

IntraHealth Greater Manchester Office

Inspection report

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

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at IntraHealth Greater Manchester Office as part of our inspection programme and to provide the service with a rating.

IntraHealth Greater Manchester Office is a service commissioned by NHS England and provides a School Aged Immunisation Service (SAIS) within Greater Manchester (Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan). The service provides children and young adults, usually within a school setting, with a flu vaccination service to boost and immunise against influenza.

The service has a 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- There were systems and processes to safeguard children and young adults from abuse and harm. Staff were trained in safeguarding procedures and concerns were reported, investigated and monitored effectively.
- Staff recruitment procedures were effective and staff understood their role and responsibilities.
- There were systems to ensure the safe handling of medicines and vaccines.
- The delivery of the service was monitored to ensure ongoing improvements.
- Staff shared information, worked together and worked well with other organisations to deliver effective care and treatment.
- Staff were well trained, knowledgeable, and experienced to carry out their roles.
- Staff treated children and young adults with kindness, respect and compassion which reflected the organisation's ethos.
- Staff respected the cultural, personal, social and religious needs of each child and young adult.
- The service planned for and delivered services to children and young adults with a learning disability and autism, those attending a pupil referral unit.
- Complaints were taken seriously to ensure quality improvements in the service.
- Leaders consistently demonstrated a commitment to best practice performance and risk management to ensure staff had the capacity and skills to deliver high quality sustainable care.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Overall summary

Chief Inspector of Healthcare

Our inspection team

Our inspection team was led by a CQC inspector and supported by a second inspector.

Background to IntraHealth Greater Manchester Office

IntraHealth Greater Manchester Office provides a bespoke NHS England commissioned School Aged Immunisation Service(SAIS) to the children and young adults living in Greater Manchester. The registered office for the service is located at Salmon Fields Business Village, Unit 10, Royton, Oldham OL2 6HT. The website address is www.intrahealth.co.uk.

The vaccination service is provided in schools, community venues and in a child or young adult's own home. The service is open Monday to Friday from 8.30 am to 5.30 pm.

IntraHealth Ltd is the CQC registered provider for the service and they provide a range of primary health care services across the north of England

The service is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury.

How we inspected this service

Before and during the inspection we spoke with a range of clinical and non clinical staff including the operations manager and their assistant, the lead immunisations nurse and two locality lead immunisation nurses. We also spoke with immunisation administration coordinators and support staff. We reviewed a wide range of documents and risk assessments received before the inspection along with 12 staff feedback forms.

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

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

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

Are services safe?

We rated safe as Good because:

There were systems to assess, monitor and manage risks to those using the service. Staff had the information they needed to deliver safe care and treatment to the children and young adults.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including bank and temporary staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- 'Safety huddles' took place before all vaccination sessions and records were kept of these. The huddle involved all staff being made aware of the key roles for the day including what to do in case of an emergency situation. Any issues affecting the session were discussed and measures taken to ensure a safe and effective session.
- The service worked with other agencies to support children and young adults and protect them from neglect and abuse. Staff took steps to protect children and young adults from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. During discussion, staff demonstrated they were clear on the action they should take in the event of a safeguarding concern. The safeguarding policy and procedure was available to all staff.
- There was an effective system to manage infection prevention and control. Regular checks and risk assessments were carried out to control the risk of infection and staff were trained in infection prevention and control. Personal protection equipment was always available.
- Equipment was safe and maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. Environmental checks were completed and any identified actions were followed up.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them. For example, staff visited schools / clinics to check they were suitable locations for the service provision.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

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

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians followed relevant protocols and kept up to date with evidence-based guidance.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks.
- Refrigerators used to store vaccines were checked, maintained and monitored appropriately to ensure that the vaccines remained stored in line with manufacturers instructions. Staff knew what to do if cold chains were breached and followed protocols to ensure vaccines remained safe to use. This included during their transport to the schools or premises where clinics took place.
- Staff administered vaccines to children and young adults and also Adrenalin in the event of an emergency. They gave advice in line with legal requirements and current national guidance. Processes were in place for checking vaccines and medicines and staff kept accurate records of these checks.
- There were effective protocols for verifying the identity of children and young people prior to a vaccine being administered.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- We reviewed six significant events. There was a system for recording, discussing and acting on significant events for the purpose of learning. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

Are services safe?

- There were good systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. For example, on one occasion the emergency equipment and drug had was not taken to a vaccination site. This incident was discussed with relevant staff and procedures were reviewed to ensure the incident did not reoccur.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

We rated effective as Good because:

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

Effective needs assessment, care and treatment

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

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patient group directives (PGDs) were used to ensure safe administration of the vaccines. PGDs provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine(s) to a pre-defined group of patients, without them having to see a prescriber.
- Children and young adult's immediate and ongoing needs were assessed. Where appropriate this included their clinical needs and their mental and physical well-being. For example, vaccination consent forms and e-consent forms asked for health information including information about allergies and long term health conditions.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff responded to vaccination side effects, including managing pain, in line with appropriate guidelines.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. There was clear evidence of action to resolve concerns and improve quality. Significant events were monitored for the purpose of improvement. For example, vaccines were destroyed because the correct guidance had not been followed in handling the vaccines. Staff training was provided to ensure learning from the incident and to ensure it did not reoccur.
- The service made improvements through the use of completed audits which had a positive impact on the quality of care. For example, audits were completed on nurse competency, fridge temperature checks, infection prevention and control, and personal protective clothing.
- The vaccination teams had access to a range of organisational standard operating procedures and protocols that underpinned all aspects of the service delivery.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council / Nursing and Midwifery Council and were up to date with re validation.
- Staff told us were encouraged and given opportunities to develop in their role. For example, the provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. All staff were provided with an annual appraisal of their work. They also met regularly with their line manager for support and supervision in their role.

Are services effective?

- Regular online training was provided which included equality and diversity, health and safety, infection control and safeguarding procedures.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Children and young adults received coordinated and person-centred care. Staff referred to, and communicated effectively with other services when appropriate. For example, the provider worked closely with NHS England / NHS Greater Manchester Integrated Care who commissioned the service. Their feedback about the service was very positive. They commented that IntraHealth Greater Manchester Office provided a good service and that staff work collaboratively with them in areas identified as requiring improvement. They said that staff had undertaken a number of initiatives to improve uptake and engagement with schools across Greater Manchester and continued to be proactive in looking at ways at improving uptake and reducing health inequalities. Staff worked closely with schools to ensure the vaccination programme was well managed.
- Clinical staff worked with community groups to educate and inform parents and guardian about the benefit and importance of flu immunisation.
- Before providing treatment, staff ensured they had adequate knowledge and relevant information about each child and young adult's medical history.
- Care and treatment for children and young adults in vulnerable circumstances was coordinated with other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Clinical staff provided children and young adults with information about the possible side effects of a vaccination and how to manage this.
- Where identified medical needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Protocols were in place to support parents and guardians to give consent for vaccinations. If consent information was not up to date, then staff contacted the parent / guardian for additional information.
- The service monitored the process for seeking consent from significant events, complaints and patient / guardian / staff feedback to ensure learning and improvement.
- The clinical staff teams promoted an understanding about consent to vaccinations via school assemblies, information leaflets and health promotion activities including parents evenings.
- Parents / guardians could give consent online (eConsent), by completing a paper consent form or by giving their verbal consent. Young adults could also be assessed for Gillick competency if necessary.

Are services caring?

We rated caring as Good because:

Children and young adults were treated with respect and staff were kind, caring and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care provided.
- The organisation provided data to demonstrate that feedback from children and young adults was positive about the way they were treated.
- Clinical staff displayed an understanding and non-judgmental attitude in the way they worked.
- Staff gave children and young adults timely support and information prior to the vaccination. They spent time with each child and young adult explaining what the vaccination was for, what they could expect after the vaccination and to answer any questions. Following the vaccination the young person was given an information leaflet about the vaccination.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Staff communicated with children and young adults in a way that they could understand, for example, communication aids and easy read materials were available.
- Interpretation services were available for children and young adults who did not have English as a first language. Children and young adults were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read formats, to help children and young adults be involved in decisions about their care.
- Family carers or social workers were appropriately involved with children and young adults with a learning disability or those with complex social needs.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of ensuring the privacy and dignity of all children and young adults. For example, screens were provided to a young adult who required more privacy.
- Staff knew that if a child or young adult wanted to discuss sensitive issues or appeared distressed they could offer them a private room.

Are services responsive to people's needs?

We rated responsive as Good because:

The service adapted their approach to meet the different needs of children and young adults.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of children and young adults and continually improved services in response to those needs. They were proactive in looking at ways to improve uptake of vaccinations to reducing health inequalities. For example, staff were informed about the care needs of children and young adults with a disability and the possible difficulty they may experience in accessing the vaccination service.
- The staff were aware of cultural and religious elements and levels of deprivation within the community, along with the different languages spoken, and other potential barriers to accessing the immunisation services in the Greater Manchester area.
- Staff worked with parents / guardians of children and young adults being educated at home and with members of the traveller community.
- Staff worked with Local Authorities, education providers and community leaders in a positive way to encourage high uptake of vaccinations.
- The facilities and premises used for vaccinations were appropriate for the services delivered.
- Reasonable adjustments were made so that children and young adults in vulnerable circumstances could access and use services on an equal basis to others. For example, educational resources were produced in different languages, bilingual staff were used as translators and arrangement could be made for parents / guardians to attend school to support their child if necessary.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Children and young adults with the most urgent needs had their vaccinations prioritised.
- Alternative arrangements were made for any child or young adult that missed their vaccination.
- The organisation's data showed that parents / guardians reported that the vaccination programme was well managed.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and staff treated parents / guardians compassionately.
- The service informed young adults and parents / guardians about further action that may be available to them should they not be satisfied with the response to their complaint.

Are services responsive to people's needs?

- The provider had received one complaint since October 2022. The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, a child was vaccinated prior to the consent for vaccination being withdrawn. An investigation of this complaint took place and the complaint was upheld. Staff reviewed procedures and communications, with training given as necessary.

Are services well-led?

We rated well-led as Good because:

Leaders were knowledgeable about the priorities and challenges related to the management of the service and were innovative in delivering the service. There was a strong focus on continuous learning and improvement

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others agencies to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners where relevant.
- Staff were aware of and understood the organisation's vision, values and strategy and how they contributed to this. Staff spoken with and those who completed the CQC staff feedback questionnaire confirmed they were clear on the organisation's vision and strategy and worked to the organisation's values of integrity, fairness, honesty and hard work.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff told us they felt respected, supported and valued. They were proud to work for the service. They said they enjoyed their job and felt well supported in their role. Staff reported that the service focused on ensuring children and young adults remained at the centre of their work.
- Leaders and managers acted on staff behaviour and performance inconsistent with the vision and values.
- There was an open door and blame free culture within the organisation. This was based on open and honest discussions and regular meetings within the teams and with senior staff.
- 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 told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received a formal annual appraisal of their work. Staff were supported to meet the requirements of professional revalidation as necessary.

Are services well-led?

- Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Flexible working was promoted to ensure staff welfare.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Clinical Governance Board Meeting were held and attended by immunisation clinical lead nurses.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, health and safety risk assessments were in place for fire safety, the safe management of medicines and emergency equipment. There was a safeguarding policy and procedure and suitable checks were carried out on staff before being employed.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and prescribing. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Are services well-led?

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of stakeholders.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, regular meetings were held with NHS England who commission the service, school staff who supported the service and community / religious group leaders. Community educational events were also held to support parents / guardian about the benefit of vaccinations.
- There were systems to support improvement and innovation work. For example, one of the coordinators developed a new booking system which is now being implemented. The benefits of this included a reduction in administration work and the more effective management of the service by using resources more effectively. Parents could change their own booking which reduced empty appointment slots and increased overall vaccinations.
- Other areas for improvement included staff knowledge and understanding of cultural awareness. Training sessions were provided in British sign language to support children with hearing disabilities and one of the nursing staff spoke about the vaccination service on a local radio station in Punjabi and English.
- Staff could describe to us the systems to give feedback. For example, how they obtained feedback from children and young adults and their parents / guardians. Data held by the organisation demonstrated that most people were happy with the standard of the service provided. We saw evidence of feedback opportunities for staff and how the findings were fed back. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.