

Testing for All

Testing for All Headquarters







Inspection report

13 Hawley Crescent
London
NW1 8NP
Tel: 02033011100
www.testingforall.org

Date of inspection visit: 11 May 2023
Date of publication: 10/07/2023

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

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Inspected but not rated	
Are services caring?		Insufficient evidence to rate	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Overall summary

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service managed infection risks well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs.
- The service planned care to meet the needs of their patients, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for appointments.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. They understood the service's vision and values, and how to apply them in their work. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. Staff were committed to improving services continually.

However:

- Staff were not trained in safeguarding children, although the service had a comprehensive child and young person safeguarding policy.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	

Summary of findings

Contents

Summary of this inspection

Background to Testing for All Headquarters	5
Information about Testing for All Headquarters	5

Page

5

5

Our findings from this inspection

Overview of ratings	6
Our findings by main service	7

6

7

Summary of this inspection

Background to Testing for All Headquarters

Testing for All is an independent healthcare provider now offering diagnostic and screening services to individuals such as well person tests, hormone, vitamin or thyroid tests.

Originally set up as a not-for-profit organisation to provide Covid-19 testing the service completed CQC registration in January 2021, just after the government withdrew CQC's remit to regulate Covid-19 testing. Currently, the only part of their service CQC regulate is the visit to a client's place of work or home by a phlebotomist to draw blood for the tests.

The registered manager was appointed in January 2021.

Another service with links to Testing for All is going through our registration process. We were told once that process is complete Testing for All will de-register.

How we carried out this inspection

Our inspection was announced, and we used our comprehensive inspection methodology.

We spoke with the registered manager and two other members of the senior management team. We looked at staff records, including mandatory training records, risk assessments, incident and complaint information and general governance systems.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **SHOULD** take to improve:

- The service should ensure that children and young people safeguarding training is added to the mandatory training.


Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Insufficient evidence to rate	Good	Good	Good
Overall	Good	Inspected but not rated	Insufficient evidence to rate	Good	Good	Good

Diagnostic and screening services

Safe	Good 
Effective	Inspected but not rated 
Caring	Insufficient evidence to rate 
Responsive	Good 
Well-led	Good 

Is the service safe?

Good 

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. It included basic life support, moving and handling, treating anaphylaxis, infection control, information governance, lone worker protocols and dealing with violence and aggression.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. Staff were trained to safeguarding level 2 for adults as part of their mandatory training. The registered manager and the nursing lead were the safeguarding leads who were trained to level 3.

Although their patients were adults, the phlebotomists were entering businesses and private homes where children might be, but they were only trained in safeguarding vulnerable adults. However, the service did have a comprehensive child safeguarding policy and some of the staff were trained outside of the service in child safeguarding.

The staff had never had to make a safeguarding referral.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.

When staff entered the businesses or homes of patients, they followed infection control principles including the use of personal protective equipment (PPE).

Diagnostic and screening services

They carried portable sharps bins to dispose of the needles and syringes safely and had sufficient PPE for their patient list.

All equipment they took with them on visits was single use and could be safely disposed of. Any clinical waste was taken away for safe disposal.

Environment and equipment

The design, maintenance and use of equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Staff worked remotely and were sent whatever equipment, including PPE they required to fulfil their duties.

Staff carried out daily safety checks of specialist equipment and had the proper training to take blood samples from veins.

The service had enough suitable equipment to help them to safely care for patients.

Staff disposed of clinical waste safely.

Staff were supplied with a mobile phone app which gave routing and GPS locations of appointments for lone worker safety.

Assessing and responding to patient risk

Staff completed and updated risk assessments and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

A general clinical risk assessment was carried out by the provider to identify any risks associated with visits to patients' homes. Staff attending appointments conducted identity checks and asked relevant health questions before obtaining consent for the drawing of blood.

The service had an unwell patient policy, staff were trained in basic life support and told to call for assistance via the 999 system if required. An incident form was to be submitted in each case.

Staff knew about any specific risks related to the drawing of blood and had sufficient training to deal with minor occurrences.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave staff a full induction.

The service was in a trial phase, but at the time of inspection employed 8 nurse/phlebotomists which they then released under a service level agreement to another CQC registered provider.

The service kept electronic records of staff training records, qualifications, enhanced disclosure and barring service (DBS) checks and other employment related documents.

Diagnostic and screening services

The service had a staff handbook which covered fitness to practise, complaints and incident reporting, applicable rules and regulations, and equal opportunities and diversity.

The service also had a recruitment and onboarding process map and an induction policy.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to the management team.

Patient records were stored electronically on proprietary software which allowed auditing of information for ongoing analysis.

Medicines

The service did not prescribe or administer medicines.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff had training in what incidents to report and how to report them. There was an incident management and reporting policy.

Staff were able to report incidents and receive feedback via a secure version of an instant messaging mobile phone app. Patient data was erased from the staff's mobile phone after the incident was reported.

Staff raised concerns and reported incidents and near misses in line with the service's policy.

The service had no never events. Never Events are defined as Serious Incidents that are wholly preventable.

Staff understood the duty of candour, and would be open and transparent, and give patients and families a full explanation when things went wrong.

Managers investigated incidents thoroughly and staff received feedback from the investigation.

Staff met to discuss the feedback and look at improvements to patient care.

At the time of inspection, no incidents had been reported in the regulated part of the service.

Diagnostic and screening services

Is the service effective?

Inspected but not rated 

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

A member of the management team who was medically trained ensured the service was following the latest guidelines from the National Institute for Health and Care Excellence (NICE), the Medicines and Healthcare products Regulatory Agency (MHRA) and any clinical guidance.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Outcomes for patients were positive, consistent and met expectations of the patients and service.

Managers and staff used the results from the audit analysis to improve patients' outcomes.

Managers shared and made sure staff understood information from the audits at regular meetings.

Competent staff

The service made sure staff were competent for their roles. Managers held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work.

The management team told us they planned to support staff to develop through yearly, constructive appraisals of their work. But as they had just begun the trial, they had not reached that stage as yet. They had set up a spreadsheet titled 360 feedback on which noted ongoing performance of the staff.

Managers supported staff to develop through regular, constructive clinical supervision of their work.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. They identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Seven-day services

Key services were available to support timely patient care.

Diagnostic and screening services

Patients could book their phlebotomist appointment on-line 24 hours a day, although the appointments were only conducted Monday to Friday.

Consent

They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Patients gave consent on-line when they booked their appointment. Once the staff attended the patient, either at work or in their home, they obtained verbal consent before drawing blood. Staff had been trained to recognise how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance, and clearly recorded consent in the patients' records.

Is the service caring?

Insufficient evidence to rate 

We did not inspect or rate caring.

The service was in a trial phase for phlebotomist home visits. As such only a handful had taken place and there was very little data available.

Is the service responsive?

Good 

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local patients and the communities served.

Managers planned and organised services so they met the changing needs of their patients.

Managers monitored and took action to minimise cancelled appointments by the service.

Managers ensured that patients who needed to reschedule appointments were contacted and a new appointment arranged.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Patients could book a phlebotomist visit at their home or workplace on a day and time which suited them.

Diagnostic and screening services

We were told the management team had plans to provide information about the service in languages other than English for those patients whose first language is not English. This had not happened yet as they were still in a trial phase.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with the service's standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and targets.

Managers worked to keep the number of cancelled appointments to a minimum.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients could raise a complaint in person to the phlebotomist, by telephone to the service or via the website. The service had a complaints policy which stated complaints would be acknowledged within 3 working days and a full response within 20 working days.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We saw evidence of this for a complaint raised about a non-regulated activity. There have not been any complaints raised regarding the regulated activity.

Managers told us they would share feedback from complaints with staff and learning used to improve the service.

Is the service well-led?

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

There was a clear senior management structure within the service. Lines of accountability and responsibilities were clear, and staff understood their roles and how to escalate problems.

Diagnostic and screening services

The service was led by co-founder of the company who was also the CQC registered manager. He was supported by a finance director and a medical advisor.

The senior management team held monthly clinical operations meetings to discuss policy, complaints, audit results and staff meetings.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services.

Testing for all was set up during the Covid-19 pandemic as a not-for-profit company providing Covid-19 tests. Towards the end of the pandemic the company branched out to provide diagnostic and screening services for individuals specifically targeting public health matters, sexual health and health screening.

They recently responded to a customer demand for phlebotomists to be available to draw blood for those tests and set up a trial phase.

The same core management team have set up a new service and once that has been fully CQC registered, Testing for All will be closed and de-registered.

Culture

They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients and staff could raise concerns without fear.

The service's focus was on patient experience and personal one-to-one service.

All staff had undertaken equality and diversity training as part of their mandatory training.

Managers supported an open and honest culture by leading by example and promoting the clinic's values.

The service was supportive of their staff and had put a scheme in place to help retain the staff during the trial phase.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

There was an effective governance structure which included a range of meetings that were held regularly.

There were monthly clinical governance committee meetings attended by the managers of the clinic. The meeting discussed clinical governance developments, national guidance and legislation developments, infection prevention and control, clinical performance and risk. According to the minutes, the meetings were well attended, and actions on issues affecting the service were agreed upon. Clinical input into the meetings was provided by the doctor and the registered nurse on the management team.

Diagnostic and screening services

Management of risk, issues and performance

Leaders used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service used a risk register to monitor key risks. These included relevant clinical and corporate risks to the organisation and action plans to address them. Risks were discussed at regular governance meetings. We were provided with an up-to-date copy of the risk register and were able to see the current risks and how they were addressed.

Unexpected events were planned for within the risk register, clinical health assessment and the lone worker policy.

There was a systematic programme of clinical and internal auditing to monitor quality and operational processes.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

The service had an in-date certificate from the Information Commissioner's Office (ICO) and the registered manager was named as the data protection officer.

All staff received training on the general data protection regulations (GDPR) and had a named person to contact if they were concerned about any breaches.

The clinic regularly audited their clinical performance and engaged with staff and patients to review and improve the service.

Staff were able to access policies and procedures via the Testing for All intranet.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service ensured patients had platforms to give feedback, to try and get as much feedback as possible. Patients could complete feedback forms available online on their website or on online review sites.

There were regular staff meetings and the management team ensured any staff who could not attend were updated.

Learning, continuous improvement and innovation

The management team were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

The management team kept themselves informed about the latest guidance and innovations in their field of work.

They had systems set up to allow them to monitor and audit each aspect of their service and were committed to improving the safety of their patients and the quality of the service they received.