



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: MASTA Travel Clinic, Glasgow

Service Provider: Occupational Health Works
Limited

6 December 2023

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 his.contactpublicinvolvement@nhs.scot

© Healthcare Improvement Scotland 2024

First published March 2024

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as Healthcare Improvement Scotland is fully acknowledged and given credit. The material must not be remixed, transformed or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.healthcareimprovementscotland.org

Contents

1	Progress since our last inspection	4
<hr/>		
2	A summary of our inspection	7
<hr/>		
3	What we found during our inspection	13
<hr/>		
	Appendix 1 – About our inspections	24
<hr/>		

1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 24 October 2019

Requirement

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

Action taken

A system of annual staff appraisals had been implemented. We reviewed the most recent appraisals of two staff members and saw that issues, such as performance and training and development were monitored and discussed. The registered manager was also taking this opportunity to check the professional registration status and professional indemnity arrangements of staff who were registered healthcare professionals. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 24 October 2019

Recommendation

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

Action taken

A patient engagement policy had been implemented and the service was now using a suggestion box to encourage patient feedback, while continuing to talk to patients individually to seek comments about their experience. The service had started using a patient survey following our previous inspection. However, this had not been used recently as staff were not finding it useful.

Recommendation

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.

Action taken

This policy had been reviewed and now referenced the appropriate Scottish legislation and guidance applicable in Scotland.

Recommendation

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.

Action taken

A new child safeguarding policy had been implemented that set out how staff would deal with any concerns about vulnerable children.

Recommendation

The service should update its confidentiality and records management policy to reflect current data protection legislation.

Action taken

This policy had been reviewed and updated to reflect current data protection legislation and the provider maintained its registration with the Information Commissioner's Office.

Recommendation

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.

Action taken

We reviewed two staff files and found one PVG certificate held on file. However, the personal address and date of birth of the individual had been redacted with permanent marker pen.

Recommendation

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

Action taken

We saw that one formal staff meeting had taken place in March 2023. This meeting had been minuted and several actions had been identified. Staff could not remember when the last meeting before this took place. However, they told us they were kept up to date through regular informal discussions, staff emails and a nurse handover form, used to exchange operational information between the two nurses as they worked different shifts. We suggested that 3-monthly formalised staff meetings may be more appropriate given the small size of the team and the frequent informal discussions that team members had. This would allow for an appropriate balance of formal and informal communication that

would suit the way the service operated. More informal communication as a small team of staff.

Recommendation

The service should develop a quality improvement plan to evaluate and measure the impact of service improvements.

Action taken

A quality improvement plan had been developed that included patient feedback, audit results and vaccine supplier issues.

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to MASTA Travel Clinic on Wednesday 6 December 2023. We spoke with a number of staff during the inspection. We received feedback from seven patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Glasgow, MASTA Travel Clinic is an independent clinic providing non-surgical treatments, namely travel and wellness vaccinations.

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.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
Summary findings		Grade awarded
The service had identified aims and objectives focused on delivering safe travel vaccinations and advice. It is a small team of nurses and administrative staff, with prescribing input from doctors. The service should publish its aims and objectives to inform patients and staff and regularly review them to make sure they are being met.		✓ Satisfactory
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Policies and procedures were in place to support safe and effective delivery of care, as well as a quality improvement plan to support continuous improvement. A duty of candour report should be produced and published each year. Improvement plan actions should be recorded and monitored to demonstrate continuous improvement. Risk assessments should be expanded to make sure patient care and treatment is delivered in the safest way possible.		✓ Satisfactory
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
Patients were cared for in a safe and clean environment. Staff files and patient care records were of good quality. Staff enjoyed working in the service and supported each other. Patients told us they had a good experience using the service. Regular Disclosure Scotland updates should be carried out at regular intervals.		✓✓ Good

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

Further information about the Quality Assurance Framework can also be found on our website at:

https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Occupational Health Works Limited to take after our inspection

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.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in no requirements and seven recommendations.

Direction	
Requirements	
None	
Recommendations	
a	<p>The service should ensure clear and measurable aims and objectives have been identified and published so that patients and staff are aware. It should also ensure they are regularly reviewed to demonstrate they are being met (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
b	<p>The service should change the name of its website to match the name of the service, to make it easier for patients to find information about the service (see page 14).</p> <p>Health and Social Care Standards: My support, my life. I experience high quality care and support that is right for me. Statement 1.19</p>

Implementation and delivery	
Requirements	
None	
Recommendations	
c	<p>The service should develop a structured approach to gathering feedback, including how this then influences improvements and ensure that any feedback is shared with people using the service (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>
d	<p>The service should produce annual duty of candour reports and publish them, for example on its website (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
e	<p>The service should develop its quality improvement plan to include the monitoring and recording of improvement actions, to enable it to demonstrate how it is identifying and measuring improvement continually (see page 20).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>
f	<p>The service should expand its current programme of risk assessments to ensure patient care and treatment is delivered in the safest way possible. All risk assessments should then be regularly reviewed and updated (see page 20).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p>

Results	
Requirements	
None	
Recommendation	
g	<p>The service should implement a system of regularly rechecking staff members Disclosure Scotland status to make sure staff remain safe to work in the service (see page 23).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>

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

We would like to thank all staff at MASTA Travel Clinic for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

The service had identified aims and objectives focused on delivering safe travel vaccinations and advice. It is a small team of nurses and administrative staff, with prescribing input from doctors. The service should publish its aims and objectives to inform patients and staff and regularly review them to make sure they are being met.

Clear vision and purpose

MASTA (Medical Advisory Service for Travellers Abroad) was established 30 years ago and operates one of the largest network of private travel clinics in the UK. MASTA Travel Clinic Glasgow is part of the MASTA franchise but provided independently by Occupational Health Works Limited (the provider). The service offers travel vaccinations and advice, wellness vaccinations and tests, as well as corporate first aid training.

The service had identified aims and objectives in its original application to register as independent clinic. These included:

- administering appropriate travel vaccinations in a safe manner, having made the patient aware of any side effects and obtained the patient's consent
- delivering appropriate advice on the prevention of disease and health risks related to travel
- increasing travellers' awareness of the diseases and other health risks related to foreign travel, particularly in higher risk countries
- using up-to-date travel health resources including national guidelines and online databases to help decide the appropriate risk management for the individual traveller, and
- working within 'The code: Standards of conduct, performance and ethics for nurses and midwives' from the Nursing and Midwifery Council (NMC) at all times.

The way the service operated was underpinned by MASTA clinical standards. The registered manager had completed MASTA corporate training before acquiring the franchise, to help make sure the advice provided was consistent with the rest of the franchise network.

What needs to improve

While the service had identified aims and objectives in its original application to register as an independent clinic, these had not been published on its website or shared with staff. The service did not have a process in place to review objectives to make sure they were being achieved. Having clear and measurable objectives, publishing them so that patients and staff are aware and implementing a review process would help the service demonstrate that its objectives were being met (recommendation a).

The service had two websites. The MASTA franchise website allowed patients to find clinics by location. This website stated that all its clinics are regulated by the Care Quality Commission (CQC). This is confusing for patients in Scotland, where Healthcare Improvement Scotland is the healthcare regulator, not the CQC. The service had therefore created its own independent website under the name of the provider, Occupational Health Works Limited. This website included information about the treatments provided, the service's complaints procedure and a statement about the service being regulated by Healthcare Improvement Scotland, along with our contact details. However, as the service trades as MASTA Travel Clinic Glasgow and not Occupational Health Works Limited, it made it potentially confusing and difficult for patients to find information about the service (recommendation b).

- No requirements.

Recommendation a

- The service should ensure clear and measurable aims and objectives have been identified and published so that patients and staff are aware. It should also ensure they are regularly reviewed to demonstrate they are being met.

Recommendation b

- The service should change the name of its website to match the name of the service, to make it easier for patients to find information about the service.

Leadership and culture

The service was owned and provided by an experienced nurse practitioner, registered with the Nursing and Midwifery Council (NMC). They were also the registered manager of the service and supported by a small team of NMC registered nurses and administration staff. Practising privileges were also granted to two doctors, registered with the General Medical Council (GMC) to provide patient specific directions (a special kind of group prescription used for prescribing vaccines to multiple patients at the same time).

Staff told us the manager was supportive and approachable, they felt encouraged to develop and were supported to participate in paid external training where appropriate. The team worked closely with each other and had an open, primarily informal approach to communication. Staff felt confident to express their views and speak up where necessary.

A staff bonus scheme was in place. Regular social days helped the team to bond and staff were given a free half-day every week for their own personal use.

MASTA Limited is part of the Hallo Healthcare Group and has its own leadership team that reports into the group's monthly quality and clinical standards committee. This committee meeting reviewed:

- clinical incidents
- complaints
- external audits, and
- internal audits from all franchised clinics.

Minutes and actions from these meetings were shared with the group's board. Outcomes from these meetings were shared with franchised clinics through an internal electronic database and weekly newsletters. Further expertise in travel advice and vaccinations was accessed through the National Travel Health Network and Centre (NaTHNaC). NaTHNaC gets its information and updates directly from the World Health Organization (WHO).

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Policies and procedures were in place to support safe and effective delivery of care, as well as a quality improvement plan to support continuous improvement. A duty of candour report should be produced and published each year. Improvement plan actions should be recorded and monitored to demonstrate continuous improvement. Risk assessments should be expanded to make sure patient care and treatment is delivered in the safest way possible.

Co-design, co-production (patients, staff and stakeholder engagement)

All treatments offered in the service were on appointment-only. We were told the practitioner aimed for a person-centered approach with each patient. This included discussion about individual expectations, requirements and costs. It was important to the service that patient outcomes met their expectations. Follow-up calls and discussions were held with patients after each treatment helped to monitor this.

Patients could get in touch with the service through social media, the service's website or through the MASTA website. The service's website detailed the services it offered, such as:

- corporate training
- travel advice
- travel vaccinations, and
- wellness advice.

Information about each treatment allowed patients to review their options before making any decisions. Patient information leaflets were given after treatment, along with verbal aftercare advice on the common side-effects following vaccinations and how to treat them if they arose.

The service's participation policy stated that it encouraged patients to provide feedback through actively asking those who used the service and encouraging them to leave comments in a suggestion box. We found that feedback was

mainly gathered through speaking with patients face-to-face following their treatment. While the service had used a feedback survey in previous years, this had not been used recently. A recent 'You Said We Did' poster showed six examples of improvements made as a result of patient feedback, including the provision of newspapers in reception and providing a sign with directions to the toilet.

What needs to improve

While we saw online reviews for MASTA, the reviews were generalised so it was not possible to isolate reviews for individual clinics. The service's own website or social media pages did not display any patient reviews or testimonials.

While the verbal methods used to gather feedback were useful, it was difficult for the service to draw any conclusions that could be used to drive improvement as we found no evidence that feedback was being recorded and analysed, and results shared with people using the service. A more structured approach to patient feedback should include:

- recording and analysing results
 - implementing changes to drive improvement, and
 - measuring the impact of improvements (recommendation c)
- No requirements.

Recommendation c

- The service should develop a structured approach to gathering feedback, including how this then influences improvements and ensure that any feedback is shared with people using the service.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The registered manager was aware of their duty to report certain matters to Healthcare Improvement Scotland as detailed in our notifications guidance and had submitted appropriate notifications when required. A system was in place for the recording and managing of any incidents or accidents that may occur in the service. We saw that the service had not experienced any incidents or accidents since it was registered with Healthcare Improvement Scotland in December 2017.

We saw policies and procedures were in place to deliver safe, person-centred care, including those for:

- duty of candour
- infection prevention and control
- information management
- managing medication, and
- safeguarding.

The landlord of the building had carried out a fire safety risk assessment and maintenance contracts were in place for fire safety equipment and the communal passenger lift. The electrical installation had been recently inspected and remedial works were planned to rectify the faults identified. Portable appliances had been recently checked and we saw an appropriate clinical waste contract in place.

The service's complaints policy informed patients they could complain to Healthcare Improvement Scotland at any time. The service had received no complaints since its registration and no formal complaints about the service had been received by Healthcare Improvement Scotland.

The service had safeguarding policies in place and staff understood how to report concerns about patients at risk of harm or abuse. Staff also understood their responsibilities under duty of candour legislation and the service had a duty of candour policy. This is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong.

We saw a safe system in place for prescribing, procuring, storing and administering vaccines in line with the service's medicine management policy. Vaccines were stored in locked fridges and fridge temperatures were recorded twice a day to make sure the cold-chain was maintained.

Patients self-referred to the clinic for travel advice and vaccinations before travelling abroad and could book appointments online. At the first clinic appointment, patients had a full consultation with a travel health specialist nurse. Staff discussed the risks and benefits of travel vaccines with patients before they agreed to treatment. Information about the various vaccines available was available on the service's website. Staff discussed aftercare with patients during their treatment and also emailed them the patient information leaflet from the vaccine packaging.

Patient care records were stored on an electronic database, on a password-protected computer. This protected confidential patient information in line with the service's information management policy. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) and we saw that it worked in line with data protection regulations.

A process was in place to make sure that staff were recruited safely. Staff received regular appraisals to discuss their performance and development and kept up to date with appropriate training as identified in their appraisals.

What needs to improve

The service was not producing and publishing yearly duty of candour reports (recommendation d).

- No requirements.

Recommendation d

- The service should produce annual duty of candour reports and publish them, for example on its website.

Planning for quality

Arrangements were in place to deal with emergencies and a business continuity plan set out what action the service would take to look after its patients and staff should a natural disaster or other unforeseen circumstance occur. Some risk assessments had been carried out for key risks in the service, such as fire safety and vaccine stock rotation.

A wide range of audits were carried out each month to review the safe delivery and quality of the service. Audits were leading to improvement and we saw examples of this in recent audits that had been carried out, including:

- cleaning
- fridge temperatures
- medical records
- medicine labelling
- patient group directions (PGD) updates and signatures
- sharps boxes
- stock level reviews, and
- vaccination chart update.

The service manager documented findings from audits and was responsible for making sure any improvements identified from the findings were implemented.

The service's quality improvement plan detailed how it planned to improve in areas, such as:

- audit results
- patient feedback, and
- vaccine supplier issues.

What needs to improve

While the service's improvement plan identified the areas in which it planned to improve, it had no mechanism in place to monitor planned improvements and record whether they had been carried out. This would allow the service to continually evaluate its performance, monitor its actions and demonstrate where improvements are being made (recommendation e).

The range of risk assessments should be expanded to make sure that patient care and treatment is always delivered in the safest way. For example, by developing a risk assessment for slips, trips and falls (recommendation f).

- No requirements.

Recommendation e

- The service should develop its quality improvement plan to include the monitoring and recording of improvement actions, to enable it to demonstrate how it is identifying and measuring improvement continually.

Recommendation f

- The service should expand its current programme of risk assessments to ensure patient care and treatment is delivered in the safest way possible. All risk assessments should then be regularly reviewed and updated.

Key Focus Area: Results

Domain 6: Relationships

Domain 7: Quality control

How well has the service demonstrated that it provides safe, person-centred care?

Our findings

Patients were cared for in a safe and clean environment. Staff files and patient care records were of good quality. Staff enjoyed working in the service and supported each other. Patients told us they had a good experience using the service. Regular Disclosure Scotland updates should be carried out at regular intervals.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested.

As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a limited self-evaluation.

We reviewed two staff files and saw that relevant background checks had been completed. Staff we spoke with told us they enjoyed working in the service and felt supported in their team.

Patients were cared for in a safe and clean environment. The treatment room was comfortable and provided adequate security and privacy for patients during treatment. Equipment was in good condition. Cleaning of the treatment rooms and equipment was carried out between patient appointments, as well as a full clean of the clinic every day. We saw that cleaning schedules were completed and up to date.

All patients who responded to our survey said they were satisfied with the facilities and equipment in the environment they were treated in. Comments included:

- 'Clean, well stocked, and well organised.'
- 'Comfortable waiting area, very clean.'
- 'Old fashioned clinic but clean and tidy.'

We also asked patients what worked well about the service. Comments included:

- ‘Prompt service. Good record keeping. Convenient location.’
- ‘Polite, kind and well-trained staff.’
- ‘Admin staff looked happy at their work and were kind to me when I said I was scared.’
- ‘All the staff were great. Nice atmosphere.’

The five electronic patient care records we reviewed were comprehensive and accurately completed. All patient care records included:

- consultation and assessment, including medical history
- patient consent to treatment
- information given about risks and benefits
- details of medicines used and expiry date and lot number, and
- aftercare advice provided.

All patients who responded to our survey told us that they received enough information about their procedure and felt involved in the decisions about their care. Comments included:

- ‘[...] is clearly extremely experienced and spent a generous amount of time with me to check my records, my plans, and the benefits and risks. She listened carefully to me and advised me on my options. She provided the three vaccines required and the anti-malarial tablets and made sure that I understood how to take them. She was very reassuring and competent. She then updated my records and finished with a quick summary of how to travel safely and avoid risky situations. The treatment room was well organised and inspired confidence. Yet again, Masta provided exactly what I needed.’
- ‘[...] was fantastic. Myself and my partner booked a last minute trip to several countries in SE Asia. She went through everything in detail and all of our options.’
- ‘Great information from nurse. Very friendly and put me at ease. No rush. Made to feel welcome. Not scared of needles anymore!’

What needs to improve

While Disclosure Scotland checks were carried out before appointing new staff to the service, the service did not repeat these checks at regular intervals to

make sure staff remained safe to continue working in the service. While Disclosure Scotland will automatically notify the provider about specific convictions that don't necessarily bar the individual from doing regulated work. The manager told us they sent an email to staff every 3 years asking them to state by return that they had not received any convictions, cautions or court orders. However, the service should have a system of regularly checking each staff members status with Disclosure Scotland (recommendation g).

- No requirements.

Recommendation g

- The service should implement a system of regularly rechecking staff members Disclosure Scotland status to make sure staff remain safe to work in the service.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system 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.



More information about our approach can be found on our website:
https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.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: his.ihtregulation@nhs.scot

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 his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP

0141 225 6999

www.healthcareimprovementscotland.org