

MASTA Travel Clinic – Cambridge

Inspection report

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Date of inspection visit: 15/05/2019
Date of publication: 10/06/2019

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. At our previous inspection, published in June 2018, we did not rate the service but found the provider was compliant in all domains.

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 Cambridge as part of our inspection programme and to rate this service.

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

This location is registered with CQC in respect of the provision of advice or treatment by, or under the supervision of, a medical practitioner, including the prescribing of medicines for the purposes of travel health.

One of the nurse advisors 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.

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

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

Our key findings were:

- The clinic had clear systems to manage risk so that safety incidents were less likely to happen. The provider discussed any incidents with the wider corporate team where lessons learned were shared to improve their processes across locations.
- There was an infection prevention and control policy and procedures were in place to reduce the risk and spread of infection. Infection control audits and risk assessments were undertaken and identified actions were completed.
- Vaccines, medicines and emergency equipment were safely managed. There were clear auditable trails relating to stock control.
- The provider ensured that care and treatment was delivered according to evidence based guidelines and up to date travel health information.
- Each patient received an individualised travel health brief tailored to the patient's specific needs and travel plans. The health brief outlined a risk assessment and all travel vaccinations that were either required or recommended. Specific health information including additional health risks related to their destinations with advice on how to manage common illnesses was also included.
- Staff had the relevant skills, knowledge and experience to deliver the care and treatment offered by the service.
- Consultations were comprehensive and undertaken in a professional manner.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Patients we spoke with and Care Quality Commission comment cards completed prior to our inspection, were all positive about the standard of care received.
- The service encouraged and valued feedback from patients and staff and acted in response to the feedback received.
- There was a leadership structure in place with clear responsibilities, roles and systems of accountability to support good governance and management. Staff felt supported by the leadership team and worked well together as a team.

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

- Consider photographic identification checks for adults who have parental responsibility for children, to ascertain the correct identity.
- Review policies in line with their renewal dates.

Overall summary

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) lead inspector. The team included a practice nurse specialist advisor.

Background to MASTA Travel Clinic - Cambridge

The provider MASTA (Medical Advisory Service for Travellers Abroad) Limited has more than 200 private clinics across the UK. McKesson UK (a global pharmaceutical distributor and healthcare information technology company) owns MASTA. The head office for the provider MASTA Limited is based in Leeds. The medical team and head of operations is based there. They have many pharmacy and nurse-led travel clinics located throughout the United Kingdom. MASTA Limited are licenced for the importation and distribution of vaccination medicines, and supply vaccines to GP surgeries and NHS services across the country. They also provide travel health training and mentorship for pharmacists and nurses.

The provider is registered with the Care Quality Commission under the Health and Social Care Act 2008 to provide the following regulated activities, diagnostic and screening procedures and treatment of disease, disorder or injury to be delivered at the MASTA Travel Clinic Cambridge.

MASTA Travel Clinic Cambridge is located at 41 Hills Road, Cambridge, Cambridgeshire, CB2 1NT. The private travel clinic is a location for the provider MASTA Limited. The clinic offers travel health consultations, travel and non-travel vaccines, blood tests for antibody screening and travel medicines such as anti-malarial medicines to children and adults.

The clinic is open from 9.30am to 5pm on Mondays, Tuesdays and Fridays, from 8am to 7pm on Wednesdays, from 11.30am to 7pm on Thursdays, and from 9am to

4.30pm on Saturdays. In addition, MASTA provide a telephone consultation service with specialist travel nurses and have a central customer service team to manage appointment bookings.

Further information can be found at www.masta-travel-health.com

How we inspected this service

Before visiting, we reviewed a range of information we hold about the service. We also asked the service to complete a provider information request. During our visit we:

- Spoke to the registered manager, regional area manager, lead nurse, nurses and reception staff at the clinic.
- Looked at information the clinic used to deliver care and treatment plans.
- Reviewed comment cards where patients shared their views and experiences of the clinic.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Safety systems and processes

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

- The provider conducted safety risk assessments, which included for example, fire safety, health and safety, security and Legionella. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The safeguarding policies were in date but needed updating to include the new intercollegiate document guidance and did not state details of local safeguarding authorities to contact. However, staff were trained in line with the new intercollegiate document guidance and local safeguarding referral information was available at the clinic and staff were aware of this. We received information following the inspection, that these had now been updated.
- The lead nurse was the safeguarding lead at the clinic. All the nurses had received training on adult and child safeguarding to level three. Nurses had received specific training to recognise and report suspected risks related to female genital mutilation and modern-day slavery. Safeguarding guidance was displayed in the clinical rooms. The initial assessment medical questionnaire included specific questions to enable staff to identify and report concerns. One of the receptionists, who was still in their probationary period, had not completed safeguarding training, however, this was booked for June 2019.
- The service had systems in place to assure that an adult accompanying a child had parental authority. Confirmation was sought in line with their policy. However, there was no process to seek photographic identification for assurance. We were informed this would be reviewed by the provider.
- The provider carried out a range of staff checks, which included checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There was a chaperone policy and posters offering a chaperone service were visible on the waiting room noticeboard. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Nurses acted as chaperones, although this was rarely required. The clinic was considering reception staff acting as chaperones and were aware of the need for them to be trained for the role and have a DBS check.
- There was an effective system to manage infection prevention and control. Annual audits took place, with the most recent audit completed in August 2018. Identified actions had been completed. For example, the air vent at the back of the refrigerator had not been cleaned, so a prompt was added to the checklist, to ensure this was cleaned. There were systems for safely managing healthcare waste.
- A Legionella risk assessment had been completed and water temperature monitoring was undertaken. There had been some issues with the documentation of the temperatures, but staff had received additional support and mentoring, and these were now monitored and documented appropriately.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- There was a corporate Caldicott Guardian in place and the medical lead had a safeguarding responsibility for all locations. (A Caldicott Guardian is a senior person responsible for protecting the confidentiality of service-user information and enabling appropriate information-sharing.)

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 suitable MASTA trained nurse was available to provide cover for when nurses were absent due to holidays or sickness.

Are services safe?

- There was a comprehensive induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There were systems in place to respond to a medical emergency. All staff had received training in basic life support. Emergency equipment was available within the building including access to oxygen. The clinic had completed a risk assessment and as a result did not have a defibrillator on site. There was one available in a building close by and notices were displayed which advised of this location. Staff we spoke with were aware of these arrangements.
- Emergency medicines to be used in cases of anaphylaxis were safely stored and were checked daily (Anaphylaxis is a serious allergic reaction that is rapid in onset and can be fatal if not responded to.) Evidence based guidance was in place for the appropriate dose according to the patient's age.
- We saw records to show emergency medicines and equipment were checked on a daily and weekly basis. All the medicines we checked were in date.
- When reporting on medical emergencies, the guidance for emergency equipment is in the Resuscitation Council UK guidelines and the guidance on emergency medicines is in the British National Formulary (BNF).
- 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. Clinical staff had appropriate indemnity insurance in place.

Information to deliver safe care and treatment

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

- On registering with the service, and at each consultation, patient identity was verified and recorded in their records. Individual patient records were written and managed in a way that kept patients safe. The e-clinic records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- 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 if they cease trading.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Audits were undertaken in relation to medicines, to ensure that administration and prescribing were carried out in line with evidence-based guidance. There was evidence of clear recording on the patient's record when a vaccine or medicine had been administered.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were patient group directives (PGDs) and patient specific directives (PSDs) in place to support safe administration of vaccines and medicines. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.) All PGDs and PSDs were written up by the medical team and the pharmacy team signed them off. They were then distributed electronically. Staff were not able to sign the document until they had read it through. All were signed individually, and a copy sent to head office.
- The provider used an accredited company to deliver vaccines and these were only delivered on the days when the clinic was open.
- We found that medicines stored in the clinic and medicine refrigerator were stored securely and were only accessible to authorised staff.

Are services safe?

- Nurses carried out regular audits to ensure storage and administration was in line with best practice guidelines for safe prescribing, such as fridge temperature monitoring and safe, secure storage of medicines. Guidance was in place and staff were aware of actions to take if fridge temperatures were outside of the recommended range.
- The provider had an electronic stock control system as an additional safety mechanism. The system preselected the individual vaccines to be administered to ensure only in date ones were given. It pre-recorded the serial numbers automatically as an additional safety process.
- Arrangements for dispensing medicines such as anti-malarial treatment kept patients safe. The clinic provided complete medicine courses with appropriate directions and information leaflets.
- 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.
- All incidents and complaints were cascaded up to the appropriate departments in the organisation and learning shared.
- There were adequate systems for reviewing and investigating when things went wrong. The clinic had recorded five significant events in the previous twelve months. The service learned, shared lessons, identified themes and acted to improve safety in the service. For example, clinic staff discussed the importance of acting on end of month vaccine discrepancies and checking physical patient vaccination records for improved accuracy.
- Significant events and complaints were investigated at quarterly meetings and shared at a corporate level. There was an analysis of themes, trends and numbers of incidents across all MASTA locations and partnership organisations to support any identified changes in processes or service delivery. This helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was evidence of shared learning from significant events which occurred in other MASTA travel clinics. For example, following an incident regarding a yellow fever vaccine, they updated their policy and protocol. They also updated their patient questionnaire to minimise the risk of reoccurrence.
- 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.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.
- The service received safety alerts, and these were reviewed by the medical team and any action necessary was cascaded to clinics via the company's computer system. Alerts were received by nurses in red text with required actions which were recorded once completed.

Track record on safety

The clinic 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.
- A health and safety risk assessment had been completed. Documented health and safety checks were completed on a monthly, three monthly and annual basis and actions identified had been completed.
- There was a fire risk assessment and documented checks of fire equipment.
- Clinical staff had received training in basic life support, anaphylaxis and managing emergencies. Non-clinical staff had received first aid training. There was emergency equipment and medicines available which were accessible and within date. Staff were aware of how to alert colleagues to an emergency.

Lessons learned and improvements made

The provider learned and made improvements when things went wrong.

Are services effective?

Effective needs assessment, care and treatment

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

- Clinicians assessed patient needs and delivered care and treatment in line with current legislation, standards and evidence-based guidance supported by clear clinical pathways and protocols. For example, NaTHNaC (National Travel Health Network and Centre), a service commissioned by Public Health England.
- Additional virtual clinical support was available during each consultation from the medical team based at head office.
- Patients received a MASTA travel health brief. The brief provided a comprehensive individualised travel risk assessment, health information related to their destinations and a written immunisation plan tailored to their specific travel needs. The health brief also provided advice on how to manage potential health hazards and some illnesses that were not covered by vaccinations. This was created and fully discussed during the consultation and a printed copy was provided for the patient to take home.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- A patient's first consultation was usually 20 minutes long, although this could be extended to 30 minutes and there were plans to make all first consultations 30 minutes long. During this consultation, a comprehensive pre-travel risk assessment was undertaken. This included details of the trip, including any stopovers, any previous medical history, current medicines being taken and previous treatments relating to travel.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. For example, follow up appointments were available for patients who had previously attended the clinic.
- Latest travel health alerts such as outbreaks of infectious diseases were available.

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 patients 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.
- The provider monitored national core competencies and up to date standards for travel health and immunisation. Nursing staff received up to date training in line with this.
- At the time of our inspection, the service was in the process of auditing the nurse advisors. This involved observation 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. For clinical staff, this included two, four and six month checks after initial competency sign off and included 10 days of observed practice.
- The nurse advisors were registered with the Nursing and Midwifery Council (NMC) and were up to date 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. Staff were encouraged and given opportunities to develop such as attendance at national conferences and study days.
- The service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals and support for revalidation.
- Staff whose role included immunisation had received specific training, been assessed as being competent and could demonstrate how they stayed up to date.

Are services effective?

- All staff had received an appraisal in the previous 12 months, where appropriate.

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. Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services. For example, some patients with mobility needs were referred to another organisation for the implementation of their care and treatment plan, as they were able to access this service more easily.
- Before providing treatment, clinicians at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where appropriate. For example, patients were advised which vaccines were available free from their own GP practice.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The clinic did not directly inform a patients' GP of their treatment; however, they provided patients with a printed copy of their vaccinations, including batch numbers, and/or blood test results to share with their GP or practice nurse.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. They also risk assessed patients with treatments for long term conditions such as asthma, which may be affected by some medicines.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, family members and carers were involved, where appropriate, with patients with a learning disability.

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

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.

- Where appropriate, staff gave people advice, so they could self-care.
- The MASTA travel health brief and travel consultation talked patients through advice to prevent and manage travel health related diseases. For example, precautions to prevent Malaria and advice about food and water safety. The health brief also provided information about how to avoid and/or manage other illnesses not covered by vaccinations which were relevant to the destinations being visited.
- Patients were able to test products for suitability, free of charge; for example, if they had sensitive skin they could trial products before deciding whether to purchase them.
- Risk factors were identified and highlighted to patients. For example, patients with diabetes were advised to seek advice from a diabetes nurse, for further information about travelling with diabetes.
- Where patients needs could not be met by the service, staff redirected them 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 patients were asked for consent prior to any treatment being given. Verbal consent was recorded, and written consent was scanned into the patient's record, as necessary.
- Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005. We were informed that treatment was not undertaken without consent. For patients with additional needs, the nurse ensured that a carer or

Are services effective?

advocate was present at the appointment and sometimes a second appointment was made to ensure appropriate time was taken to access mental capacity where required.

- We saw evidence that consent forms were completed fully and appropriately signed, when required.
- The service monitored the process for seeking consent appropriately. This was through the face to face audits which were currently being implemented.

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way nursing staff treated people. The clinic had received some negative feedback, mainly in relation to the friendliness of the welcome received. Actions were being taken to improve this.
- We observed that staff were respectful and courteous to patients and treated them with dignity and respect. The nurse advisors always went into the waiting area to call a patient through to the consulting room.
- All the feedback we received was positive about the service patients had experienced. Staff were described as friendly, caring and professional.
- Staff understood patients' personal, and social needs. They displayed an understanding and non-judgmental attitude to all patients.
- 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.

- We were informed that although the number of non-English speaking patients was very low, interpreter or translation services could be made available if required.

- Patients told us and feedback from comment cards detailed they felt listened to and supported by staff and had enough time during consultations to make an informed decision about the choice of treatment available to them.
- Comprehensive information was given about treatments available and the patient was involved in decisions relating to this. We saw evidence that discussions about health risks, vaccinations and the associated benefits and risks to specific vaccinations were recorded in patient records. Written information was provided to describe the different treatment options available.
- At each appointment patients were informed which treatments were available at no cost through the NHS.
- Patients also received an individualised comprehensive travel health brief detailing the treatment and health advice relating to their intended region of travel.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The service complied with the Data Protection Act 1998.
- We noted that the consultation room door was closed during the consultation and conversations could not be overheard.

Are services responsive to people's needs?

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.

- The provider understood the needs of their patients and improved services in response to those needs. For example; appointment demand was monitored, and the clinic opened for additional hours on a Saturday, during times when demand peaked. Telephone consultations were available via a hub at the head office.
- The facilities and premises were appropriate for the services delivered. Clinical rooms were located on the ground and first floor. Patients with mobility needs were seen in the ground floor clinical room. However, some patients with mobility needs, were seen at a nearby pharmacy, as they were able to access this service easily.
- All new patients had to initially register either online or by telephone to receive a unique identification number. MASTA staff were available to assist with registration, should the patient encounter any issues.

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 initial assessment, test results, diagnosis and treatment.
- Feedback showed patients were able to access care and treatment within an acceptable timescale for their needs. One patient had expressed through feedback their wait for an appointment was too long, this had been responded to.
- Waiting times, delays and cancellations were minimal and managed appropriately.

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Patients accessed the service via the MASTA website which directed them to a customer contact centre. The Cambridge clinic was open from 9.30am to 5pm on Mondays, Tuesdays and Fridays, from 8am to 7pm on Wednesdays, from 11.30am to 7pm on Thursdays and from 9am to 4.30pm on Saturdays. The clinic closed for lunch and times were displayed.

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 patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The complaint policy and procedures were in line with recognised guidance. The clinic had received one complaint in the last 12 months.
- The provider learned lessons from individual concerns, complaints and from analysis of trends. These were discussed at quarterly meetings and learning shared across the organisation. It acted as a result to improve the quality of care. For example, additional time was scheduled during the day for paperwork, to minimise waiting times.

Are services well-led?

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. The departments for operations and governance are based there, along with the medical team. We did not visit head office as part of this inspection.
- We spoke with the regional area manager, the registered manager and the lead nurse for the Cambridge 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.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff advised leaders were accessible and provided support as needed.

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. The provider had a realistic strategy 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 patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, survey feedback from patients was collated and responded to and a copy was available

in the waiting room. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (This means that people who used services were told when they were affected by something which had gone wrong, were given an apology and informed of any actions taken to prevent any recurrence.)

- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. All staff received an annual appraisal and new staff had received reviews of their work and progress. Staff 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.
- There were positive relationships between staff and teams.

Governance arrangements

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

- MASTA Limited had an overarching governance framework, which supported strategic objectives, performance management and the delivery of quality care. This encompassed all MASTA Travel Health Clinics and ensured a consistent and corporate approach, along with a culture of shared learning.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. This was being strengthened, with regional area managers implementing a six-monthly plan of support, oversight and governance. This would include clinic visits, telephone reviews of clinics, regional leads and lead clinician meetings and sharing of information.
- There was a clear organisational leadership, management and staffing structure. There was a range

Are services well-led?

of departmental staff based at head office, which included the Medical Director, Caldicott guardian and organisational safeguarding lead. Staff were clear on their roles and accountabilities.

- Policies, procedures and standard operating procedures were developed and reviewed at organisational level. These were cascaded and implemented in the network of MASTA clinics. Staff had access to these and used them to support service delivery. However, some of the policies and procedures which were produced corporately, were overdue for renewal, although still appropriate. The safeguarding policies were in date but needed updating to include the new intercollegiate document guidance and did not state details of local safeguarding authorities to contact. However, staff were trained in line with the new intercollegiate document guidance and local safeguarding referral information was available at the clinic and staff were aware of this. We received information following the inspection, that these had now been updated.
- The provider had an operational implementation plan which covered a range of areas, for example, health and safety, infection control, incidents and complaints and detailed a range of documents, certificates 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 effective arrangements in place for identifying, recording and managing risks, which included risk assessments and significant event recording. For example, staff undertook a variety of daily, weekly and monthly checks to monitor the safety of the clinic. 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.
- There were processes to manage current and future performance. The performance of clinical staff could be demonstrated through audit of their consultations. Leaders had oversight of safety alerts, incidents, and complaints.
- 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 patient record once it had been administered.

- The MASTA organisation had oversight of the national and worldwide supply of vaccinations and monitored where demand may exceed supply. There were contingencies in place to support service provision to patients in those circumstances.
- The provider had 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 patients.
- 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.
- 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.
- 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 patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- The clinic proactively sought patient feedback after every consultation, via a 'how did we do' feedback form

Are services well-led?

and a box in the waiting area. Two responses had been received for each month, January 2019, February 2019 and March 2019, which were positive about the service received.

- After each consultation, patients were emailed a 'customer delight' satisfaction survey. Each quarter, results were compiled and analysed to identify any themes or areas for improvement. We reviewed the most recent survey results from December 2018 to February 2019; 1702 patients had attended an appointment and 108 had completed a survey. This was approximately a 6% response rate. Responses were primarily positive, and actions were taken to address the issues raised. For example, appointments could not be changed online, however MASTA were planning to introduce an online chat service on the website, to enable this. Results and responses were detailed in a folder in the waiting room for patients to read.
- Feedback from staff was gathered via meetings and informal discussions. Staff we spoke with informed us they felt engaged and listened to. Following staff feedback, nurses were given administration time, to ensure they were able to minimise delays.
- Outside of the patient consultations, the service worked with other travel and health organisations to ensure they had the most up to date information.

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 MASTA Travel Health Brief had won awards. It was widely recognised as an invaluable tool both to staff and patients.
- 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 patients.)
- One of the nurses at the Cambridge clinic had presented their research findings at a national Faculty of Travel annual conference in October 2017. Learning was shared from other clinics and partnership sites and used to make improvements.