

Visithealth Limited

VisitHealth

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?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

Visit Health is an independent community health service that provides blood testing, wound care, ECGs and blood pressure monitoring to patients in their own homes. This was Visit Health's first inspection.

We rated Visit Health as good because:


- The service had sufficient staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service managed infection, prevention and control well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Staff were not having regular 1-1 supervision.
- We found fire risk assessments for the office base were not completed or up to date and the service had no processes for monitoring who was present at the building.
- Processes for ensuring equipment was in date needed improvement. We found seven out of date items despite staff carrying out weekly audits on equipment.
- The provider's statement of purpose had not been updated following a change in location and did not reflect the regulated activities actually being provided at the time of this inspection.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for children, young people and families	Good 	

Summary of findings

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Summary of this inspection

Background to VisitHealth

Visit Health provide a home visiting service to patients to carry out diagnostics and treatments. They operate within the M25 area. At the time of the inspection, the provider employed seven staff and were providing around 200 diagnostic and treatment appointments a month. The service provides wound care, blood testing, Electrocardiogram (ECG) monitoring, functional diagnostics, pathology and COVID-19 testing in patient homes. COVID -19 testing is not regulated by CQC. The service aims to provide care to both adults and children. There were no children receiving care at the time of our inspection.

The service operates seven days a week. Patients booked appointments through the service's website using a booking form. Patients could also be referred from other services for example GP surgeries. The provider's terms and conditions were included on the booking form.

This inspection was Visit Health's first inspection. The service has not previously been inspected by CQC. The provider registered with CQC in 2018 and is regulated to provide the following regulated activities:

- Treatment of disease, disorder or injury,
- Diagnostic and screening procedures.

The provider had a registered manager and nominated individual appointed at the time of our inspection. The provider moved locations approximately two weeks prior to our inspection and their statement of purpose did not reflect the change in the location. The statement of purpose did not accurately reflect services Visit Health currently provide, some services the provider planned to deliver in the future were also included.

We carried out our site visit over one day on 9 February 2022. The providers application to change their registered location to their current premises was processed and completed on the 28 February 2022, although the provider had been operating from this site since 1 February 2022.

What people who use the service say

The service gathered feedback from patients using the service through online review websites. Patients could leave reviews on websites or email the service directly to provide feedback. Managers collated the information on a database and told us this was shared with staff. We reviewed the feedback and found the majority of the feedback was positive.

Patients we spoke with told us they were happy the service and the care provided. Some described the care they received as "excellent" and "fantastic".

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?

Summary of this inspection

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

Before the inspection visit, we reviewed information that we held about Visit Health.

Our inspection team comprised of three CQC inspectors and one specialist advisor with expertise in providing community health services.

During our inspection, the inspection team:

- spoke with five staff members including; the director of nursing/registered manager, the director of operations, one health care assistant, one administrator and one nurse
- reviewed the premises including stock cupboard
- spoke with six adult patients by telephone
- reviewed five patient care and treatment records
- looked at a range of standard operating procedures and other documents relating to the running of the service.

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

Areas for improvement

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

Action the service MUST take to improve:

- The service must ensure that appropriately fire safety measures are in place at the office base, for example assessing and mitigating fire safety risks, carrying out fire safety drills and monitoring which staff and visitors are present in the building.

Action the service SHOULD take to improve:

- The service should ensure that all clinical equipment is in date. During the inspection, we found seven clinical items that were out of date.
- Managers should ensure that as the staff team grows and the work they do becomes more complex, that staff have the opportunity to meet one to one for supervision regularly to discuss their individual work and any learning and development needs with their manager.
- The service should ensure that the statement of purpose is up-to-date and reflects the provider's current location and services provided.

Our findings






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children, young people and families	Requires Improvement	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

Community health services for children, young people and families

Good 

Safe	Requires Improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Community health services for children, young people and families safe?

Requires Improvement 

We rated Safe as requires improvement.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it. All staff received and kept up-to-date with their mandatory training. Clinical and non-clinical staff had access to the same mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Clinical staff completed competency assessments during induction in areas including: Electrocardiogram (ECG) monitoring, blood pressure monitoring, Holter monitoring and intravenous therapy. Managers identified and provided further support for staff that required it.

Eighty-eight percent of staff were up-to-date and compliant with mandatory training. Managers monitored mandatory training and alerted staff when they needed to update their training. All staff met mandatory training targets except for one staff member whose training was postponed due to sickness. Mandatory training courses included; health and safety at work, fire safety awareness, basic life support including CPR, equality and diversity and duty of candour. Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Safeguarding policies and procedures for adults and children were accessible to all staff via the providers intranet. Staff had training on how to recognise and report abuse and they knew how to apply it. All staff were trained in level two safeguarding vulnerable adults and safeguarding children. This included training in the Mental Capacity Act. Clinical staff received and were up to date with safeguarding children level three.

Nursing staff received training specific for their role on how to recognise and report abuse. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff told us they would raise concerns with the service's safeguarding lead or their manager.

Community health services for children, young people and families

Good 

The service had made no safeguarding referrals in the last two years. Staff told us any safeguarding concerns were raised with the safeguarding lead, who was also the director of nursing. They told us they would report any safeguarding concerns to the patient's local authority.

Cleanliness, infection control and hygiene

Staff sanitised equipment after each patient visit. Staff labelled the equipment to show when it was last cleaned.

The service had an infection control policy which stated all staff should wash their hands before carrying out a procedure and use appropriate PPE. Patients were also asked about household pets and were requested to keep pets in a different room when staff were on site. Patient care and treatment records demonstrated that clinical staff adhered to infection prevention and control principles. For example, staff followed handwashing guidance and wore appropriate personal protective equipment (PPE).

Appropriate measures to assess and manage the risks associated with COVID-19 were in place. Patient appointments were confirmed via telephone whereby staff would confirm their COVID-19 status. This included if patients were in contact with any COVID-19 patients or if patients had symptoms. The booking form included a mandatory COVID-19 screening tool which included information on Covid-19 symptoms, temperature taken before the appointment and if patients were isolating.

For some patient's, samples were taken to aid diagnostics. The service had systems in place to deal with urgent and routine sample testing. Staff followed guidance around the transportation of samples. For urgent samples, nursing staff delivered them directly to the lab without a courier. There were systems in place for non-urgent samples to be collected by a courier. The guides for transportation were written well and were easy for staff to follow.

Environment and equipment

The service we inspected was being used a staff and administrative base. There were no clinical services being delivered within the building.

Staff were issued with basic clinical equipment which included blood pressure machine, oxygen saturation monitor, portable ECG machines and thermometers. The equipment was allocated to clinical staff on employment. Managers had a clear monitoring system so that they knew which staff held which equipment. There was also a system in place to ensure that this equipment was serviced and calibrated as required. We saw that all equipment was calibrated at the time of our inspection.

Staff had access to clinical equipment for wound care management, for example dressings, gloves, aprons and saline. Equipment for venepuncture including needles, adaptor syringes, dressings and gloves and equipment for intravenous therapy were available on site for staff to pick up as needed. This included cannulas and alcohol wipes. Whilst the service had a weekly stock monitoring system in place, some improvements were needed. We randomly sampled some of the stock of medical supplies available on site. We found four packets of antibacterial wipes and some ultrasound wipes that were out of date. One out of five dressing kits had also expired. We raised this during the inspection with staff who promptly removed the expired items.

The service did not have all appropriate fire safety measures in place. The service had not taken action to address a building wide fire risk assessment completed in 2020, which identified several risks in relation to fire and included the statement 'current systems in place fail to identify all fire safety risks. Those that are identified are poorly monitored and

Community health services for children, young people and families

Good 

inadequately managed.' Staff we spoke with were not aware of who the designated fire marshal was and the visitor book did not identify names of visitors. Since the inspection, the service have confirmed that a new fire risk assessment has been carried out and staff have been made aware of who the fire marshal is. During the inspection, we did find that fire assembly points and evacuation routes were clearly signposted and staff had completed fire safety training.

The service did not hold medical emergency equipment on site as patients were visited at home. The nurses were carrying out low risk procedures such as wound management, ECGs and blood tests and therefore did not require medical emergency equipment that was transportable to patients' homes.

An emergency response kit was available on site. This included FFP3 masks, goggles, gloves, disinfectant and dilution water. The dilution water had expired in May 2021. This was raised with the manager who immediately removed the expired item. A first aid box was available, and all contents was within date.

Staff disposed of clinical waste safely. Staff were aware of the provider's policy on waste disposal. Clinical waste bins were available at the office base to dispose of any expired sharps within the office and for larger cartridges used for blood sugar monitoring devices used by diabetic patients. Staff provided patients with yellow bags to dispose of old dressings in their household waste. Staff were not expected to transport waste to the office. This was to prevent contamination to staff. Clinical staff carried a portable sharps bin to dispose safely of sharps.

Staff had access to a lone working safety device when visiting patients on their own. The device tracked staff's location and could operate in an emergency situation to summon help. The device detected if staff had fallen. The device was run by an external company who alerted managers at Visit Health or the police in the case of an incident. Staff had developed their own ways of ensuring safety alongside the device which included messaging the team throughout the day, checking in and out at the start and end of each shift.

Assessing and responding to patient risk

We reviewed five patient care and treatment records. Two of the records related to the management of wound care. The records included completed body maps and Waterlow scores. We saw evidence of staff using the Malnutrition Universal Screening Tool (MUST), which assessed patients who were at risk of malnutrition.

Staff responded promptly to any sudden deterioration in a patient's health. Staff told us in the event of patient deterioration they would contact emergency services for further support.

At the point of referral, the service requested appropriate medical information. This included any medical issues, surgical procedures, diagnosis of disease or any medications prescribed to the patient. At the point of referral, the service also sought patient consent to liaise directly with their GP.

An initial screen of new referrals aimed to exclude high risk patients the service could not safely care for. Potential high-risk factors included high / low blood sugar levels, respiratory distress, uncontrolled bleeding and severe chest pain. Nursing staff reviewed the risks for each patient before completing the visit.

Staff participated in regular handover meetings which took place securely using the providers online portal. All key information was covered during this meeting, including the number of visits for each staff member. Staff used the handover to check in at the start and end of each shift. Staff on shift responded through messages via the online portal to discuss any issues.

Community health services for children, young people and families

Good 

We did not observe any risks discussed in the handover session. Managers told us patients' risk was recorded on patient records. We were also told that patients had been assessed as low risk at the point of referral and were mostly seen for one off appointments.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The service did not use any agency staff but used Visit Health staff as bank to cover vacant shifts.

The service ensured robust recruitment processes were followed. The service employed two administrative staff. We reviewed three staff records and saw the provider had carried out appropriate checks to ensure the fitness of staff to work with clients including interviews, and criminal records disclosure for all staff. Criminal record checks were completed annually. Managers checked professional registration through the Nursing and Midwifery Council (NMC) to ensure nurses were registered and obtained two references from staff's previous roles.

Nurse staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix. The clinical team had the capacity to see a maximum of six patients per day, dependent upon travel distance. Staff we spoke to told us they were currently seeing no more than three to four patients per day. Appointments were only booked if the staff covering that day had the capacity to cover the

changing established that the staff on duty had capacity to cover were booked by the admin team dependent on the staffing levels for the day.

At the time of our inspection, the service had three registered nurses and one non-registered nurse. The service could not provide us with a number of patients. Managers told us they did not record the number of patients as most patient care was provided on a one-off basis.

The manager could adjust staffing levels daily according to the needs of patients.

The service was planning to expand and were recruiting five nurses and two paediatric nurses.

Managers monitored staff turnover rates. The service had reducing turnover rates in comparison to previous years. The service turnover rate was 55% from April 2021 to March 2022.

Managers monitored staff sickness rates. The service had low sickness rates.

The service used regular staff as bank staff to cover shifts. Staff who worked at the service were familiar with clients which promoted continuity of care as they were employed by Visit Health.

Medical staffing

At the time of the inspection, the service had no medical staff. They were planning to recruit a medical director and doctors for future expansion. At the time of our inspection a service level agreement was in place Bupa and the medical diagnosis laboratory to ensure that results from blood tests and ECGs were appropriately reviewed.

Community health services for children, young people and families

Good 

Records

We reviewed five patient care and treatment records. Out of these patients, three required one-off treatments and two required ongoing treatment for wound care. Care and treatment records were clear, up-to-date, stored securely and easily available to all staff providing care. The care and treatment provided was clearly identified within the records. For example, records were clear about the type of treatment delivered such as blood testing and ECG monitoring. Records were updated with the dates of treatment and results (if applicable). We reviewed two patients care and treatment records where they were receiving care and treatment for wound care management. We saw that the records described the nature of the wound and the care required.

Records included a comprehensive booking form, which included appropriate assessment of the patient's medical information, allergies and next of kin information.

Staff used consent forms which included information that patients must seek further medical guidance following abnormal results. The consent form included an explanation of the procedure carried out and both the health professional and patient were required to sign and date the form. We saw evidence of vital signs monitored and recorded appropriately. We reviewed three patient care and treatment records with ECG monitoring and saw that results had been assessed by an appropriate clinician and shared with the patient. We also saw evidence of vital signs being monitored and recorded appropriately.

Records demonstrated that clinical staff adhered to infection prevention and control principles, confirmed patient identification and gained both verbal and written consent within patient homes.

Records were stored securely and on an online system. All staff had easy access to records remotely through laptops.

Medicines

At the time of our inspection, the service did not prescribe or store medicines and did not have any designated clinical areas. The service was planning to expand its service provision and a medicines fridge had been purchased, but was not in use at the time of this inspection. The provider was aware that once in use, temperatures would need to be checked regularly to ensure

Incidents

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

Staff knew what incidents to report and how to report them. The service reported six incidents in 2021. The service maintained an incident reporting database which logged incidents and actions taken from the incidents. Staff we spoke to told us incidents were discussed in weekly team meetings. The service had effective systems in place for learning from evidence. For example, there was evidence that changes had been made as a result of feedback. For example, due to an internal communication error, there was an incident regarding scheduling of a visit, following this incident, a standard operating procedure was established for appointment scheduling and processes. However, there was no documentation about lessons learnt within the team meeting minutes which meant staff who were absent, did not have access to meeting discussions.

Managers investigated incidents thoroughly. Staff told us they had access to debriefs weekly in team meetings.

Community health services for children, young people and families

Good 

The service had no never events.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. The incident reporting flowchart was visible in the staff office which stated the reporting procedure and included duty of candour. All staff received training on duty of candour.

Are Community health services for children, young people and families effective?

Good 

We rated effective as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance through training, competencies, access to policies and appraisals.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service had relevant policies including data protection, complaints and lone working policies. All policies were easily accessible and available for staff on the intranet.

Pain relief

The service did not manage patients who were acutely unwell. If required, staff assessed patients' pain using a recognised tool and supported patients with their pain relief medicines which were prescribed by the GP.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. For example, managers completed clinical documentation audits to ensure records were completed in line with the provider's policy. Managers used information from the audits to improve care and treatment. We reviewed the documentation audit for June 2021. The audit identified areas for improvement, for example, there was one care record that did not have a date on the consent form. This audit scored 99%. Managers told us results from audits were shared in team meetings.

The service had a standard operating procedure which clearly documented the use of patient assessment scales and monitoring. The service used outcomes that were consistent and met national standards. Staff used National Early Warning Scores (NEWS), the Malnutritional Universal Screening Tool (MUST), pressure area risk assessment charts and Visual Analog Scales. Staff used the tools appropriately, depending on care provided to the specific patients.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers ensured all newly appointed staff received a full induction tailored to their role before they started work. Staff were provided with handbooks which included information on training, appraisals, registration and revalidation, training and development, induction and time sheets. Managers told us the induction process included information on the policies and procedures and information about the organisation. Managers supported staff through a one-off three-monthly

Community health services for children, young people and families

Good 

review upon completing their probationary period. Staff we spoke to told us they did not receive formal supervision but met weekly in team meetings to discuss issues. Staff told us managers were approachable and staff could meet with them when they required. Staff we spoke with told us they received an induction and completed mandatory training. Managers told us new staff members were allocated mentors to support them during their induction period.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with their line manager during these meetings and were supported to develop their skills and knowledge. We reviewed five appraisal records which showed future goals and development opportunities were discussed. Managers used a performance assessment to monitor current staff performance. This included indicators such as teamwork ability, organisational skills, attendance and leadership ability.

Managers ensured nursing staff attended weekly clinical team meetings. These meetings had standard agenda items including general issues and feedback on the previous week. Minutes included plans in place following any issues identified within the meeting. Meeting minutes were taken electronically. We reviewed five meeting minutes and found minutes were brief. This meant if staff were absent, they would not have access to all relevant meeting discussions and would be unaware of any lessons learnt or risks identified.

Managers identified and could give examples of poor staff performance and supporting staff to improve. For example, an issue was identified around appointment times. Following this, managers told us they developed standard operating procedures around appointments. Managers told us if policies were not in place already to assist staff, managers created them to improve staff performance within the service.

Seven-day services

Key services were available seven days a week to support timely patient care. The service was open from 8am till 8pm.

Staff had access to managerial support seven days a week. Managers worked on call over weekends and supported staff remotely.

Health promotion

Staff gave patients practical support and advice to lead healthier lives. Staff told us they directed patients to GP practices or online support from external services for smoking cessation schemes, help with drinking or gambling.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. Staff obtained patient consent via the online booking form as well as a separate consent form completed on the day of the procedure, which included an explanation of the treatment carried out. Both the health professional who carried out the treatment and patient were required to sign and date the form. The consent forms were clearly documented within patient records. The service did not provide care or treatment to patients who were assessed as lacking capacity to consent to their treatment.

Staff understood Gillick Competence and Fraser Guidelines and had systems in place to support children who wished to make decisions about their treatment. Staff told us their website contained a disclaimer whereby patients under 18 had to be Gillick competent and have permission from a parent or guardian. At the time of our inspection, the service was not supporting patients under 18.

Community health services for children, young people and families

Good 

Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff we spoke with could describe the Mental Capacity Act. Staff knew how to access the policy on Mental Capacity Act and Deprivation of Liberty Safeguards.

Are Community health services for children, young people and families caring?

Good 

We rated caring as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. All patients we spoke with told us staff were caring and compassionate and were supportive when providing care and treatment.

Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients we spoke with told us staff treated them well and with kindness. Patients described staff as friendly and described the care as “very good” and all patients we spoke with told us staff were on time.

Staff followed the provider’s policy to keep patient care and treatment confidential. All patient information was stored electronically and was password protected. The service had confidentiality policies in place.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. Staff understood the emotional and social impact that a person’s care, treatment or condition had on their wellbeing and on those close to them. Staff gave examples of ensuring continuity of care through using consistent staff to build a rapport with them.

Staff told us patients were encouraged to use chaperones for procedures. Staff told us this was to support patients emotionally. Chaperones were usually the patient’s relative or carer.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. All staff had access to shoe covers for patients who did not want shoes to be worn in their home. Staff told us in most cases, this was for religious or cultural reasons. Staff also gave examples of how some patients had a preference on staff gender due to religious or cultural needs. Staff told us they would accommodate preferences or reschedule to a day when they could accommodate. All patients we spoke with reported their individual needs, including religious beliefs were taken into account by staff.

Staff understood and respected patients’ privacy and dignity and the service had policies in place to maintain dignity and privacy. Staff told us when carrying out procedures such as ECGs, they ensured to respect and protect patients’ privacy and dignity at all times. For example, staff ensured the environment was private, safe and comfortable for the patient.

Community health services for children, young people and families

Good 

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment. Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Staff told us they could provide information in other languages and had access to interpreters. The patient booking form included information about any communication aids and language options for patients booking the appointment.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients could give feedback via the internet. Staff told us patients could also send feedback via email for managers to review. Managers collated feedback from patients on a spreadsheet and updated this regularly. Managers told us feedback was discussed with staff in team meetings.

Patients gave positive feedback about the service. All patients we spoke with told us they were happy with the service received and reported staff arrived promptly.

Are Community health services for children, young people and families responsive?

Good 

We rated responsive as good.

Service delivery to meet the needs of local people

At the time of our inspection, the provider was not seeing patients at their premises. Patients were only provided with care within their own homes.

The service referred patients to GP services and/or emergency services if patients were in need of additional support or specialist intervention.

Managers monitored and took action to minimise missed appointments. Managers had access to an online dashboard which showed all appointments. This included appointments confirmed, completed, and missed where patients did not attend. Managers told us they monitored appointments weekly. The admin team contacted all patients to confirm appointments. Managers ensured that patients who did not attend appointments were contacted and offered the option to reschedule. The dashboard we reviewed was effective in monitoring the status of appointments.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences.

The service had information leaflets available at patients request, in languages spoken by the patients and local community. Staff told us information was emailed to patients or printed at their request. Managers ensured staff and patients could get help from interpreters or signers when needed. The booking form included a question about needs for an interpreter which helped staff identify if patients had specific communication needs.

Access and flow

People could access the service when they needed it and received the right care promptly. The service did not have any waiting times at the time of our inspection.

Community health services for children, young people and families

Good 

Most patients made self-referrals to the service. Referrals were also made from GPs and through private contracts.

The service did not accept patients who were assessed as high risk, which included patients with mental health issues, patients who were deemed to lack capacity, patients with learning disabilities and any accident or trauma patients.

Staff told us appointments were rarely cancelled or rearranged. The service had a clear standard operating procedure for booking and arranging appointments. If appointments were rescheduled, the service policy stated appointments had to be provided on the next day. Staff told us appointments were prioritised for example, some patients were required to fast prior to a blood test. Staff told us these patients were prioritised for a morning appointment.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about the care received. Patients could give feedback on the service and their treatment through online consumer review websites. Information on how to make a complaint was also available on the providers website. Information about how to complain was also included within the terms and conditions that patients signed, although six patients we spoke with told us they did not know how to raise a complaint. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. For example, staff told us a complaint was left online, although the complaint was anonymous, the complaint was still investigated.

Staff understood the policy on complaints and knew how to handle them. Staff gathered feedback and monitored the online reviews. Managers told us they could contact patients who left reviews for further information and investigate negative reviews. Managers also had the opportunity to comment on feedback given on the websites. Although the service had no formal complaints for over four years, managers told us feedback both positive and negative was shared with staff and was used to improve the service.

The complaints procedure was accessible to both staff and patients on the service's website.

Are Community health services for children, young people and families well-led?

Good 

We rated well-led as good.

Leadership

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

The service leadership consisted of five board directors, two of the board members were Consultants registered with overseas bodies. The director of operations and director of nursing met weekly with the board of directors to discuss the service. This included discussions on recruitment, standard operating procedures, and planned service developments. The service had a vacancy for a medical director.

Staff we spoke with told us leaders were visible and approachable. Staff told us they felt supported and confident to raise any issues with managers.

Community health services for children, young people and families

Good 

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy was focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress. The provider had plans in place for the development of the service which included the recruitment of nurses, doctors, paediatric nurses and a medical director. The service aims to develop outpatient services on site to include phlebotomy, vaccinations, a diagnostic clinic, endoscopy unit and physiotherapy, as well as expansion of the current home based services and operating hours. The provider was aiming to strengthen clinical leadership as its services developed through the recruitment of senior GP.

Staff within the service were aware of the provider's vision and strategy for the service and were keen for the development opportunities that arose with changes to the service. Managers were preparing for the development of the service by developing internal staff. For example, one member of staff was currently being developed to a managerial role to support the senior clinical team.

Culture

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

Staff we spoke with told us they felt respected and valued within the service. They described the service as an open culture and said managers were approachable and transparent.

Staff had access to occupational health services and could refer themselves directly. Managers told us staff breaks were scheduled throughout the day alongside the appointment booking system which took into account travelling time and sample drop offs.

The service had a whistleblowing policy which was included in the staff handbook. This included information on bullying and harassment within the workplace.

Governance

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

Managers held multiple meetings within the service. This included regular meetings with board members, nursing teams, clinical team meetings, and administrative meetings. Meetings were used to discuss the progress with development, updates on standard operating procedures and discussions on the previous week. Meetings were also used as a debrief session for clinical staff. Systems to share learning from incidents needed strengthening. These discussions were not always recorded which meant that absent staff could not access this information.

The providers statement of purpose needed updating accurately to reflect the services currently being provided and the current location of the service. This was raised with managers at the time of the inspection who undertook to update the statement of purpose.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. Staff we spoke with told us they were involved in discussion about the changes made to the service and that changes were discussed in team meetings.

Community health services for children, young people and families

Good 

Managers did not have oversight of fire safety. There were no fire risk assessments or monitoring of who was present within the building.

Staff maintained a service level risk register which monitored risks within the service. Managers were aware of the risks and prioritised risks and included action plans to make improvements. We saw evidence of discussion of risk items from the risk register in board meetings. For example, the meeting minutes reflected regular discussion of recruitment for Visit Health as this was on the service's risk register.

The provider had a lone working policy and staff understood lone working arrangements. Staff were trained to use personal alarms and were encouraged to use online systems to check in with colleagues. All staff we spoke with told us they felt safe and knew how to use the lone working alarms.

The service had exclusion criteria to manage referrals into the service. This meant the service only accepted referrals from patients whose needs they could safely and effectively meet.

Staff undertook clinical and non-clinical audits. For example, clinical documentation audits were in place. Staff carried out weekly stock audits however, at the time of our inspection we identified seven out of date items that had not identified during the weekly audits.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, and make decisions and improvements. The information systems were integrated and secure. All staff members had access to information about patients care and treatment. This was through an online record keeping system that staff had access to via laptops. Staff ensured, where applicable, information was shared with patient GP services.

Team managers had access to information about the performance of the service, for example, incidents and staffing. The registered manager had access to information to support them in their management role. For example, appraisal records, compliments, complaints and other relevant dashboards.

Engagement

Leaders and staff actively and openly engaged with patients, staff and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients by requesting feedback from partner organisations. We reviewed two feedback questionnaires from partnership organisations and found positive feedback. The service had service level agreements in place with external providers to support the service, for example, with cardiology readings. The service had an agreement in place for support with ECG readings from consultants, as the service did not have any medical consultants at the time of our inspection.

We reviewed the annual staff survey results from August 2021 which were positive overall and indicated all staff reported they were very satisfied with their jobs. Overall, 67% of staff reported Visit Health were responsive to their training needs.

We reviewed five feedback records and found 80% of patients reported positive communication with nurses, 80% of patients reported friendly and supportive nurses. One hundred percent of patients reported nurses were on time for treatments and displayed appropriate levels of hygiene including handwashing and wearing face coverings. Sixty percent of patients reported feeling informed. Generally, the feedback was positive about the service received from Visit Health.

Community health services for children, young people and families

Good 

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of improvement methods and the skills to use them. Leaders encouraged innovation. The service was currently undergoing a range of developments to improve the service which would increase staff training, and continuous improvement to the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The service did not ensure that appropriate fire safety measures were in place at the office base.