

IntraHealth East Lancs Office

Inspection report

Unit 21
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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.

Following our inspection on 25 April 2023 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 East Lancs Office as part of our inspection programme, and to provide the service with a rating.

IntraHealth East Lancs Office is a service commissioned by NHS England and provides a School Aged Immunisation Service (SAIS). The service provides children and young people, usually within a school setting, with a vaccination service to boost and immunise against well-known infections such as measles, mumps and rubella (MMR), human papilloma virus (HPV) and influenza (Flu). A rigorous vaccination programme was established where primary and secondary schools were visited in East Lancashire and Blackburn with Darwen each school year.

The provider of the service is IntraHealth Ltd who provide a wide range of primary medical service including GPs practices, community pharmacies and telehealth screening.

The registered manager is Laura De Courcy Davies. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- Systems to safeguard children and young people (patients) were well established and effective. There were systems and processes in place to identify vulnerable children, and action was taken to flag potential concerns to ensure the safety of the children.
- The nursing teams and administrative teams worked in harmony together. Each team demonstrated a clear understanding of their role and responsibilities and how they worked together to provide a safe and effective vaccination service within different school settings.
- The SAIS nursing teams were proactive in offering education visits to local school children and to faith leaders of different communities to explain the importance of immunisations.
- The organisational culture was one of promoting learning and development. Incidents, complaints and staff suggestions were all used to inform and promote improvement in the quality of the services provided.

Overall summary

- Staff feedback forms and staff spoken with during our inspection provided positive feedback, with staff stating the IntraHealth organisation was a supportive and caring organisation to work for. Staff also told us they enjoyed their work and felt very much part of a team.
- Commissioners of the service provided positive feedback, stating the service was flexible, adaptable and effective.
- Evidence shared with us demonstrated governance systems were being reviewed and strengthened and quality improvement work was being undertaken.

The areas where the provider **should** make improvements are:

- To actively promote the freedom to speak up arrangements in the organisation.
- To provide the different staff teams (clinical and non-clinical) with clarity regarding the overall leadership of the services being delivered at the local level.

The provider had already taken steps to make improvements in these areas following the inspection.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector, supported by a second inspector with access to advice from a specialist advisor.

Background to IntraHealth East Lancs Office

IntraHealth East Lancs Office provides a bespoke NHS England commissioned School Aged Immunisation Service (SAIS) to the children and young people living within the East Lancashire and Blackburn with Darwen localities. The registered office for the service is located at Unit 21, Bancroft Road, Burnley BB10 2TP.

The service visits schools and community venues to vaccinate children and young people but also run clinics in other locations such as their own office clinic, community centres and in the child or young person's home on occasion. The vaccines are stored at the office location.

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.

The East Lancs vaccination team operate vaccination clinics in primary and secondary schools, and at other locations to deliver vaccinations against common infectious diseases such as meningitis, polio, diphtheria, flu and HPV. A timetable for the administration of the different vaccinations is followed with Diphtheria, Tetanus and Polio (DTP) and meningococcal bacteria -, (MenACWY) vaccinations take place in the first quarter of the year followed by HPV in the months of April to July. Measles, mumps and rubella (MMR) catch up takes place in June and July, followed by general catch ups for all missed vaccinations during July and August. This is followed by the flu vaccinations which takes place from September to December. The school vaccination teams visit each school in accordance with a schedule agreed with each school.

The service provides a vaccination programme to 233 primary schools offering vaccinations to 50,400 young children each year and to 24068 secondary school children attending the 68 secondary schools in the localities. If a child or young person misses their vaccination, additional clinics are set up in community venues and in schools to offer an additional opportunity to receive a vaccination.

During March 2023 the service undertook 2153 vaccinations for DTP, MenACWY and HPV. The biggest cohort of vaccinations is for flu vaccinations, the service delivered 5,000 per week during the period from September 2022 to December 2022.

Access to the service is facilitated through the child and young person's school. Contact is made with parents and caregivers to obtain consent and then the child attended the pre-planned session in their school. Catch up sessions were arranged periodically if vaccinations had been missed.

Information about the SAIS service can be found on the provider's website: <https://www.intrahealth.co.uk/clinical-services/patients/immunisation-vaccination/>

How we inspected this service

Before the inspection we spoke with a number of staff including the clinical director for IntraHealth Ltd, the registered manager and members of the nursing and administration team. We reviewed a wide range of documents and risk assessments received before our inspection, observed staff undertaking a young people's vaccination clinic within a secondary school and we spoke with staff at the office for the service.

As part of this inspection we visited and observed a clinic in a local school to observe the vaccination clinic taking place there.

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 and their safety. Staff had the information they needed to deliver safe care and treatment to the children and young people.

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 or 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 in 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 patients and protect them from neglect and abuse. Staff took steps to protect children and young people 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. Staff we spoke with knew how to identify and report concerns. Examples were provided of when safeguarding situations had arisen and actions that followed were appropriate.
- There was an effective system to manage infection prevention and control. Appropriate personal protection equipment was in place and steps were taken to control the risk of infection. We observed practices in place and found them appropriate.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste. The service ensured that regular environmental checks were completed and any identified actions were followed up. All equipment was serviced regularly and tested for electronic safety.
- The provider carried out appropriate environmental risk assessments, these were at time dynamic based on changes to the expected location of the clinics, often necessitated by school logistics. These took into account the needs of the children and young people, staff and the safety of those involved.

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. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Are services safe?

- There were appropriate indemnity arrangements in place. These were covered by organisational indemnity arrangements.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Correspondence detailing the specifics of the vaccination was sent to the child or the young person's GP following administration. These were either system generated or manually sent to the GP practice.
- 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 manufacturer's 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.
- The service did not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff administered vaccines to children and young people and gave advice in line with legal requirements and current national guidance. Processes were in place for checking vaccines and staff kept accurate records. We observed a vaccination administration session as part of our inspection and heard staff providing appropriate advice to children and young people. They advised what they could expect and what to do if they were in pain or felt unwell.
- There were effective protocols for verifying the identity of children and young people prior to vaccine administration. As part of our observations, we heard staff confirming identity details to ensure they had the correct child or young person as their records indicated.

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.

Are services safe?

Lessons learned and improvements made.

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate 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. As part of our inspection, we reviewed incidents for the 12 months from March 2022 to March 2023 and found that incidents were reported, investigated and analysed. This information was used to reduce the risk of reoccurrence and improve standards and quality.
- There was a good understanding of the principles of the duty of candour, the service was committed to being open and honest. The service had demonstrated use of their duty of candour following an incident and had apologised, offered support and involved the family in the incident and investigation. They kept written records of verbal interactions as well as written correspondence.
- There was an understanding of notifiable incidents which should be reported to CQC.
- The service acted on and learned from external safety events and other safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and bank staff.

Are services effective?

We rated effective as Good because:

The provider assessed needs and delivered their service in line with current legislation and evidence-based guidance. The service was actively involved in quality monitoring activity. The provider obtained consent to care and treatment in line with legislation and guidance

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. The core guidance to support the delivery of the vaccination service was the UK government Green Book, Chapter 11 in addition to the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Children and the young person's immediate and ongoing needs were fully assessed. Vaccination consent forms asked for information regarding the child's health including information about allergies and other long term health conditions. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians ensured they had enough information to promote the safe administration of the vaccine. Paper consent forms and eConsent forms were triple checked to ensure the correct information and identity of the child or young person prior to administration of a vaccine.
- We saw no evidence of discrimination when making care and treatment decisions.
- Nursing staff spent time discussing the vaccination, and the side effects the child/young person could experience and how this should be treated. An information leaflet was also provided to support the verbal explanation.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- Systems of quality monitoring and improvement were well established and effective. Best practice guidance, the Green book, and patient group directives (PGDs) were used to ensure safe administration of the vaccine. (PGDs provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber).
- The vaccination teams were also supported by a range of organisational standard operating procedures and protocols that underpinned all aspects of the service being delivered.
- The registered manager was working to a comprehensive task and finish improvement agenda and this showed the activities and actions that were completed; and as new areas were identified these were added to the plan. The task and finish action plan was supported by a range of comprehensive quality audits, which identified the different monitoring checks undertaken and these were grouped against the CQC five key questions of safe, effective, caring, responsive and well led.
- There was an audit plan available for clinical and non-clinical subjects and this included areas such as monthly nurse competency checks, monthly fridge checks, quarterly infection prevention and control checks, weekly cleaning checks and personal protective clothing (PPE) checks. Ad hoc spot checks were also undertaken to ensure staff were working in accordance with standard operating procedures and best practice guidance.
- A risk register was established and this was reviewed at least weekly.
- Significant incident, complaints and stakeholder feedback were also monitored and the outcomes from these areas also included in the quality assurance processes.

Are services effective?

- Weekly team 'huddles' were undertaken where issues, incidents and upcoming activities were discussed. These meetings were minuted. There were also bi-monthly senior clinical governance meeting where all aspects of performance was reviewed and this also informed the quality improvement agenda.

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. New staff were supported with an Immunisation Nursing Induction handbook which provide information about the organisation, the immunisation role, the key skills required and the competency monitoring checks that would be undertaken.
- Nursing staff were registered with the professional nursing body Nursing and Midwifery Council (NMC) and were up to date with revalidation. Those nurses we spoke with were very experienced and had varied backgrounds of working with children prior to their employment with IntraHealth Ltd.
- All staff had access to an online learning platform where a range of mandatory training was provided. This included health and safety, equality and diversity and conflict resolution.
- The nursing team were appropriately trained and had received specific training in relation to vaccinations. They were further supported with face-to-face training in the safe delivery of vaccinations to children and young people. This included responding to a medical emergency.
- Staff were encouraged and given opportunities to develop. Staff had personal development plans to support them with their professional development and advancement.

Coordinating patient care and information sharing

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

- Good liaison was established with the commissioners of the service. Commissioner feedback told us that the service provider always attended and contributed the School Aged Immunisation Service (SAIS) North West network meetings. We also heard that the service responded to any queries raised by NHS England.
- Communication channels were established with the schools being visited. Schedules were in place to ensure children and young people were offered the vaccinations in accordance with guidance. Alternative clinics or 'mop up' clinics were also set up to offer those children and young people who missed the original clinic and appointment.
- The immunisation teams also attended parents' evenings, community venues and cultural centres to tell parents, carers, and members of public about the benefits of immunisation.
- Before providing the vaccination, the vaccinators ensured they had adequate knowledge of the child's or young person's health, including any allergies, known health care conditions and previous immunisation record.
- Systems were in place to ensure the child / young person's GP were notified electronically after the vaccination session had completed.
- A comprehensive range of policies, procedures, and risk assessments, supported with the appropriate patient group directives (PGD) were available and accessible to staff.
- Vaccinations for children and young people who were assessed as vulnerable were coordinated with other services to ensure these children did not get missed from the vaccination programme.

Supporting patients to live healthier lives

Are services effective?

Staff were consistent and proactive in explaining to children, young people and parents the benefits of immunisations.

- We observed the nurses who administered the vaccinations explain to the young people the possible side effects of the vaccination and how they could manage this. The young person was also given a leaflet telling them about the human papillomavirus (HPV) vaccine and the benefits from the immunisation.
- If parental or guardian consent was not available or there was a concern regarding the administration of the vaccine, the clinical nursing team attempted to speak on the telephone with the young person's parent, to obtain the verbal consent or to clarify health concerns. This information was recorded on the young person's record.
- The service monitored the process for seeking consent appropriately.
- The service had clear protocols in place that were implemented if the appropriate parental /guardian consent was not available or there was insufficient information available regarding the child or young person. In these circumstances the vaccination was not administered and action was taken to seek out the required information.

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. Staff had training and demonstrated a good understanding around Gillick competencies.
- Systems to obtain parental/guardian consent were in place and these systems were monitored and reviewed regularly for effectiveness. Significant incidents, complaints and staff feedback were used to improve and develop consent systems.
- Parents and guardians were able to provide an electronic consent by email and this had increased uptake in most areas. However, the service and commissioners identified that in certain localities that uptake had reduced. Once this was identified the provider ensured paper consents were re-introduced to these localities.
- Once consent to immunisation was received these were logged via a triage process to identify any child who may have allergies or additional health conditions. At the school where the vaccinations were being undertaken child identify checks were undertaken a minimum of three times. The first check ensured a recorded consent was available and this was triaged to identify any potential health risks. A further identity check was undertaken when the child or young person was booked into the clinic in the school and the third check was undertaken by the vaccinator who asked the child/or young person a series of questions to establish that the child was the correct child and they were attending for the correct vaccination.

Are services caring?

We rated caring as Good because:

Staff helped children and young people and their parents and caregivers to be involved in decisions about their health in relation to immunisation and vaccination. Staff understood the needs of patients and respected their privacy and dignity. Staff had a kind and empathetic approach in the way they went about their work.

Kindness, respect and compassion

Staff treated children and young people with kindness, respect, and compassion.

- The vaccination teams provided each child and young person with the opportunity to feedback following the administration of the vaccines. The feedback sheets were either emoji faces for children to comment or indicate quickly what they thought or a brief questionnaire where young people could tick a response. Feedback was shared with the teams at their weekly 'huddle' meetings.
- The service had also introduced an eConsent form for parents and guardians to consent to the administration of a vaccination and this also included a feedback questionnaire that could be completed and returned. Following the nasal flu campaign in 2022 the organisation requested feedback from parents regarding the information and administration of this vaccine. Feedback received was significantly positive. Plans were in place to extend this type of feedback survey to other vaccination groups.
- The completed feedback sheets we viewed provided positive responses.
- The vaccination teams we spoke with had a clear understanding of the local area demographics including issues around social deprivation, cultural, social and religious needs. They visited a range of venues to raise people's awareness and dispel misinformation regarding the benefits of immunisation. Staff displayed an understanding and non-judgmental attitude to all children and young people.
- The vaccination team spent time with each young person explaining what the vaccination was, what they could expect afterwards and to answer any questions. We observed the nursing team speak quietly and discreetly with each young person. The young person's identity was checked alongside the signed consent form. Following the vaccination the person was given a leaflet about the vaccination for example we observed young people being given a leaflet about the HPV and a confirmation slip to give to their parent or guardian.

Involvement in decisions about care and treatment

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

- The nursing vaccination team spoke on a one-to-one basis with each young person to explain what the vaccination was and answer any questions. The nurses we spoke with confirmed that they adapted their approach so that they could engage with the child or young person in a way they could understand and this included using communication aids and easy read materials as appropriate.
- The nurses we spoke with provided examples of where they had spent time with children and young people who had a learning need or were autistic. We heard of the successes achieved by adapting their approach to each child. All staff had received training in learning disabilities and autism.

Privacy and Dignity

The service respected patients' privacy and dignity.

Are services caring?

- The nursing team recognised the importance of children and young peoples' privacy and dignity. In the schools we visited, we observed an area was screened off from the main room to allow young people more privacy if they requested this; and if this was required in circumstances where they needed to remove upper clothing such as a shirt.

Are services responsive to people's needs?

We rated responsive as Good because:

The service adapted their approach to meet the needs of children of different ages and were able to offer tailored services for those who had accessibility or other individual needs.

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 the children and young people and their families who used the service. They improved the services in response to those needs. For example, the service introduced educational videos to provide information to those invited for vaccination and their caregivers. This provided answers to questions that might arise and not only improved awareness but also improved take up of the vaccinations.
- The facilities and premises were appropriate for the services delivered. The service worked in premises belonging to stakeholders and they ensured these were appropriate and fit for purpose. They dynamically assessed they were suitable and ensured everything that was needed was available. They ensured that the rooms were heated or ventilated appropriately and that they were comfortable for staff and those being vaccinated. They also ensured they had appropriate facilities such as privacy screens, bathrooms, refreshments, chairs and desks.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, a child who wanted their parent to be present when they were vaccinated was accommodated to make this possible.
- The service listened to the needs of those using the service, they actively sought and received feedback and used this to improve the service. They also sought feedback from partners and stakeholders. They had regular engagement with commissioners and public health partners to ensure they were responsible and adaptable to the changing needs of the population. They also gained feedback from schools and community organisations to establish if they could do anything differently to improve and facilitate better working relationships.
- The service was child and young people focused. For example they adapted the feedback forms they used based on the child or young person's age and ability. Younger children completed a smiley or sad face feedback form whereas older children were provided with more age appropriate methods to feedback.
- The service was well informed about inequalities in access and factors contributing to health inequalities. Those with personal circumstances that made it more difficult for them to access vaccinations were acknowledged and alternative ways to access the service were available. For example those without access to electronic devices in which to authorise consent to vaccination were given paper copies of information and consent forms.
- The service were aware of differing religious, cultural and personal attitudes towards vaccination and worked with partners such as local religious leaders and groups to help break down barriers and improve education around some of the myths regarding vaccines and immunisation.

Timely access to the service

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

- Children and young people had timely access to vaccination, if they missed the vaccination at their school, they could attend a catch-up session or attend an 'IntraHealth' site clinic to receive their vaccination.
- Waiting times, delays and cancellations were minimal and managed appropriately.

Are services responsive to people's needs?

- Children and young people and their parents and caregivers reported that the consent process and how they were vaccinated was straightforward and appropriate.

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. Staff treated those who made complaints compassionately.
- The service informed children and young people and their parents or caregivers of any further action that may be available to them should they not be satisfied with the response to their complaint. They were referred to the Parliamentary Health Service Ombudsman (PHSO) if they remained dissatisfied.
- The service had a complaints 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 complaint was made regarding who was responsible for giving consent when a child lived in a blended family. As a result, the service changed its procedures to ensure it was clear when consent from both parents was appropriate.

Are services well-led?

We rated well-led as Good because:

IntraHealth East Lancs Office offered a bespoke responsive School Age Immunisation Service to meet the needs of children and young people living within Lancashire and the Blackburn with Darwen localities. Processes were in place for monitoring and managing risks, issues and performance concerns within the service.

Leadership capacity and capability.

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

- IntraHealth Ltd was a large service provider offering a range of services including independent health services, NHS GPs practices, community pharmacies and telehealth services. The provider had contracting arrangements in place with 24 local authorities. The size of the organisation provided a solid foundation for development and innovation whilst offering resilience in the changing landscape of health and social care.
- There was a hierarchal leadership structure in place and staff spoken with had a clear understanding of this senior leadership structure. There was also a local leadership structure which included the registered manager, a deputy manager, administrative leads, a senior clinical managers and a deputy clinical managers. Staff spoken with were clear on who their immediate line manager was but there was lack of clarity regarding who the overall lead was for the local service being provided. The registered manager confirmed to us after the inspection that information had been provided to all staff in the form of a simple diagram detailing the local structure and identifying who was the overall leader for the local service.
- Managers and staff spoken with demonstrated a good understanding and knowledge about issues and priorities relating to the quality and future of the vaccination services. They understood the challenges and were addressing them.
- Staff spoken with consistently told us, that the organisation was a good place to work and we heard several examples whereby staff had been supported with personal issues. Staff told us the service provided compassionate and inclusive support.
- 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's mission statement was 'Trusted to provide quality health care.' The provider's mission statement was supported by a patient centred vision, with core values that included "Integrity, Fairness, Honesty, and Hardworking."
- The service had a list of realistic priorities, aims and objectives to underpin their vision and values. Our inspection identified that an effective strategy and supporting business plans to achieve the service priorities were in place.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy.

Culture

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

Are services well-led?

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients. The main focus of this service was to provide children and young people with a comprehensive immunisation programme, with a secondary objective in providing information and guidance to people in the community about the value and benefits of immunisation.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Complaints were reviewed as significant incidents and investigated to identify causes for the complaint and to identify improvements in service quality. The senior leadership team monitored these and questioned the service if there were reduced numbers of incidents logged.
- 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 we heard that some staff felt more comfortable discussing issues outside the immediate line manager structure. Staff told us there was a Whistleblowing policy although there was lack of clarity regarding who the organisation's Speak Up Guardian was. Following our inspection, the registered manager confirmed that the Freedom to Speak Up Guardian had been identified and this information alongside the Whistleblowing policy had been re-issued to all staff.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals, known as Personal Development Review (PDR). A log of when the PDR was last undertaken was available and this listed when the next one was due. Staff were supported to meet the requirements of professional revalidation. Nurses, the clinical team and the supporting administrative teams were considered valued members of the organisation.
- There was a strong emphasis on the safety and well-being of all staff, and we heard several examples where staff told us how the organisation had supported them by being compassionate and flexible with working patterns.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.
- 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.
- 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

Are services well-led?

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 children and young people's safety. Comprehensive health and safety risk assessments were in place and the vaccination team undertook a dynamic risk assessment at each venue – school or community location where a vaccination clinic was being held. This risk assessment included practical information regarding fire alarms, fire exits, location of the defibrillator and emergency medicine such as adrenaline. The risk assessment identified who was responsible for a specific task in the event of an emergency. The risk assessment was discussed and agreed with the whole team at the beginning of the vaccination clinic.
- In addition, a risk assessment log was recorded and this logged weekly actions to be undertaken. Issues such as school strikes were logged within this.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through regular performance monitoring, spot checks and feedback from schools and commissioners.
- Leaders had oversight of safety alerts, incidents, and complaints.
- Monitoring of overall performance was undertaken by the provider and this enable the service to identify themes and trends in performance such as uptake of the vaccinations. The provider was able to demonstrate to us that the introduction of the organisations electronic eConsent form resulted in a reduction in the uptake of the vaccinations on offer in some areas of Blackburn with Darwen. The analysis of data enabled the provider to re-prioritise paper consent forms in those areas and catch-up vaccination clinics were established. In contrast, in another area the eConsent form return rate was much higher and the uptake of vaccination increased significantly. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- 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 their services and culture. The registered manager and her staff team had established productive working relationships with the 233 primary schools and 68 secondary schools that were visited in East Lancashire and Blackburn with Darwen during the school year.
- The children and young people were asked to provide feedback following their vaccination and this information was reviewed regularly.
- The vaccination teams attended school and parent evenings to explain about the vaccines, and what the benefits of immunisation would bring. Some of the nurse vaccinators we spoke with told us that uptake had dropped (this is a national picture) and they felt their role at trying to dispel misinformation was very important. Staff also told us that they visited cultural centres and spoke with religious leaders so that they could encourage their local communities to vaccinate their children.

Are services well-led?

- Productive relationships were also established with the commissioners of the service. Commissioners told us the service was flexible and adaptable. They told us the provider actively contributed to the SAIS and there was good engagement with local teams and senior leaders.
- 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.

- Evidence supplied during the inspection provided a clear picture of a provider and a service that used all feedback as an opportunity to improve service quality.
- There was a focus on continuous learning and improvement at all levels within the service and this was supported by the organisation's standard operating protocols.
- The immunisation teams were forward thinking and looked for opportunities to share information with people in the local communities to promote the benefits of childhood immunisations.
- All staff were valued as fundamental to the delivery of a quality service and staff were supported and encouraged to develop their skills.
- Senior leaders within the organisation were able to resource new and innovative ways to support the vaccination service. A good example of this was the inhouse electronic eConsent form which supported parents and guardians to consent easily to the vaccination of their child.