Announced Inspection Report: Independent Healthcare

Service: Masta Travel Clinic, Glasgow
Service Provider: Occupational Health Works Limited

24 October 2019
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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1  A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against three key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Masta Travel Clinic on Thursday 24 October 2019. We spoke with the service manager and four staff members. We also received feedback from two patients through an online survey we had asked the service to issue for us before the inspection. This was our first inspection to this service.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Masta Travel Clinic, the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
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<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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</table>
### Key quality indicators inspected (continued)

**Domain 9 – Quality improvement-focused leadership**

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>The service kept up to date with changes in legislation and best practice in travel healthcare to support continuous quality improvement in the service, and promote good outcomes for travellers. A quality improvement plan should be developed to inform future service changes.</td>
<td>✓ Satisfactory</td>
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The following additional quality indicators were inspected against during this inspection.

### Additional quality indicators inspected (ungraded)

**Domain 5 – Delivery of safe, effective, compassionate and person-centred care**

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
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<tbody>
<tr>
<td>5.2 - Assessment and management of people experiencing care</td>
<td>Patients had an initial consultation and a full travel assessment of their physical health before receiving treatment. Patients were provided with travel advice and who to contact if they needed emergency medical assistance when abroad.</td>
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</table>

**Domain 7 – Workforce management and support**

<table>
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<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Pre-employment checks were carried out to make sure staff were safe to work in the service. Staff received an induction and opportunities for training and development. An appraisal system must be introduced to formally monitor staff performance.</td>
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</table>

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: [http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)
What action we expect Masta Travel Clinic to take after our inspection

This inspection resulted in one requirement and seven recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Occupational Health Works Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Masta Travel Clinic for their assistance during the inspection.
2 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people’s needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People’s experience of care and the involvement of carers and families

Patients were fully involved and informed about their treatment. The service should further develop how it uses patient feedback to inform service improvements.

The service sought verbal feedback from patients directly following their treatment and by asking patients to complete a questionnaire about their experience of the service. We saw that over 50 patients had completed a questionnaire in the last 18 months. Results were all very positive and included the following comments:

- ‘Fast and efficient service.’
- ‘I had a very detailed and informative discussion with the nurse about my health and about the vaccines I would need for my destination.’
- ‘I was asked lots of questions about my current health and past medical history.’

The service manager told us they planned to develop the service’s website to enable patients to complete feedback electronically.

All patients who responded to our survey were equally positive and complimentary about the quality of the service and the staff who cared for them during treatment.

The service had a comprehensive policy to make sure patients’ privacy and dignity was not compromised. Staff were observed to be caring and respectful of patients who attended the clinic for treatment. Reception staff were polite and compassionate when dealing with enquiries from patients. The clinic...
environment was comfortable and provided adequate security and privacy for patients during treatment.

Patients self-referred to the clinic to obtain travel advice and vaccinations for travelling abroad and could book appointments online. At the first clinic appointment, patients had a full consultation with a travel health specialist nurse. We saw that staff discussed the risks and benefits of travel vaccines with patients before they agreed to treatment. Detailed information about the costs of treatment was available on the website and in the clinic.

The complaints policy for the service was displayed in the clinic reception and in the treatment room. This described how the service would respond to and investigate complaints and informed patients they could complain directly to Healthcare Improvement Scotland at any time. The service had received no complaints since it was registered with Healthcare Improvement Scotland in December 2017.

Duty of candour is where healthcare professionals have a professional responsibility to be honest with patients when things go wrong. The service’s complaints policy included a duty of candour statement. Staff had attended training to raise their awareness and ensure they complied with the requirements of duty of candour.

What needs to improve
Although the service used questionnaires to proactively seek feedback from patients, we saw no evidence to support how this information was used to drive improvements in the service. We were told that patients often gave verbal feedback following treatment, but this was not documented. A patient engagement policy would help direct how the service involves patients in driving service improvement and provide a more structured approach to evaluating and measuring the impact of any improvements (recommendation a).

- No requirements.

Recommendation a
- The service should develop a patient engagement policy to formalise and demonstrate how patient feedback is used to improve the quality of the service.
Service delivery

This section is where we report on how safe the service is.

**Domain 5 – Delivery of safe, effective, compassionate and person-centred care**

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people’s individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

**Our findings**

**Quality indicator 5.1 - Safe delivery of care**

Systems were in place to make sure care and treatment was delivered from a safe and clean environment. Clinical and environmental audits should be further developed to demonstrate improvements made. A child protection policy should be developed.

Patients were cared for in a safe and clean environment. We noted the treatment room had been completely refurbished since registration. Washable flooring and a compliant hand wash basin had been fitted to reduce the risk of infection and comply with Health Protection Scotland guidance.

A private landlord was responsible for building maintenance. We saw contracts for fire safety, electrical appliances and the gas heating system. Insurance policies for public and employer’s liability were up to date and displayed in the service.

Appropriate infection prevention and control processes were in place to reduce the risk of cross infection. For example, single-use equipment was used, such as disposable aprons and gloves. The service had a contract for the safe disposal of sharps, such as needles and syringes, and clinical waste. A medical emergency kit was available in the service.

The service’s medicine management policy covered all aspects of safe and secure medicines management. Patient group directives were used to prescribe vaccines and other travel medicines such as anti-malarial tablets. These directives allow services to supply and administer a medicine to a pre-defined group of people. Fridge temperatures were recorded and monitored every day to make sure medicines were stored at a safe temperature. The service was registered with the Medicines and Healthcare products Regulatory Agency.
MHRA for medical alerts. Annual reporting of certain vaccines, such as yellow fever, was carried out in line with MHRA guidance. Patient care records documented the batch number and expiry date of vaccines administered to the patient. This ensured they could be easily traced in the event of a medical alert from the MHRA or if a patient had an adverse reaction following their treatment.

A range of policies and procedures were in place to ensure patient care and treatment was delivered safely. Patient care records we reviewed confirmed that individual risk assessments were completed for each patient before they received treatment. While no accidents or incidents had occurred in the service, a clear reporting system was in place. All patients who responded to our survey said that they felt safe in the service.

**What needs to improve**

Some policies we reviewed had not been updated to reflect relevant national legislation and guidance. For example, the service’s vulnerable adults’ protection policy did not include reference to adult support and protection legislation and guidance in Scotland (recommendation b).

Although the service treated children from birth, we did not see a child protection policy in place to show how the service would protect and promote the welfare of children who use the service (recommendation c).

The service carried out a programme of clinical and environmental audits which included medicines management, infection prevention and control, and patient care records. However, this could be further developed to help demonstrate improvements made and show the impact of this on the service.

■ No requirements.

**Recommendation b**

■ The service should revise its vulnerable adults’ protection policy and ensure it is in line with adult support and protection legislation and guidance in Scotland.

**Recommendation c**

■ The service should develop a child protection policy to safeguard and promote the welfare of children who use the service in line with national guidance for child protection in Scotland.
Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients had an initial consultation and a full travel assessment of their physical health before receiving treatment. Patients were provided with travel advice and who to contact if they needed emergency medical assistance when abroad.

Patient care records were stored electronically. All patient data was password protected to protect the confidentiality of patient information, in line with the service’s confidentiality and records management policy. Patient care records were routinely audited.

In the two patient care records we reviewed, we saw a record of the initial consultation and recommendations for the vaccine requirements that patients would need before travelling abroad. A comprehensive travel assessment was carried out before recommending or administering treatments. Assessments included a record of the patient’s past medical history, prescribed medicines and any known allergies. After consultation, patients received a personalised travel health brief detailing any additional health risks of travelling to their destinations, as well as the vaccination requirements.

Consent to treatment and sharing information with other healthcare professionals was obtained and recorded in both patient care records we reviewed. Patient care records were fully completed, up to date and included a record of all treatment prescribed and administered to patients.

Following treatment, patients were given travel health advice, such as what to do if they became unwell in the area they were visiting and who to contact if they required emergency medical assistance while abroad.

What needs to improve

The service’s confidentiality and records management policy had not been updated to include General Data Protection Regulation 2018 (recommendation d).

- No requirements.

Recommendation d

- The service should update its confidentiality and records management policy to reflect current data protection legislation.
Domain 7 – Workforce management and support
High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development
Pre-employment checks were carried out to make sure staff were safe to work in the service. Staff received an induction and opportunities for training and development. An appraisal system must be introduced to formally monitor staff performance.

The service manager carried out a range of recruitment checks to make sure staff employed in the service were fit to do so. We saw that the travel health nurses were members of the Protection of Vulnerable Groups (PVG) scheme, and both Nursing and Midwifery Council (NMC) fitness to practice and reference checks were carried out before employment, in line with the service’s recruitment policy. Administration staff had their roles risk assessed and we saw basic disclosure checks were being carried out for newly appointed administration staff.

The dedicated team of nurses who worked at the travel health clinic had the relevant skills, knowledge and experience. They had received specific training appropriate to their roles and could demonstrate how they stayed up to date with best practice and relevant legislation. The service manager provided nursing staff with ongoing support and further development opportunities to support revalidation of fitness to practice in line with NMC requirements.

An induction system and a mandatory training programme was in place for staff. A record of relevant competencies for staff roles was maintained in their personnel files. We were told that new nurses would receive support for a number of weeks after they were employed. This would include receiving mentor support from the service manager or a more experienced staff member. The service ensured that staff had regular opportunities for training and development to keep their skills and knowledge up to date, including attending external courses and conferences. Training records were monitored and audited by the service manager.
What needs to improve

Although staff told us they received informal support from the service manager, regular performance reviews and appraisals had not been introduced (requirement 1).

Staff files we reviewed showed the service had not securely destroyed the original certificates received from Disclosure Scotland in line with current legislation. A system for recording and auditing these checks would ensure the service continues to monitor that staff remain safe to work in the service (recommendation e).

As only one nurse worked in the clinic at any given time, a communications book was used to share information and keep staff up to date with day-to-day activities in the service. A programme of staff meetings would provide a more formal approach to communication and ensure staff could contribute to discussions and the wider development of the service (recommendation f).

Requirement 1 – Timescale: by 20 March 2020

■ The provider must ensure that a system is put in place to ensure that all staff have regular supervision and appraisals.

Recommendation e

■ The service should securely destroy original Protecting Vulnerable Groups (PVG) and Basic Disclosure Scotland certificates. A record of all background checks should be kept in each staff member’s personnel file.

Recommendation f

■ The service should introduce a programme of regular staff meetings and a record of discussions and decisions reached at these meetings should be kept.
Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service kept up to date with changes in legislation and best practice in travel healthcare to support continuous quality improvement in the service, and promote good outcomes for travellers. A quality improvement plan should be developed to inform future service changes.

The travel health clinic is owned and managed by an experienced registered nurse and trained occupational health specialist. Both the service and provider, Occupational Health Works Limited, operate under a franchise agreement between the owner/manager and Masta Ltd. This means a contractual arrangement is in place for the service to operate according to Masta Ltd’s overarching governance framework used across its network of over 200 travel health clinics in the United Kingdom. This helps support the service to deliver high quality care and ensure a consistent and corporate approach to travel health. For example, policies, procedures and standard operating procedures were developed centrally by Masta Ltd for implementation across all Masta travel health clinics.

Individual patient vaccination and medication plans followed World Health Organization standards. Links with other travel health clinics in the network and communication from Masta Ltd enabled the service to share learning and best practice to support improvements in the service.

The majority of staff had worked in the service for a number of years. Staff told us they felt supported in their role, and felt the service manager appreciated and valued their contributions. Staff told us they were encouraged to share their ideas for service improvements. Staff achievements were recognised and rewarded through annual bonuses, pay increases and company paid outings.
We saw the service had begun to address some improvements in the service. For example:

- Some occupational health nurses were being trained in travel healthcare to help increase the staffing resources in the travel health clinic to address increasing referrals from patients.
- The service manager planned to develop an electronic patient feedback form to include on the service’s website to encourage patients to share their experience of the service.

**What needs to improve**
A quality improvement plan would help the service to develop a more structured approach to evaluating feedback, identifying improvement actions and measuring the impact of improvements made in the service (recommendation g).

- No requirements.

**Recommendation g**
- The service should develop a quality improvement plan to evaluate and measure the impact of service improvements.
Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.

- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

### Domain 2 – Impact on people experiencing care, carers and families

<table>
<thead>
<tr>
<th>Requirements</th>
<th>None</th>
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<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td></td>
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<tr>
<td>a The service should develop a patient engagement policy to formalise and demonstrate how patient feedback is used to improve the quality of the service (see page 8).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8

### Domain 5 – Delivery of safe, effective, compassionate and person-centred care

<table>
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<tr>
<th>Requirements</th>
<th>None</th>
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### Domain 5 – Delivery of safe, effective, compassionate and person-centred care (continued)

**Recommendations**

<p>| | |</p>
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</table>
| **b** | The service should revise its vulnerable adults’ protection policy and ensure it is in line with adult support and protection legislation and guidance in Scotland (see page 10).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20 |
| **c** | The service should develop a child protection policy to safeguard and promote the welfare of children who use the service in line with national guidance for child protection in Scotland (see page 10).

Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20 |
| **d** | The service should update its confidentiality and records management policy to reflect current data protection legislation (see page 11).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11 |

### Domain 7 – Workforce management and support

**Requirement**

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| **1** | The provider must ensure that a system is put in place to ensure that all staff have regular supervision and appraisals (see page 13).

Timescale – by 20 March 2020 |

*Regulation 12(c)(i)*

*The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011*
### Domain 7 – Workforce management and support (continued)

<table>
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<tr>
<td><strong>e</strong> The service should securely destroy original Protecting Vulnerable Groups (PVG) and Basic Disclosure Scotland certificates. A record of all background checks should be kept in each staff member’s personnel file (see page 13).</td>
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<td><strong>f</strong> The service should introduce a programme of regular staff meetings and a record of discussions and decisions reached at these meetings should be kept (see page 13).</td>
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Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19

### Domain 9 – Quality improvement-focused leadership

<table>
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<table>
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<tr>
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<tr>
<td><strong>g</strong> The service should develop a quality improvement plan to evaluate and measure the impact of service improvements (see page 15).</td>
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</table>

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19
Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

**Before inspections**

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

**During inspections**

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

**After inspections**

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx)
Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: hcis.ihcregulation@nhs.net
You can read and download this document from our website. We are happy to consider requests for other languages or formats. Please contact our Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net