's medical team.
- A comprehensive pre-travel assessment was undertaken with each client. This included details of the trip, including any stop-overs, any previous or current medical history, current medicines and previous treatments relating to travel.
- A tailored MASTA travel plan, known as a travel health brief, was then devised for each client. This contained which medicines/vaccines had been administered or recommended and health advice given, including areas of concern relating to specific areas of travel. For example, a high risk of malaria or a disease epidemic.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. For example, regular updates were provided to staff regarding disease outbreak surveillance. This enabled staff to have the most up to date knowledge and health advice to give to clients visiting those areas affected.
- The provider used audits and collection of data from all their clinics to support improvements in service delivery.

This supported an effective method of monitoring what was happening across the organisation. Shared learning and improvement were cascaded to staff across the clinics.

- New staff were supervised and monitored, and there were regular audits of experienced staff. This involved review of their consultations and questions relating to a wide range of information.

Effective staffing

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

- All staff were appropriately qualified. The provider had a comprehensive induction programme for all newly appointed staff. New travel health advisors received support for six weeks, which included observed practice, longer appointment times, protected time for learning and development, and support from a mentor. They had reviews at two, four and six monthly intervals after their initial competency sign-off.
- The travel health advisors were registered with the Nursing and Midwifery Council (NMC) or the General Pharmaceutical Council (GPhC) and were supported with their 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. Travel health advisors were encouraged and given opportunities to develop, such as attendance on a national recognised diploma course in travel medicine.
- Travel health advisors who administered immunisations had received specific training, been assessed as being competent and could demonstrate how they stayed up to date.
- Staff received regular appraisals, which included a review of their training needs.

Coordinating patient care and information sharing

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

- Clients received coordinated and individualised care and treatment specific to their travel health needs.

Are services effective?

- The travel health advisors referred to, and communicated effectively with, other services when appropriate. For example, with Public Health England or the client's GP.
- Before administering any treatment, the travel health advisors ensure they had adequate and relevant knowledge of the client's health, medical and immunisation history. We were informed of instances where staff had engaged with a client's GP to safe care and treatment.
- Clinic staff did not directly inform a client's GP of any medicines or vaccines administered. However, they provided clients with a printed copy of their vaccinations/medicines which included date given and any batch numbers, which they could share with their GP.

Supporting patients to live healthier lives

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

- Any identified risk factors were discussed with the client. For example, awareness of malaria and the importance of food and water safety. The travel health brief provided comprehensive information to support clients in managing their own health and well-being safely whilst travelling.

- Where clients' needs could not be met by the service, they were directed to the appropriate service for their needs.

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.
- All clients were asked for consent prior to any treatment being given. Verbal consent was recorded, and written consent was scanned into the client's record as appropriate.
- Staff supported clients to make decisions. Where appropriate, they assessed and referred to the client's GP when there were concerns about a person's mental capacity to make a decision.
- 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.
- The service monitored the process for seeking consent appropriately, through face to face audits with staff.

Are services caring?

We rated caring as good.

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

Kindness, respect and compassion

Staff treated clients with kindness, respect and compassion.

- Staff understood clients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all clients.
- The service provided clients with timely support and information.
- Feedback from clients was positive about how they were treated by the clinic staff. This was supported by the CQC comment cards we received on the day of inspection and surveys undertaken by the service.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way they could understand, for example Braille for certain visually impaired clients.

- We were informed that although the number of non-English speaking clients was very low, interpreter or translation services could be made available if required.
- Information was given to clients regarding the treatments available to support them in making a decision. Verbal and written information was available to describe the different treatment options available. Clients were informed which treatments were available at no cost through the NHS.
- Clients told us through comment cards, that they felt listened to and supported by staff and had sufficient time 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 region/s of travel.

Privacy and Dignity

The service respected clients' privacy and dignity.

- Staff recognised the importance of maintaining people's dignity and respect.
- We were informed that the door to the consulting room was closed at all times during a consultation and conversations could not be clearly overheard.
- The service complied with the Data Protection Act 1998.

Are services responsive to people's needs?

We rated responsive as good.

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

Responding to and meeting people's needs

The service organised and delivered services to meet people's needs. It took account of individual needs and preferences.

- The provider understood the needs of their clients and improved services in response to those needs. For example, the provision of evening and weekend appointments.
- The facilities and premises were appropriate for the services delivered. There was level access to all client-areas, including a toilet adapted for people who used mobility aids.

Timely access to the service

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

- Clients had timely access to initial assessment, treatment and advice.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Clients with the most urgent needs had their care and treatment prioritised.

- Clients reported that the appointment system was easy to use.
- Clients could access the service through the provider's website or by contacting the customer contact centre. The service had recently upgraded the telephone system in response to feedback, and monitoring was in place to check that this improved client access.

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 or raise concerns was available. Staff treated clients who made complaints compassionately.
- The service informed clients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The provider undertook analysis of themes/trends from complaints received across the whole organisation. These were discussed at quarterly meetings and learning shared across the organisation.
- At the time of our inspection, there had been no complaints related to this location in the 12 months it had been open.

Are services well-led?

We rated well-led as good.

We found that this service was providing well-led 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) was based in Leeds. The departments for operations and governance were based there, along with the medical team. We did not visit head office as part of this inspection.

Two senior staff members attended the inspection of the Marylebone clinic. They demonstrated they had the capacity and skills to deliver high-quality services on behalf of MASTA. They were knowledgeable about issues and priorities relating to the quality and future services.

We were informed that leaders and managers at all levels were accessible and provided support as needed. They worked closely with staff to ensure 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 clients.

- There was a clear vision and set of values. The provider had a realistic strategy for the service and supporting business plans to achieve priorities.
- The provider had developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

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

- Staff felt respected, supported, valued and were proud to work for the service.
- The service focused on the travel health needs of clients.
- The provider acted on behaviour and performance inconsistent 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. They had confidence that these would be addressed.
- There were processes in place for supporting staff with their development needs. All staff received twice-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. Staff felt they were treated equally.
- We were informed of the positive relationships between staff across the organisation.

Governance arrangements

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

- MASTA Limited had an overarching governance framework. This included oversight of safety alerts, incidents and complaints. The framework encompassed all MASTA travel health clinics to ensure a consistent and corporate approach, along with a culture of shared learning.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The registered manager was assisted by a regional area managers who provided support, oversight and governance through clinic visits, lead clinician meetings and sharing of information.
- Policies, procedures and standard operation procedures were developed and reviewed at an organisational level. These were cascaded and implemented to the network of MASTA clinic. Staff had access to these and used them to support service delivery.

Are services well-led?

- The provider had an operational implementation plan which covered a range of areas. For example, health and safety, infection prevention and control, incidents and complaints. It also detailed a range of documents, certificate and checklists which needed to be in place.

Managing risks, issues and performance

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

- There were arrangements in place for identifying, recording and managing risk both locally and across the organisation. For example, staff undertook a variety of daily, weekly and monthly checks to monitor the safety of the clinic.
- The provider had raised issues regarding the premises, which had been identified in the health and safety and fire risk assessments, with the landlord of the building
- 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.
- There were processes to manage current and future performance of the service. Staff performance could be demonstrated through audits of their consultations.
- The provider used information technology (IT) 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 client record once it had been administered.
- Data and notifications were submitted to external organisations as required. For example, an annual audit was undertaken as part of the yellow fever vaccine licence.
- The MASTA organisation had oversight of the national and worldwide supply of vaccinations and monitored where demand may exceed supply. There were contingencies in place to support service provision to clients in those circumstances.
- There were plans in place to respond to and manage major incidents.

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 clients.
- The service used performance information which was reported and monitored. Any areas of concern were discussed with staff, who were held to account as appropriate.
- 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. For example, the provider was registered with the Information Commissioner's Office (ICO) and had its own information governance policies. All staff had signed a confidentiality agreement as part of their employment contract.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and valued feedback from clients and staff. After each consultation the client was asked to complete a "customer delight" satisfaction survey. There was also "how did we do" feedback forms and a box in the clinic waiting area. Each quarter results were compiled and analysed to identify any themes or areas for improvements. We reviewed the most recent recorded results from December 2018 to February 2019. Forty-seven clients had completed a survey (a response rate of 7.7%). Responses were primarily positive, for example how easy it was to book an appointment and how happy they were with the service received. The majority of responders would recommend MASTA to family, friends or colleagues. All negative comments had been reviewed and action had been taken, for example to improve the telephone system and to allow appointments to be booked further in advance.
- Feedback from staff was gathered via meetings and informal discussions. Staff we spoke with informed us they felt engaged and listened to.

Continuous improvement and innovation

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

Are services well-led?

- There was a focus on continuous learning and improvement. The MASTA Travel Health Brief had won awards. It was widely recognised as an invaluable tool both to staff and clients.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared across the provider's locations and used to make improvements.
- There were systems to support improvement and innovation work. For example, the provider had recently installed bar code scanning machines for medicines, to prevent falsified medicines from entering the supply chain. This supported the service to work within the Falsified Medicines Directive. (This is legislation passed by the European Union Parliament, which aims to increase the security of the manufacturing and delivery of medicines and to protect clients.)