MASTA Limited

MASTA Travel Clinic - Gatwick Airport

Inspection report

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Overall summary

We carried out an announced comprehensive inspection on 13 December 2017 to ask the service the following key questions; are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found that this service was providing well-led services in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

MASTA Travel Clinic – 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 Schedule 2 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

Summary of findings

customers 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 customers prior to our inspection. We received 16 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 customer 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 customers, which it acted upon.

There were areas where the provider could make improvements and should:

- Review the current system for access to staff recruitment records to ensure they provide all relevant information required by regulation.
- Review the process for checking sharps containers to ensure they do not exceed the maximum length of time in use without collection.
- Review the current risk assessment for the provision of emergency medicines to give consideration to the availability of antihistamine and steroid medicines alongside adrenaline for anaphylaxis.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

We found areas where improvements should be made relating to the safe provision of treatment. This was because the provider had exceeded the maximum time frame sharps containers should be in use without collection and the recruitment records for one of the four staff we checked did not demonstrate that all information required by regulation was in place at the time of inspection. In addition the service provided emergency medicines for anaphylaxis however other medicines used in the treatment of reactions such as antihistamine and steroid medicines were not available.

- There was an effective system for reporting and recording significant events to ensure lessons were shared and action was taken to improve safety in the clinic.
- The clinic had clearly defined and embedded systems, processes and practices to minimise risks to customer safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding vulnerable adults and children.

Are services effective?

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

- Staff were aware of current evidence based guidance.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of training, appraisals and personal development plans for all staff.
- Staff understood the importance of consent and decision-making for all customers.

Are services caring?

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

- Information for customers about the services available was accessible and clearly stated the costs involved and also which vaccinations could be accessed free of charge via the NHS.
- Survey information we reviewed showed that customers said they were treated in a professional and respectful manner.
- We saw staff treated customers with kindness and respect, and maintained customer information confidentiality. This was also reflected in CQC comment cards received as part of this inspection.

Are services responsive to people's needs?

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

- Customers received a personalised travel health brief following their consultation which detailed any additional health risks of travelling to their destinations, as well as the vaccination requirements.
- Information about how to complain was available at the clinic and on their website. Learning from complaints was shared with staff.

Summary of findings

- Customers said they found it easy to make an appointment.
- The clinic was well equipped to treat customers and meet their needs and was accessible to those with mobility requirements.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- The clinic had a clear vision and strategy to deliver high quality care. Staff understood the company vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The clinic had policies and procedures to govern activity and held regular governance meetings.
- The clinic encouraged a culture of openness and honesty.
- The clinic proactively sought feedback from staff and customers and we saw an example where feedback had been acted upon.

MASTA Travel Clinic - Gatwick Airport

Detailed findings

Background to this inspection

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 HouseFurlong WayGatwickWest SussexRH6 0JW

The clinic is located on the ground floor and arrangements can be made to support customers 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.

The clinic is open six days a week; set opening times may vary to accommodate demand: Monday and Thursday 8am to 7pm; Tuesday, Wednesday, Friday 8am to 4pm; Saturday 8am to 12noon.

The clinic has a receptionist and three qualified travel health nurses working variable hours. One nurse is male and two 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.

We carried out an announced comprehensive inspection on 13 December 2017.

The inspection team was led by a CQC inspector and included a nurse specialist advisor and CQC assistant inspector.

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 two travel nurse advisors based at the clinic including the registered manager. We also spoke with the nominated individual of the provider.
- Reviewed comment cards where customers shared their views and experiences of the service.
- Looked at documents the clinic used to carry out services, including policies and procedures.
- Reviewed customer survey results.

To get to the heart of customer'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.

Detailed findings

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

Are services safe?

Our findings

Safety systems and processes

The clinic had systems and processes to keep customers safe and safeguarded from abuse. However not all processes had been followed to minimise risks to customer safety.

- 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 customer's welfare.
- 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. A nurse new to the clinic was yet to receive safeguarding training but we saw this was planned as part of her continued induction. Staff had also received additional training on female genital mutilation and customer 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, however in one case the provider could not demonstrate that a nurse had undergone Disclosure and Barring Service (DBS) checks and that references had been undertaken 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). Staff had encountered some difficulties in logging into human resource records and information was not on the electronic record on the day of the inspection. Following the inspection the provider sent confirmation that the individual's recruitment checks had been completed and received by the service.
- A notice in the waiting room and on each treatment door advised customers that chaperones were available if required. Chaperones were to be arranged in advance of treatment and a phone number was provided for customer to use should this be required. All chaperones had received a DBS check.
- 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. However we saw that two sharps bins had exceeded three months since date of first use. All of the other sharp bins were in date and the staff took action to remove the bins during the inspection.
- 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 particular bacterium which can contaminate water systems in buildings). We saw evidence that monthly checks of clinic tap water temperatures were carried out. Records showed that there had been instances where tap water temperatures had been out of range. In each case a fault had been reported to the on-site maintenance staff and action taken to rectify the situation in a timely manner.
- 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. We also saw fire alarm testing being carried out on the day of the inspection.

Are services safe?

Risks to patients

There were systems to assess, monitor and manage risks to customer 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.
- 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.
- All nurses had appropriate professional indemnity cover in place.

Information to deliver safe care and treatment

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

- Customer 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 in. We were informed that in some instances, with customer consent, nurses would contact the relevant GP practice should there be uncertainty around what vaccinations a customer had previously received.
- As part of the initial health check prior to vaccinations offered, it was determined if the Customer 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 Customer's GP or consultant.
- Records of consultations were held on the computer system for each customer 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.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the clinic minimised risks to customer 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.

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 two incidents within the past year. We saw evidence that these incidents which both occurred off site and were identified as possible

reactions to the vaccinations had been recorded and reported appropriately. Following the review of these incidents neither required further action from the service.

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
- There were adequate systems for reviewing and investigating when things went wrong. The clinic's systems made provision for learning and sharing lessons, and identified themes.
- 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 customer feedback and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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 British travelers 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 customers 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.

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 saw clinical supervision being provided to a new member of staff and 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 service would contact the customer's own GP if any concerns had been identified with patients consent.

Supporting patients to live healthier lives

Customers were assessed and given individually tailored advice. For example the clinic provided information leaflets on a number of infectious diseases, travellers' health guides and an individually tailored briefing pack was provided to each customer 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.
- The service's website clearly stated children aged up to 15 years must have a parent/guardian present and be able to complete the consultation on their behalf and children aged 16 to 18 years must attend the consultation themselves.
- We saw evidence that consent, both verbal and written, was recorded on the individual's records.

Are services caring?

Our findings

Kindness, respect and compassion

- During our inspection we observed that members of staff were courteous and very helpful to customers and treated them with respect and in a professional manner.
- All of the 16 Care Quality Commission comment cards we received were positive about the service experienced. Customers said they felt the clinic staff were caring, helpful, efficient and put customers at ease; these comments also included parents of children attending the clinic.

Involvement in decisions about care and treatment

- Written and verbal information and advice was given to customers about health treatments available to them.
- Staff told us that should a customer 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 Customers were informed which treatments could be accessed via the NHS at no cost.

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

- Staff told us that the number of non-English speaking customers was low but that translation services could be arranged through MASTA head office should this be required. We were also informed of plans as an organisation to have pictorial cards to further aid communication with customers, however this had not yet been implemented.
- Information leaflets were available to customers.

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.
- Nurses went into the waiting area and called customers into the clinic room, customers were kept informed should there be a delay to their appointment.
- CQC comment cards supported the view that the service treated customers with respect.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The clinic organised and delivered services to meet customers' 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 customers found it hard to access services. For example, arrangements could be made to support customers 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 customers requiring an interpreter we were told that the clinic would make arrangements through their head office.
- The service's customer survey carried out between April 2017 and September 2017 rated the quality of services provided at 9.8 out of 10 with a recommendation score of 9.4 out of 10.

Timely access to the service

- Clinic opening hours included Saturday mornings and for two days a week the clinic opened until 7pm. In addition, the clinic was flexible in accordance with demand. For example we were informed that the clinic had planned to open outside of normal opening hours for one school that was organising an overseas trip for school children.

Listening and learning from concerns and complaints

- We saw the provider had a leaflet available in the waiting area informing customers how to complain. The leaflet included contact details of who to contact should a customer 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.
- No complaints had been received by the clinic in the past year however feedback from internal customer survey results had been recorded and action taken as a result. For example, negative feedback around the customer waiting room aesthetic had been acknowledged and as a result the waiting room area had been refurbished.

Are services well-led?

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

Our findings

Leadership capacity and capability;

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. For example, staff suggested improvements could be made to the training programme and the provider improved the content including a training session on female genital mutilation.

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.

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

Engagement with patients, the public, staff and external partners

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

- Customer and staff views and concerns were encouraged.
- The service encouraged and valued feedback from Customers and staff. It proactively sought feedback from Customers through the MASTA Customer Delight Survey and also locally at the clinic by filling out feedback forms.
- We saw evidence of the most recent customer survey and that concerns identified had already been acted on. This included the refurbishment of the waiting area and reception.

Continuous improvement and innovation

Are services well-led?

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

- 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.