

Solutions 4 Health- Hereford

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 well-led?

Good



Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services well-led? – Good

We carried out an announced focused inspection at Solutions 4 Health on 14 June 2023 to follow up on breaches of regulations. Following our previous inspection on 14 April 2022, the service was rated 'Requires Improvement' for the key questions of Safe, and Well Led; and 'Good' for Effective, Caring and Responsive. The practice was rated 'Requires Improvement' overall. We issued a Requirement Notice to the practice requiring it to improve the governance of its service. We checked these areas as part of this focused inspection and found these had been resolved.

The full reports for previous inspections can be found by selecting the 'all reports' link for Solutions 4 Health on our website at www.cqc.org.uk.

Solutions 4 Health is a level three consultant lead sexual health service, which provides screening and diagnostic services for sexual health related conditions; treatment for sexual health conditions and a variety of contraception including long acting reversible contraception (LARC) and pre-exposure prophylaxis (PrEP) - a medicine taken to prevent contracting Human Immunodeficiency Virus (HIV).

The Director of Public Health & Lifestyle Services is the 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

At this inspection we found:

- The service had effective systems to assess, monitor and manage risks to patient safety.
- There were reliable systems in place for appropriate and safe handling of medicines.
- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- There were clear and effective processes for managing risks, issues and performance.

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Overall summary

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

The inspection was led by a CQC inspector who had access to advice from a Specialist Advisor.

Background to Solutions 4 Health- Hereford

Solutions 4 Health is a Consultant led Level three sexual health service offering clinics both to prevent and treat sexual health related conditions, as well as offering various forms of contraception including long acting reversible contraception.

The service has been registered with the CQC since 2019 to provide the regulated activities of Diagnostic and Screening Procedures, Family Planning and Treatment of Disease, Disorder or Injury.

Services are provided to approximately 5,200 patients a year. Patients can access the service via in person appointments or virtual and telephone appointments. The service is open 9am-5pm Monday and Wednesday; 9am-7pm Tuesday and Thursday; and 9am-1pm on Friday.

How we inspected this service

An on site focused inspection was completed at Solutions 4 Health Hereford and whilst on site we interviewed staff, reviewed documentation and inspected the premises.

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:

Risks to patients

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

At our previous inspection on 14 April 2022, we were not assured the service had effective systems in place to assess, monitor and manage risks to patient safety. We checked these systems as part of this focused inspection and found the issues we identified had been resolved.

What we found at our inspection in April 2022

- There were some systems in place to effectively manage infection prevention and control. However, we were not assured the service were effectively managing the risk associated with Legionella. Legionella is a term for a particular bacteria which can contaminate water systems in buildings. Water temperature checks were noted as an action in the service's Legionella risk assessment; but this action had not been implemented.
- Although we saw some evidence to demonstrate that the service had formally assessed environmental risks and those associated with the premises, there was no evidence to assure us that the service had considered accessibility risks for patients with mobility issues, including wheelchair users and for patients with a disability. For instance, the service did not establish clear procedures for evacuating the building in the event of a fire. Following our inspection, the provider submitted a completed service and maintenance log which detailed fire alarm checks had been completed.
- We observed that there was no emergency pull cord in the ground floor patient toilet and at the time of our inspection, risk had not been formally assessed in the absence of this. In addition, the service did not consider risk associated with unsecured looped cords attached to blinds on some of the windows in the premises within their formal risk assessment. Following our inspection, the provider told us they had installed an alarm system in the disabled access bathroom to mitigate potential risk. Shortly after the inspection took place the service manager informed us that they had formally assessed the additional risks associated with the premises and had made plans to install an emergency pull cord in the ground floor patient toilet as well as secured looped cords for blinds.
- We observed that a specific emergency medicine associated with fitting coils and minor surgery was out of date. In addition, specific blood glucose monitoring equipment (test strips) were also out of date. Although we noted that the service had access to oxygen in the event of a medical emergency, we noted that some masks were out of date.

What we found at our inspection in June 2023

- Since our last inspection the service had implemented a system to ensure weekly water temperature checks were carried out by staff. These temperature checks were recorded through the service's IT platform, 'Radar.' In addition, the service had developed an escalation process for any breaches identified in the appropriate water temperature range.
- Since our last inspection, the service had established clear systems and processes in relation to fire safety. The service had a fire evacuation process in place and carried out regular fire evacuation drills; the most recent evacuation drill took place on 24 March 2023. After each evacuation drill, a review was undertaken and this was recorded in the Radar system. Any issues identified as part of the evacuation drill were discussed at the staff team meeting to ensure learning was disseminated. In addition, the service had arranged for the fire evacuation process to be reviewed on an annual

Are services safe?

basis; the latest review was undertaken in April 2023. Weekly fire alarm tests were undertaken as well as monthly checks of the service's fire extinguishers which were recorded on the Radar system. The names of staff who had been nominated as Fire Wardens were displayed within the building and two 'Fire Grab Bags' had been organised and were strategically located both upstairs and downstairs in the building.

- Since our last inspection, the service had installed an alarm system in the disabled access toilet and an emergency pull cord in the ground floor patient toilet. In addition, all window blind cords had been secured to eliminate any risk of strangulation.
- Since our last inspection, out of date emergency medicines and equipment had been removed and the service had implemented a robust system to ensure there were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. A medication stock inventory spreadsheet was being managed by a nominated nurse and reviewed by the lead pharmacist who undertook quarterly visits to the service; to ensure appropriate levels of medicines were maintained and in date. An emergency medicines and equipment checklist was in place for staff to undertake weekly checks. Staff informed us that any breaches identified as a result of the weekly checks would be investigated and reported to the service clinical governance meeting. In addition, the service had implemented guidance from the Faculty of Sexual and Reproductive Healthcare (FSRH) with regards to service standards for resuscitation published in December 2022, which stated a portable airway suction device is mandatory for services. Staff had also been trained in the use of this device.

Safe and appropriate use of medicines

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

At our previous inspection on 14 April 2022, we were not assured the service had reliable systems for the appropriate and safe handling of medicines. We checked these systems as part of this focused inspection and found the issues we identified had been resolved.

What we found at our inspection in April 2022

- We found that vaccines were being stored in vaccination fridges however, temperature logs showed various occasions where the vaccination fridge temperature was outside of the recommended range. This indicated that vaccines were not stored in line with manufacture's recommendations. In addition, there were no records to demonstrate these incidents had been formally reported or investigated in line with guidance from Public Health England (PHE).
- On the day of our inspection, we found that clinical staff had prescribed a specific medicine without signing the relevant Patient Group Direction (PGD). PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Following our inspection, the provider explained that PGD's were now signed and documented within patients notes.

What we found at our inspection in June 2023

- The service had ensured refrigerated medicines were stored and monitored in line with service policies for Cold Chain Storage and Medicines Management. Fridge temperatures were routinely monitored and recorded and any

Are services safe?

temperatures outside of the recommended range were escalated to the lead Nurse. In the event of an incident of a fridge temperature breach, there was a system in place to record this on the Radar system which would then be discussed at the service Clinical Governance meeting. In addition, the service were in the process of procuring a temperature data logger to facilitate more effective monitoring of the fridge temperature.

- At this inspection we checked the Patient Group Directives and found they were current and signed by competent staff and approved by the Director of Public Health for Herefordshire.

Are services well-led?

We rated Well-Led as Good because:

Leadership capacity and capability

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

At our previous inspection on 14 April 2022, we were not assured Leaders had effective oversight of the governance arrangements for the service. As part of this focused inspection, we found oversight of systems and processes had been improved and the issues we identified had been resolved.

What we found at our inspection in April 2022

- Leaders at the service were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. However, there was a lack of oversight by leaders of the governance arrangements to ensure these were monitored and managed effectively.

What we found at our inspection in June 2023

- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Since our last inspection, the service had recruited a Head of Service; and a Lead Nurse who was also the nominated Safeguarding Lead.
- Formal structures were in place for leaders for one-to-one meetings with staff and attendance at organisation-wide meetings.
- We saw evidence of an improved governance structure which clearly defined governance meetings and committees which included HR and Occupational Health Compliance, Risk and Compliance, Safeguarding, Medical Advisory Board, and Quality, Safety and Assurance Committee.
- In addition, the service had arranged for an external consultant to undertake confidential sessions with staff who would report to the Chief Executive any areas of feedback about the service, following which an 'Escalation Board' meeting would be arranged as required, to ensure there were no barriers for staff providing feedback to leaders.
- Leaders also informed us collaborative work and meetings were being undertaken with the Solutions 4 Health service based in Doncaster, to share information and learning.

Governance arrangements

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

At our previous inspection on 14 April 2022, we were not assured the service had effective governance arrangements in place and there was lack of oversight of governance by service leaders. As part of this focused inspection, we found new governance arrangements had been established and oversight by leaders had improved.

What we found at our inspection in April 2022

Are services well-led?

- There were areas where lines of responsibility, roles, and systems of accountability to support good governance and management, were not clear.
- There was a lack of oversight of systems for monitoring that Patient Group Directions (PGD's) were being signed by clinical staff.
- Although we saw evidence of annual appraisals which included career development conversations, some clinical staff we spoke with were not receiving formal clinical supervision.
- Although staff were clear on their roles and accountabilities at local level, it was not clear how the provider worked with local leaders in order to respond to pressures on staff workload.
- Leaders had established policies, procedures and activities to ensure safety but were not assuring themselves that they were operating as intended. This was evident across systems for monitoring the storage of vaccines, emergency medicines and consultation equipment including test strips and items used for examination.

What we found at our inspection in June 2023

- At this inspection, we saw evidence of an improved governance structure and lines of responsibility, roles and systems of accountability were clear. The improved governance structure meant that leaders were informed of any governance issues which impacted on the delivery of safe services.
- Since our last inspection, the service had recruited a Lead nurse who managed and monitored the Patient Group Directions (PGD's) for the service to ensure they were operated effectively.
- Since our last inspection, formal supervision arrangements had been implemented. Formal one-to-one's had been undertaken between staff and the new Lead Nurse and Safeguarding Lead. These supervision sessions were recorded within staff personnel files. In addition, the service had arranged for staff to receive quarterly safeguarding supervision from the Director of Safeguarding.
- At this inspection, staff explained how the service was building positive relationships within the community for partnership working including: 'Turning Point (a drug and alcohol service); the local Learning Disabilities team; local School Nursing teams; and local colleges. The service attended 'Prevent and Disrupt' child safeguarding meetings and partnership networking events. In addition, the service provided resources to support local school workshop events, and had promoted 'Safe Sex' at a local nightclub. Staff stated they were proactively adjusting the service to meet the needs of the community. This included reviewing the clinic hours; providing additional LARC clinics including a monthly clinic led by a visiting Consultant to provide treatment for patients with complex LARC needs.
- In addition, since our last inspection, the service had undertaken a number of initiatives to improve staff wellbeing. For example, staff had access to a range of wellbeing software applications (Apps) including 'HAPPI' which was free to all staff; all staff were provided with an Individual Healthcare Plan; there were trained mental health first-aiders available for staff throughout the organisation and staff had access to the Employee Assistance programme; the service was participating in the Cycle To Work scheme; and staff were trialling 'WELBOT,' a wellness management software which alerts staff to take regular health and well-being breaks during their workday.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended with the improved governance structure.

Are services well-led?

Managing risks, issues and performance

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

At our previous inspection on 14 April 2022, processes for managing risks, issues and performance were not clear. As part of this focused inspection, we found significant work had been undertaken to address these issues.

What we found at our inspection in April 2022

- Processes for managing risks, issues and performance were not clear.
- The service did not have detailed plans in place in case of a major incident requiring people to evacuate the building. We found there was a lack of oversight by leaders to ensure the management of fire drills and fire alarm checks were effective.
- Leaders had oversight of safety alerts and complaints, however they did not demonstrate effective oversight of incidents as we found incidents relating to vaccination fridge temperatures had not been recorded.
- Clinical audits had identified an areas for improvement, and staff had implemented changes as a response. However the service did not review these changes to assess if they had a positive impact on care and outcomes for patients.

What we found at our inspection in June 2023

- Since our last inspection, the service had developed a strategic action plan to ensure good governance across the service, and facilitate learning and continuous improvement. The action plan included the clinic structure, resources, a schedule of audits and community projects and actions were 'SMART' (Specific, Measurable, Achievable, Relevant and Timebound). The strategic action plan was developed in consultation with staff and were built into staff Personal Development Plans (PDPs). Staff treated the action plan as a 'live' document was under continual review.
- Since our last inspection, the service had established clear systems and processes in relation to fire safety and leaders had oversight of these. The service had a fire evacuation process in place and carried out regular fire alarm checks and evacuation drills.
- Since our last inspection, the service had improved the governance structure and reporting arrangements. Incidents were recorded and investigated through the Radar system and discussed at the monthly Clinical Governance meetings attended by leaders of the service.
- As part of the new Strategic Action Plan, implementation of an annual audit programme was an action point. The annual audit plan included both clinical and non-clinical audits and the results of audits were shared with staff for learning. Since our last inspection, patient survey results identified that 91% of patients were happy with the service they received and we were provided with a sample of comments from service patient feedback forms which were all positive about the service. In addition, the service were planning quarterly online patient surveys to improve quality and outcomes for patients.