

Yorkshire Primary & Community Care Services (YPCHealth) Ltd

Main Site

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

- Staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients and acted on these. They managed medicines well. The service had systems in place to manage safety incidents.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- 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 too long for treatment.
- Leaders ran services well using reliable information systems in most areas 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:

- Although staff had training in key skills, not all staff training was up to date and there were no clear systems in place for ensuring that training was up to date.
- Not all care records were complete and the service did not have a clear system for recording when patients had refused vaccination advice.
- Although the service had a range of policies in place some of these contained information which was not relevant to the service.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Community health services for adults	Good 	We rated this service as good. See the summary above for details

Summary of findings

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Summary of this inspection

Background to Main Site

Yorkshire Primary and Community Care services Ltd is the provider for Main Site which is based in Leeds. The service provided vaccinations including travel vaccinations, blood tests and ear wax removal treatments. The service had a registered manager who was also the clinical practitioner and one other staff member who was the office manager.

Clients could make an appointment either online via the website or by contacting the clinic by telephone. The provider offered flexible appointments including evenings and weekends. The provider offered appointments both at the clinic and home-based appointments.

The service is registered with the CQC under the Health and Social Care Act 2008 to provide the following regulated activities:

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

This is the first time that this service has been inspected.

How we carried out this inspection

During our inspection we spoke to the registered manager and the office manager. We reviewed seven patient records and reviewed feedback that patients had left online. We looked at a range of documents and policies related 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 trust **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 there is a clear procedure for identifying and monitoring training required by staff to operate the service safely and that all relevant staff complete the required training. 18(2)(a)

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

- The service should ensure that all policies are relevant to the needs of the service.
- The service should ensure that there is a clear audit trail to demonstrate that staff have offered appropriate travel advice including when this has been refused.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires Improvement	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

Community health services for adults

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

Are Community health services for adults safe?

Requires Improvement 

The service provided mandatory training in key skills to all staff, however staff had not completed all their mandatory training. Not all training was up to date and there were no clear records to help the provider keep track of training renewal dates. We identified four courses that were two months out of date at the time of our inspection including Infection, Prevention and Control level 2 and Information Governance and Data Security training.

The provider had not established a list of mandatory training that was relevant to the service and was utilising the training they received from their work with another provider. However, the training that was carried out met the needs of the service. Relevant staff had also completed additional training relevant to needs of the service including anaphylaxis training, ear wax removal training and vaccination training.

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff had received adult and child safeguarding training at an appropriate level for the service. Staff knew what to do in the event of any safeguarding concerns and could access safeguarding advice from an external safeguarding lead who had an appropriate level of training for the role.

The service had an adult safeguarding policy and children safeguarding policy in place, which were in date and contained appropriate guidance. The safeguarding policy had been partially adapted to meet the needs of the service but also contained information which was not relevant to the service, for example the policy regularly referred to doctors and nurse's responsibilities which was not relevant to the service.

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff kept equipment and their work area visibly clean. The premises was visibly clean and cleaning audits had been carried out. Hand washing facilities were available and handwashing posters were displayed above sinks. The service had an infection control policy which was in date and contained relevant information. Staff wore face masks and gloves where appropriate and in accordance with the providers policy.

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. When providing care in patients' homes staff took precautions and actions to protect themselves and patients. Staff wore appropriate PPE. Equipment was clean, in date, calibrated in line with the

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manufacturer's instructions and stored appropriately. Appropriate personal protective equipment was available for staff to use. Staff managed clinical waste appropriately and according to the provider's infection control policy. Fridge temperatures were taken by a data logger and were within an appropriate range. The registered manager received an alert from the system if the fridge was outside of the required temperature. Staff also carried out manual checks.

The service had a home visiting policy and procedure in place which provided guidance for carrying out home visits safely, including the management of clinical waste and what to do if there were concerns that a patient may have had Covid during a visit.

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. Staff carried out basic risk assessments with patients which included taking the medical history, allergies, recent vaccinations and the patient's current health. In addition to this the provider offered a travel risk assessment for all those who required a vaccination due to travel. We found one record, where a travel risk assessment had not been completed. The provider informed us that patients sometimes refused travel risk assessments because they already had the information they needed; however, this was not clearly documented in the record.

The provider had a policy which provided guidance about what to do in the event of a patient's health deteriorating. However, the policy was not completely tailored to the service. For example, the policy discussed the use of a defibrillator which the service did not have. The provider ensured emergency medicines were available to use in the event of a patient having an anaphylactic reaction. Anaphylaxis is a serious allergic reaction that is rapid in onset and can be fatal if not responded to. These were stored in the clinic room and there was a procedure for signing the medicine out each time staff carried out a home visit.

The service had staff with the right qualifications, skills, and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Not all staff were up to date with all their training. The registered manager continued to practice as a registered paramedic which enabled him to keep his skills and professional competencies up to date. The registered manager was the only member of staff who carried out clinical activities. The other member of staff was an office manager who was responsible for administrative activities and had received appropriate training to carry out their role.

Staff kept detailed records of patients' care and treatment. Most records were clear, up-to-date, stored securely and easily available to all staff providing care. We looked at seven records. We found one record that had not been fully completed. The record was missing information regarding the vaccination given. We found that this information was recorded in another location but was missing from the patient's record. All records were stored securely using an electronic data management system and data was uploaded to a cloud-based system.

The service used systems and processes to safely, administer, record and store medicines. The service kept vaccines and emergency medicines on site. Staff administered vaccines via Patient Group Directives. Patient Group Directives are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment.

All medicines were stored appropriately and were in date. There was a process in place for signing out emergency medicines when these were taken off site. There was a cold chain process in place which ensured that medicines, that

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needed to be kept cold, were kept at the required temperature when they were taken off site. Staff carried out monthly medicine audits. Staff kept a log of medicine information, including expiration dates and batch numbers, in the stock book and in the patient's electronic records. There was a policy in place for disposing of medicines when they were no longer required.

Staff knew how to report incidents and near misses. Managers had systems in place to investigate incidents and shared lessons learned. Staff understood what procedures to follow when things went wrong. Managers ensured that actions from patient safety alerts were implemented and monitored. The provider had a policy and process in place to manage incidents which included information on the duty of candour. Staff knew what to do in the event of an incident. The service had access to a governance advisor who would review incidents if the registered manager were involved in an incident. However, no incidents had occurred which meant we were unable to review how staff responded to incidents.

Are Community health services for adults effective?

Good 

The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care. The provider had systems in place to keep staff up to date with new legislation and guidance. The provider's policies and procedures were based on the guidance contained in the Green Book which provides guidance for services providing vaccinations.

Staff checked relevant information prior to administering vaccines including patients' medical history; any medication they were taking; allergies and if the patient was pregnant. Staff sought and recorded patient's consent prior to carrying out treatment. Following treatment, patients were monitored to ensure they were safe prior to leaving the premises. Staff gave patients a copy of their paperwork and provided them with aftercare advice verbally and in written format.

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The manager carried out a range of audits, including medicines audits and IPC audits and these were discussed at the providers quarterly governance meeting.

Staff actively sought feedback from patients. All feedback was positive, which meant we were unable to see examples where improvements had been made following feedback. However, the provider had purchased new equipment and carried out further training following a suggestion from a patient, regarding a different technique for ear wax removal.

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. The service consisted of a registered manager who carried out the clinical work and an office manager. The office manager had received a full induction and appraisal. The manager provided informal supervision on an ongoing basis.

The registered manager had quarterly meetings with a governance advisor which included a section which supported reflections on how to improve the service.

Community health services for adults

All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies. The service worked with a range of services including laboratories and independent doctors. Staff consulted with the patient to identify their preferences as to where any results were sent. The provider had linked up with another provider who could provide support to patients where they might need extra care following any results.

Staff supported patients to make informed decisions about their care and treatment. Staff explained the procedures they were going to carry out to patients, prior to starting any treatment. Consent was sought from the patient and staff considered capacity. A range of information was available on the providers website to help clients make informed decisions about their treatment and staff offered to help patients complete any paperwork relating to the treatment.

Are Community health services for adults caring?

Good 

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff understood that some patient's needed extra support. For example, patients who had needle phobias were provided with longer appointment times to ensure they had the support they needed during their appointment.

We saw examples of feedback that patients had provided online. All the feedback was positive and all patients had given the service five stars. Feedback described the staff as polite, professional and helpful. Patients said that staff explained the process that was going to be carried out and recommended the service particularly to anyone who was anxious about needles.

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. The service considered patients individual needs including religious and cultural requirements. For example, the information provided to patients highlighted that some vaccines contained animal products. Staff checked if patients were vegetarian or vegan and offered alternative vaccinations where possible.

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. The service supported family members and carers to accompany patients and provided information to them about the processes involved.

Family members or carers could provide a chaperone for the patient if required. The service could also provide a chaperone, but this incurred an extra charge. Information about this was provided on the website but not displayed in the service.

Community health services for adults

Are Community health services for adults responsive?

Good 

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The service worked flexibly to meet the needs of the local community. Appointments were offered either in the clinic or in people's own homes. The provider also offered evening and weekend appointments to meet people's needs. The service worked with a range of other services including private GPs, and Osteopaths to meet patient's needs.

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. The premises was accessible to those who had access needs. There was a car park on site, the clinic room was on the ground floor and there was an accessible toilet. The provider offered home visits for anyone who preferred to be seen at home.

There was some consideration given to patients whose first language was not English. Staff told us they could access translators if this was needed, however this option had not been used and staff told us they had used an internet based translation service to communicate with a patient. They told us this had worked well, and that they had been able to provide written information to the patient in their language of choice.

Staff told us they could access sign language interpreters if required, although the service had not used this option. Staff had provided a socially distanced appointment for a patient who was deaf, to enable them to lip read.

People could access the service when they needed it and received the right care in a timely way. Appointment times and locations were flexible and patient feedback showed that appointments could be arranged quickly where necessary.

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously. There was a complaints policy in place and information about how to raise complaints was displayed in the clinic room and on the website. Information was provided to patients following their appointment included a request for feedback. We were unable to review how the service responded to complaints because the provider had not received any complaints.

Are Community health services for adults well-led?

Good 

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. The service consisted of two staff members, the registered manager who was the sole clinician at the service and the office manager. The provider had engaged external advisors to support the running of the business. These consisted of a governance advisor who also took on the role of safeguarding lead, and a pharmacy and GP advisor who provided support around Patient Group Directives. The provider has also signed up to a freedom to speak service. Staff worked together well and felt that communication was effective.

Community health services for adults

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. The vision for the service was to provide treatment to patients in their own homes or at a place and time that was convenient for them. The aim for the business was to provide excellent patient focused and centred care not just in the short term but indefinitely by providing care at the patient's convenience. The provider had a business plan in place and was working toward meeting their objectives.

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work. The service had an open culture where patients, their families and staff could raise concerns without fear. The provider focused on the individual needs of patients and care was very patient centred. The provider also engaged with the local community and engaged in charity work such as providing free vaccines for workers at a local homeless hostel.

Leaders did not always operate effective governance processes, throughout the service. 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.

The provider had provided a package of training to the office manager. However, there was no clear system in place for identifying and recording clinical training. This meant that staff may not remember when to renew their training.

The provider had up to date policies in place to provide guidance when delivering key aspects of the service. Policies were produced by an external company and tailored to the services individual needs. However, some policies contained information which did not appear to be relevant to the providers current service, for example one of the policies contained information about carrying out minor surgery which the provider did not provide and the resuscitation and medical emergencies policy and procedure made reference to a defibrillator which the service did not have.

The registered manager had governance meetings once a quarter with the governance advisor. There was a set agenda and minutes were taken from the meetings. There were no staff meetings set up outside of this meeting. This did not impact on the service because there were only two members of staff.

The provider carried out appropriate recruitment checks including Disclosure and barring service checks and obtaining references.

The provider carried out a range of audits and these were discussed during the governance meetings. The provider had an up to date risk register which contained risks that were relevant to the service.

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

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research. The provider engaged in professional development activities and service improvements. For example, the registered manager attended the World Health Organisation's vaccine safety summit in Geneva to discuss and learn about a range of vaccine issues such as regulatory frameworks and vaccine safety.

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
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff had not completed all their training and there were no clear systems in place for monitoring training, and taking appropriate action when training requirements were not met.