Care Quality Commission

Inspection Evidence Table

THE HEALTH XCHANGE (Y01057)

Inspection date: 01 April 2019

Date of data download: 17 April 2019

Overall rating: Requires improvement

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe Rating: Requires improvement

Safety systems and processes

At our previous inspection, we rated the service as inadequate for providing safe services. This was because the provider did not ensure care and treatment was provided in a safe way to patients.

These arrangements had improved in most areas when we undertook a follow up inspection on 1 April 2019. However, improvements were ongoing therefore the service is now rated as requires improvement for providing safe services as although the service mostly had clear systems, practices and processes to keep people safe and safeguarded from abuse there is still some improvement needed.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y

Safeguarding	Y/N/Partial
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y

Explanation of any answers and additional evidence:

There was a system to highlight vulnerable patients on clinical records and a risk register of vulnerable patients. The nursing team worked jointly with third sector services and secondary care providers to prevent failed attendance at appointments. For example, staff explained patients who would benefit from being accompanied, as well as patients with increased chaotic lives were often accompanied to their appointments. Staff contacted secondary care to check whether patients attended their appointments.

The clinical team explained that the service reviewed unplanned hospital admissions; however, there was no formal audit system or documentation in place to support this.

The practice proactively worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Staff we spoke with shared a wide variety of positive examples of where their involvement and joint working as part of a multi-disciplinary team approach resulted in the protection of vulnerable adults.

Staff received Female Genital Mutilation (FGM) awareness training and demonstrated clear understanding of their responsibilities around reporting incidences if they suspected a concern. The practice had policies and processes to support staff in this area and staff were clear on how they accessed these policies.

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y

Explanation of any answers and additional evidence:

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 16/05/2018	Y
There was a record of equipment calibration. Date of last calibration: 01/08/2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 30/10/2018	Y
There was a log of fire drills. Date of last drill: 29/01/2019	Y
There was a record of fire alarm checks. Date of last check: 09/01/2019	Y
There was a record of fire training for staff. Date of last training: All staff had completed training in the last 12 months	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 07/11/2018	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: Actions identified as a result of the fire risk assessment had been carried out. For example, directional signs placed above emergency exit doors and additional fire extinguishers were obtained.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 26/03/2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 26/07/2018	Y
Explanation of any answers and additional evidence: Staff were booked onto first aid training and oxygen cylinders attached to clinical room walls as a result of the health and safety risk assessment findings.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: There was an effective system to manage infection prevention and control (IPC). For example, following our previous inspection, the service established a designated infection lead within the service. Policies and procedures at a local level had been developed to support staff in their role and we saw evidence of completed cleaning schedules which was monitored by the designated lead. Staff demonstrated local awareness of a programme of ongoing and periodic infection control audits. The service scored 97% in their last IPC audit carried out in March 2019. Designated leads monitored actions as a result of audit outcomes to ensure compliance with recommendations and we saw remedial actions had been completed.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted, and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y

There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

Explanation of any answers and additional evidence:

Staff explained, following our last inspection discussions between the Trust and commissioners had a positive impact on the service. For example, clinical provision was increased which enabled the service to safely meet the demands of the patient population group.

The service had reviewed medicines stocked to deal with medical emergencies and developed an emergency medicines protocol. We saw evidence that medicines were available to treat a wider range of medical emergencies. Staff were suitably trained in emergency procedures.

The service identified overdose risks as a problem within the patient population group. Staff explained members of the nursing team delivered first aid training at local hostels as well as Naloxone training and patients received Naloxone kits (a medicine called an “opioid antagonist” used to counter the effects of opioid overdose).

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment. However, our inspection findings highlighted gaps in the systems for sharing information with other providers such as the out of hours service and gaps in the correspondence of patient referrals.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Partial
Referral letters contained specific information to allow appropriate and timely referrals.	N
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	N
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Partial

Explanation of any answers and additional evidence:

The clinical team explained the service reviewed unplanned hospital admissions; however, there was no formal audit system or documentation in place to support this.

During our July 2018 inspection we found the clinical system did not support the use of special patient notes (SPN). SPN are recorded by GPs to ensure the right information is available to the right people such as out of hours services who are unlikely to have any prior knowledge of the patient that they need to assess. SNP reflect the care needs, choices and preferences of the patient. Staff explained, since our inspection, the service registered with a secure web-based access link to the out of hours provider. However, when asked the service were unable to provide evidence to support examples of when they shared information or communicated with out of hour providers.

From the two referral letters we viewed we found that symptoms were not clearly recorded and the necessary information to determine the urgency of the referral had not been included.

Appropriate and safe use of medicines

The service had systems for the appropriate and safe use of medicines. However, the service was not collecting data to monitor or ensure appropriate antimicrobial use. The service was unable to demonstrate how they assure themselves on an ongoing basis of the competence of clinical staff practising at an advanced level.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) NHS Business Service Authority - NHSBSA)	1.12	0.96	0.91	No comparison available
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2018 to 31/12/2018) (NHSBSA)	2.4%	5.7%	8.7%	No comparison available
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2018 to 31/12/2018) (NHSBSA)	4.43	5.16	5.60	No comparison available
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) (NHSBSA)	1.96	1.70	2.13	No comparison available

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y

Medicines management	Y/N/Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	N
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y

Explanation of any answers and additional evidence:

Clinicians reviewed antibiotic prescribing to ensure prescribing was appropriate for patients. Staff we spoke with were aware of the risks related to higher use of antibiotics and infections associated with substance misuse, homelessness as well as poor health and nutrition. However, the service was not collecting antibiotic prescribing data to support good antimicrobial stewardship across all prescribers in line with local and national guidance.

The service was unable to demonstrate how they monitored clinical staff working at an advanced level on an ongoing basis to gain assure that clinical competence was being maintained as well as supporting and monitoring their continuing professional development.

Track record on safety and lessons learned and improvements made

The service made improvements when things went wrong. However, records we viewed showed that the service was not maximising learning opportunities when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months:	Seven
Number of events that required action:	Three
Explanation of any answers and additional evidence: The service had a system for incident reporting. However, we noted that in some cases, opportunities for learning had been missed. For example, the service could not demonstrate that learning opportunities had been explored to their entirety as a result of unexpected deaths. Furthermore, the service had not adapted a palliative care register to support a structured and coordinated approach where needed. There was no evidence of a joined-up review of patients with complex care needs, those approaching end of life as well as patients at increased risk.	

Example(s) of significant events recorded and actions by the service.

Event	Specific action taken
Unexpected death	The service assessed the care provided and recorded that the care delivered was satisfactory and there was clear communication with other health care professionals who were involved in patients care.
Unexpected death	The service assessed the care provided and recorded that the care delivered was satisfactory
Patient collapsed following epileptic Fit	The service discussed the incident during their governance meeting.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: The service operated a process for receiving and disseminating safety alerts throughout the service. A designated clinician received safety alerts, discussed them during governance meetings as well as sent them out to appropriate staff who were then required to ensure required actions were carried out.	

We saw evidence of actions carried out to identify female patients of child bearing age. We also saw evidence of actions taken to identify patients with a pace maker and required actions in line with safety recommendations were carried out.

Effective Rating: Requires Improvement

At our previous inspection we rated the service, and all the associated population groups, as inadequate for providing effective services. This was because the provider did not establish a systematic approach to monitoring effectiveness and outcomes. Although clinicians carried out some quality improvement activities, the service did not operate a comprehensive clinical audit plan or engage in benchmarking activities to review effectiveness, measure impact and appropriateness of the care provided.

These arrangements had improved in some areas when we undertook a follow up inspection on 01 April 2019. However, in other areas improvements were ongoing and therefore the service is now rated as required improvement for providing effective services.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y

Explanation of any answers and additional evidence:

At our July 2018 inspection, the service was not following any established measures such as a set of key performance indicators (KPIs), therefore were unable to demonstrate how they monitored patients' outcomes such as those diagnosed with a long-term condition. At this inspection, we found the provider had engaged with the local Clinical Commissioning Group (CCG) and the Trust to discuss introducing Quality Outcomes Framework (QOF) as a tool for the management and monitoring of patients as well as measuring performance. Staff explained the CCG improved the IT systems and provided access to training for appropriate staff regarding the use of QOF.

Psychological therapists and community psychiatric nurses within the service delivered a wide range of evidence-based therapies and demonstrated a holistic approach when working with patients. For example, staff delivered Interpersonal Therapy (IPT) as well as Dialectical Behaviour Therapy (DBT) a specific type of cognitive-behavioural psychotherapy. Psychological therapists offered meditation.

Substance misuse nurses delivered primary harm reduction and brief interventions in line with NICE

guidelines.

Prescribing	Practice	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) (NHSBSA)	0.19	0.73	0.79	No comparison available

Older people

Population group rating: Requires improvement

Findings

This population group was previously rated inadequate. At this inspection, we saw the service had commenced taking actions to improve the effectiveness of care to this population group. Actions were ongoing; therefore, the service has now been rated as requires improvement for effective because:

- The service was unable to demonstrate a systematic approach to monitoring prescribing activities, audits did not routinely demonstrate learning, action plans were in their early stages and had not yet showed improved outcomes.
- Since our previous inspection, the service received support and training to enable staff to improve monitoring of effectiveness and outcomes. For example, staff were making better use of templates to manage patient care.
- The service had a small number of patients aged 65 and over. Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 65 were invited for a health check. If necessary, they were referred to other services such as voluntary services and supported by an appropriate care plan.
- Over a 12-month period all patients in this population group had received a Flu vaccination either within the clinic or at an alternative community setting.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The service worked closely with local hostels, homeless service centres' and community nursing teams to ensure effective coordination of care and positive outcomes for patients.

People with long-term conditions

Population group rating: Requires improvement

Findings

This population group was previously rated inadequate. At this inspection, we saw the service had commenced taking actions to improve the effectiveness of care to this population group. Actions were ongoing; therefore, the service has now been rated as requires improvement for effective because:

- Since our previous inspection, the service received support and training to enable staff to improve monitoring of effectiveness and outcomes. For example, staff were making better use of templates on the patient record system to manage patient care; however, changes were in their infancy.
- The service was unable to demonstrate a systematic approach to monitoring prescribing activities, audits did not routinely demonstrate learning, action plans were in their early stages and were yet to demonstrate improved outcomes.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. However, we viewed a sample of care records which showed reviews were not routinely added to patients notes as well as clinical codes to enable the service to monitor performance and achievements.
- GPs worked with other health and care professionals to deliver a coordinated package of care for patients with the most complex needs.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Although staff explained that they followed up patients who had received treatment in hospital, the service was unable to demonstrate how they followed up patients who accessed out of hours services.
- The service delivered care to a transient; hard to reach population group and identified the challenges associated with managing patient's health conditions. Performance relating to the management of long-term conditions was below local and national averages. However, the service was aware of this and had received support from the Clinical Commissioning Group to improve the recording of care provided.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension blood pressure was monitored and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate. Patients who accessed the service had access to blood pressure monitoring.
- The service was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. The service offered spirometry (a test used to assess how well patents lungs worked) and nurses received appropriate training. The service liaised with community health care services and partnership agencies to address patients' health care needs.

Any additional evidence or comments

With support of the CCG the service had commenced using QOF data as a tool for the management and monitoring of patients; and were in the process of developing disease registers. We saw the service had made progress in embedding new system into day to day practice. However, the service was able to demonstrate that progress had been made in relation to monitoring patient outcomes. For example:

Quality Outcomes Framework indicators for patients diagnosed with diabetes showed:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) was 56%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) was 40%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) was 65%.

Quality Outcomes Framework indicators for other long-term conditions showed

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) was 22%.
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) was 11%.

The service provided evidence of an action plan which showed KPI outcome measures were subject to ongoing negotiation between the local CCG and Trust to establish a set of targets for the service as it had been identified national targets may not be achieved due to the nature of the patient population group.

Families, children and young people Population group rating: Not rated

Findings

- The service was only available for the homeless and vulnerably housed patients over the age of 16 and not pregnant. Therefore, families or young children were not registered but were directed to other mainstream GP practices. As a result, we did not rate this population group.
- Although the service did not look after children staff recognised that many of their patients had families and prioritised the issues of safeguarding that this highlighted.
- Pregnant women were not able to register as a patient. Registered patients who became pregnant were referred to community midwifes, maternity services and referred to mainstream GP practices for ongoing general health care. However, staff explained to enable continuity of care the service would continue the care for women who became pregnant following an assessment of potential risks.
- The nursing team worked closely with external services and projects aimed at engaging with vulnerable girls in Birmingham. Staff explained patients had their health care arranged, received

sexual health checks, pregnancy testing, advice about contraception including emergency contraception, implants and were offered cervical screening.

- Staff explained the service were alerted where children may be present at the same address or location as patients who may have drug and or alcohol issues. Processes were in place which enabled staff refer or raise enquiries with children's services.

Working age people (including those recently retired and students)

Population group rating: Requires improvement

Findings

This population group was previously rated inadequate. At this inspection, we saw the service had commenced taking actions to improve the effectiveness of care to this population group. Actions were ongoing; therefore, the service has now been rated as requires improvement for effective because:

- Since our previous inspection, the service had received support and training to enable staff to improve monitoring of effectiveness and outcomes. For example, staff were making better use of templates to manage patient care; however, changes were in their infancy.
- The service was unable to demonstrate a systematic approach to monitoring prescribing activities, audits did not routinely demonstrate learning, action plans were in their early stages had were yet to show improved outcomes.
- The service had a small number of female patients. GPs and nurses were trained to carry out cervical screening which staff explained was done opportunistically. However, records we viewed highlighted missed opportunities to perform cervical screening to a patient who had requested this at the service. For example, we saw that although the request was documented it was not picked up during a follow-on consultation.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The service offered a stop smoking service to registered patients. The programme consisted of eight weeks supply of Nicotine replacement therapy and a carbon monoxide check on a weekly basis.

Any additional evidence or comments

The practice's uptake for cervical screening was 36%. The service recognised the challenges associated with encouraging patients to engage in national screening programmes. Staff explained, the service coverage was discussed during service meetings. Staff also explained that they work to gain patients trust and educate patients regarding the uptake of national screening programmes.

The service encouraged breast and bowel cancer screening. For example, we saw referral forms for patients with breast symptoms were being completed. However, examinations were not being recorded in patients' clinical notes.

The service did not establish a failsafe system for monitoring results received for every cervical screening sample sent to ensure women who have an abnormal result were being followed up. However, staff explained due to the numbers being so small staff knew when results had not been received.

People whose circumstances make them vulnerable

Population group rating: Requires improvement

Findings

This population group was previously rated inadequate. At this inspection, we saw the service had commenced taking actions to improve the effectiveness of care to this population group. Actions were ongoing; therefore, the service has now been rated as requires improvement for effective because:

- Naloxone (a medicine called an “opioid antagonist” used to counter the effects of opioid overdose) provision including training on administration and basic life support for vulnerable patients using opioids was provided to patients and the wider community where appropriate. Alerts were placed on the clinical system which enables staff to identify patients who required training.
- Specialist nurses supported patients diagnosed with associated liver disease and or cognitive impairment. Nurses carried out assertive outreach and accompanied patients to secondary care appointments.
- The practice worked with undocumented migrants and people with no access to public funds, also asylum seekers and refugee agencies and participates in the “safe surgery” initiative which encouraged undocumented migrants to seek health care. Staff we spoke with had a wealth of experience working with this patient group and shared several positive outcomes as a result of their involvement.
- The service did not establish a register of palliative care patients or patients at risk of premature death due to levels of vulnerability as well as issues related to homelessness, diets and substance misuse. Staff we spoke with were aware of patient’s whose health reduced their quality of life and placed them at increased risk; however, unable to demonstrate a coordinated approach to end of life care.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Support workers delivered a co-ordinated approach with other services to support patients. For example, accommodation, benefit issues and access to food banks.
- Blood-borne virus checks such as Hepatitis B, C and HIV were carried out on patients upon registration and on an ongoing basis as part of health and risk reviews.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires improvement

Findings

This population group was previously rated inadequate. At this inspection, we saw the service had commenced taking actions to improve the effectiveness of care to this population group. Actions were ongoing; therefore, the service has now been rated as requires improvement for effective because:

- Since our previous inspection, the service received support and training to enable staff to improve monitoring of effectiveness and outcomes. For example, staff were making better use of templates to manage patient care; however, changes were in their infancy.
- The service was unable to demonstrate a systematic approach to monitoring prescribing activities, audits did not routinely demonstrate quality improvement, action plans were in their early stages and were yet to demonstrate improved outcomes.
- Staff explained patients with mental health related conditions had a structured annual review to check their health and medicines needs were being met. Patients had timely access to psychological therapists and community psychiatric nurses within the service who delivered a wide range of evidence-based therapies. Clinical staff explained they worked with patients holistically for up to 18 months. GPs explained they recognised the benefits of having access to therapies as they often carried out joint appointments to review and manage patients physical and mental well-being.
- Since our previous inspection, the service received support and training to enable staff to improve monitoring of effectiveness and outcomes. For example, staff were making better use of templates to manage patient care; however, changes with how the service recorded care delivery was in its infancy. We viewed a sample to care records which showed patients who attended did not have a documented record of a physical review.
- We viewed a sample of care records which showed reviews were not routinely added to patients notes as well as clinical codes to enable the service to monitor performance and achievements.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Any additional evidence or comments
Following our July 2018 inspection, the service liaised with the local CCG and Trust regarding establishing KPIs and a set of clinical targets. As a result of these discussions, QOF indicators were introduced and the service commenced using QOF as a tool to monitor the effectiveness and outcomes of care provided. Unpublished data provided by the service from the 2018/19 QOF year showed 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. The service considered the physical health needs of patients with poor mental health and those living with dementia. Unpublished data from the 2018/19 QOF year showed 60% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. Staff explained since receiving support and training from the local CCG the service was on a journey to further improve the use of clinical templates and monitoring of patients' conditions.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided in most areas. However, at the time of our inspection, audits we viewed did not demonstrate impact or quality improvement. The service did not carry out audits to monitor antibiotic prescribing or the prescribing activities of non-medical prescribers.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Partial

Examples of clinical audits or other improvement activity in past two years

Since our July 2018 inspection, the service reviewed their programme of quality improvement activities and implemented some changes to improve how they reviewed and monitored the effectiveness and appropriateness of care provided. For example, the service provided examples of two clinical audits; we saw one was a repeated audit carried out in October 2016 and repeated in June 2018. An audit was carried out into the quality of health assessments for patients taking medicines that may increase their risk of adverse events, such as an irregular heart rhythm. The audit demonstrated some improvements in monitoring and recording of comprehensive reviews in respect of Electrocardiogram (ECG) monitoring (a test which measures the hearts electrical activity to show whether it's working normally). However, evidence of learning from the first audit was limited as it was unclear why the auditor excluded some patients from having a physical health check and there was no evidence of a formal system for inviting patients following the audit findings.
During our previous inspection, the service was unable to demonstrate how they monitored antibiotic prescribing or actions taken to support good antimicrobial stewardship in line with local and national guidance. At this inspection, we found the service had not acted to address this and were unable to provide evidence of a prescribing audit to demonstrate monitoring of antibiotic prescribing. The service had not carried out audits relating to nursing care. For example, prescribing activities of non-medical prescribers or wound healing rates.
The service carried out an initial data collection in January 2019 to monitor the effective of treatment for patients diagnosed with a disabling long-term condition. The service identified areas for improvement and developed an action plan to address the issues identified.

Any additional evidence or comments
A number of factors impacted on the services QOF results. For example, the service had a transient, complex patient population group and disease registers had not been fully established. The service received support from the local CCG to improve Information Technology (IT) to enable access to GP related patient reporting systems as well as received training on QOF reporting. At the time of our

inspection, new systems and processes were in their infancy and the service was actively working towards improving clinical recording and general record keeping. The most recent unpublished QOF results from the 2018/19 QOF year showed the service achieved 41% of the total number of points available.

The service demonstrated how QOF data was being used to support ongoing management of clinical indicators, for example, patients diagnosed with a long-term condition. Staff explained the service operated a call and recall system as well as carried out reviews opportunistically. However, a random sample of records viewed showed reviews were not being recorded onto the clinical system and reviews were not being coded as completed. The service recognised development of disease registers, recording of health checks as well as coding was an issue within the service; however, staff were receiving support and training and there was an action plan in place to address the issues.

The service was in their early stages of utilising QOF as a framework. Staff we spoke with had identified the need to improve the recording of clinical interventions which would enable the service to effectively use information about care and treatment to make improvements. To support this the service provided evidence of a comprehensive homeless template which clinical staff had recently started using within the patient record system. The service had established links with the community diabetic nurse who had attended the service to see complex patients and the service worked closely with the rough sleeper's team who targeted hard to engage patients, encouraging them to attend health reviews.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	N
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: The service was unable to demonstrate how they ensured ongoing monitoring of staff competence was being carried out for staff members employed in advanced roles. For example, the service were not carrying out audits of non-medical prescriber's clinical decision making as well as auditing clinical notes and referrals.	

Coordinating care and treatment

Although staff worked together and with other health and social care professionals to deliver effective care and treatment, record keeping did not always demonstrate this.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	N
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Partial
Care was delivered and reviewed in a coordinated way when different teams, services or	Y

organisations were involved.	
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence: Staff we spoke with provided a wide variety of positive examples which showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. However, the service did not establish a method or system to routinely record or capture details of support provided by experienced staff. The service did not establish a palliative care list and were unable to demonstrate that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence: Health promotion was provided on an individual opportunistic basis and included diet as well as nutritional advice. The service offered regular wound care and dressing as part of an open access specialist clinic. Staff provided examples of where outreach workers had encouraged patients to access the service and as a result some of the hardest to engage patients had started attending the clinic	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence:	

Caring Rating: Good

At our previous inspection, we rated the service, and all the associated population groups, as requires improvement for providing caring services. This was because the provider did not identify or carry out actions to improve areas where patient satisfaction was below local and national averages.

These arrangements had significantly improved when we undertook a follow up inspection on 01 April 2019. The service is now rated as good for providing caring services because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	Seven
Number of CQC comments received which were positive about the service.	Seven
Number of comments cards received which were mixed about the service.	Nil
Number of CQC comments received which were negative about the service.	Nil

Source	Feedback
CQC comment cards	Patients who completed CQC comment cards felt that staff were very friendly, helpful, non-judgmental and willing to listen to their concerns and very reassuring. Staff were described as caring, always willing to help; polite and respectful. Patients felt staff had a high level of understanding and always made patients feel cared for.
Service user engagement team	Staff explained service user engagement workers have been visiting the service since April 2019. We were advised that during this time, feedback from patients regarding their experience has been very positive.
Friends and family test (FFT) results from July 2018 to February 2019	Patients who completed an FFT felt staff were helpful, patients always received support when they needed it and staff were very caring.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
Not available	362	22	6.1%	Not available

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018) (GPPS)	84.9%	83.4%	89.0%	No comparison available
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018) (GPPS)	84.9%	81.3%	87.4%	No comparison available
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018) (GPPS)	100.0%	93.0%	95.6%	No comparison available
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018) (GPPS)	95.4%	75.5%	83.8%	No comparison available

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y

Any additional evidence
Clinicians obtained feedback from patients as part of their appraisal process and the service obtained feedback from various sources such as friends and family test (FFT), engagement with service user engagement workers as well as verbal feedback following appointments. Data provided by the practice from the July 2018 to February 2019 FFT showed 89% of patients were positive about their experience.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: The service proactively identified and monitored inappropriate friendships formed between patients. Staff we spoke with explained situations where they had proactively identified concerns friendships and liaised with support workers as well as hostels to support patients and managed risks.	

Source	Feedback
Completed CQC comment cards.	Patients who completed CQC comment cards felt staff accommodated their needs, provided support during difficult situations and they felt involved in decisions about their care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018) (GPPS)	100.0%	89.4%	93.5%	No comparison available

Any additional evidence or comments
Since our previous inspection, the service had been engaging with a service user engagement worker from the Trust who was part of a patient experience team. Staff we spoke with explained the main role was to gather patient feedback and attended the service weekly to encourage completion of national surveys and service-initiated questionnaires. The service provided data from an internal survey carried out in January 2019 which showed: • 100% of patients found the receptionists helpful. • 87% felt the last health care professional they saw was good at treating them with dignity and respect. • 90% felt the last health care professional they saw treated them with care and concern.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: Where required support workers advocated for patients who required additional support to access community services in relation to their care needs. Staff explained the service recognised the patient group may not always have communication with family members or a supportive social network. As a result, staff employed by the service attended funerals and arranged memorials.	

Privacy and dignity

The service respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence:	

Responsive Rating: Good

At our previous inspection we rated the service, and all the associated population groups, as inadequate for providing responsive services. This was because the provider did not identify or carry out actions to improve areas where patient satisfaction was below local and national averages.

These arrangements had significantly improved when we undertook a follow up inspection on 01 April 2019. The service is now rated as good for providing responsive services because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Partial

Explanation of any answers and additional evidence:

Staff demonstrated clear understanding of the population group, challenges associated with engaging with hard to reach groups and tailored services in response to those needs. For example, staff explained less busy periods were during the mornings; therefore, the most vulnerable patients were encouraged to attend during the morning clinics. The service operated drop-in clinics for patients who found it difficult to adhere to pre-booked appointments. The nursing team provided services for common ailments.

Staff supported patients to access services through their engagement with homeless service centres', local hostels, outreach workers, local addiction services and secondary care homeless discharge liaison services.

The service made reasonable adjustments when patients found it hard to access services. For example, patients received individualised holistic access to services; staff managed patients health, behaviour as well as engagement through weekly multidisciplinary process meetings to discuss and plan care for patients identified as requiring significant additional support. Staff provided a wealth of examples where they had attended secondary care services to support staff who encountered difficulties managing patients during their admission. Staff accompanied patients during planned appointments with other service providers and staff carried out street outreach sessions with other homeless agencies to encourage primary care engagement.

Staff explained care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. However, staff were not routinely documenting their engagement; therefore, records we viewed did not provide assurance of a coordinated approach.

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	9am to 5pm
Tuesday	9am to 5pm
Wednesday	9am to 5pm
Thursday	9am to 5pm
Friday	9am to 5pm
GP Appointments available:	
Monday	Pre-booked appointments available from 10am to 12 noon. Drop in clinic from 1.30pm to 3pm. Pre-booked appointments from 3.20pm to 4pm
Tuesday	Pre-booked appointments available from 9am to 11.30am. Drop in clinic from 1pm to 2.45pm. Pre-booked appointments from 2.50pm to 4pm.
Wednesday	Pre-booked appointments available from 9.30am to 10.30am
Thursday	Pre-booked appointments available from 9am to 11.30am. Drop in clinic from 1pm to 2.45pm. Pre-booked appointments from 2.50pm to 4pm.
Friday	Drop in clinic from 9am to 11am
Nurse Appointments available:	
Monday	Pre-booked appointments available from 9am to 12 noon. Drop in clinic from 1pm to 4pm
Tuesday	Pre-booked appointments available from 9am to 12 noon. Drop in clinic from 1pm to 4pm
Wednesday	Drop in clinic from 1pm to 4pm
Thursday	Pre-booked appointments available from 9am to 12 noon. Drop in clinic from 1pm to 4pm
Friday	Pre-booked appointments available from 9am to 12 noon. Drop in clinic from 1pm to 4pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
Not available	362	22	6.1%	Not available

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018) (GPPS)	95.9%	92.4%	94.8%	No comparison available

Older people — Population group rating: Good

Findings

This population group was previously rated inadequate. At this inspection, we saw the service had acted to identify and improve areas where patient satisfaction was below local and national averages which had a positive impact on this population group. The service has now been rated as good for responsive because:

- The service provided timely access to treatment, national survey results as well as patient feedback was positive which impacted on this population group.
- All patients had a named GP. Support workers and outreach nurses supported patients in the community as well as those who lived in supported living schemes.
- The practice was responsive to the needs of older patients and offered urgent appointments for those with enhanced needs. The community nurse carried out clinics at satellite locations for patients who had difficulties getting to the service due to limited financial means to access public transport.
- Staff were trained and knew how to recognise signs of abuse in older patients and knew how to escalate concerns.
- Clinical staff and support workers supported patients to ensure any extra social or health needs were addressed and managed following hospital discharge.

People with long-term conditions — Population group rating: Good

Findings

This population group was previously rated inadequate. At this inspection, we saw the service had acted to identify and improve areas where patient satisfaction was below local and national averages which had a positive impact on this population group. The service has now been rated as good for responsive because:

- Patients with a long-term condition were encouraged to attend annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The service carried out opportunistic screening and reviews as well as operated a re-call system which involved multiple services to ensure patients with the most chaotic lifestyle were seen. For example, patients seen by local homeless and addiction services were reminded and encouraged to attend their GP appointments. The nursing team carried out street outreach to engage with hard to reach patients who often disengaged with services.
- The service offered assertive outreach to deliver health care to homeless people across the City. This included working and prescribing on the street specifically to engage patients with physical health concerns who were 'rough sleepers' and not registered with a GP. These individuals were also encouraged to register with the Health Exchange for ongoing support.
- Staff explained assertive outreach also enabled the service to engage with individuals who may be registered with a mainstream GP, but had disengaged, in order to offer them a temporary service to support their physical health needs. The service communicated with the individual's GP to ensure they remained updated.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Weekly podiatry clinics were available at the service to treat patients with conditions affecting their feet, ankle and related structures of their leg.

Families, children and young people Population group rating: Not rated

Findings

- The service was only available for the homeless and vulnerably housed patients over the age of 16 and not pregnant. Therefore, families or young children were not routinely registered but were directed to other mainstream GP practices. Staff explained considerations would be made to ensure continuity of care in the event a female became pregnant while registered with the service. As a result, we did not rate this population group.

Working age people (including those recently retired and students) Population group rating: Good

Findings

This population group was previously rated inadequate. At this inspection, we saw the service had taken action to identify and improve areas where patient satisfaction was below local and national averages which had a positive impact on this population group. The service has now been rated as good for responsive because:

- The service provided timely access to treatment, national survey results as well as patient feedback was positive which impacted on this population group.
- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice received support from the local CCG to secure additional support from a local GP practice to enable access to GPs on Fridays.
- Support workers created a holistic package of care by supporting patients to access voluntary services as well as self-help organisations.
- The service provided patients with clothes which staff explained enable patients to feel more confident when attending appointments with other health care providers.
- Service user engagement workers encouraged patients to attend a recovery college where patients were able to access courses such as mental Health first aid, communicating confidently and caring in crisis. Staff received positive feedback from patients who attended, and courses were often oversubscribed.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

This population group was previously rated inadequate. At this inspection, we saw the service had taken action to identify and improve areas where patient satisfaction was below local and national averages which had a positive impact on this population group. The service has now been rated as good for responsive because:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- From the records we viewed patients with a learning disability had not received an annual review. Staff explained they were aware of the need to improve recording and had received training regarding the use of clinical templates to better capture annual reviews.
- Substance misuse nurses supported patients and oversaw the homeless service pathway with the local addiction service to enable patients to access substitute prescribing.
- The service carried out regular checks of patient lists and explained once patients received stable accommodation they were encouraged and supported to register with their local GP practice.
- Members of the nursing team carried out two primary care clinics on a weekly basis at the local alcohol drop in centre. The nursing team also provided specific support to asylum seekers as part of a Home Office Project to ensure a responsive and safe service provision for this group.

People experiencing poor mental health

(including people with dementia)

Population group rating: Good

Findings

This population group was previously rated inadequate. At this inspection, we saw the service had taken action to identify and improve areas where patient satisfaction was below local and national averages which had a positive impact on this population group. The service has now been rated as good for responsive because:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Staff explained patients with low level mental health concerns were referred to a mental health drop in clinic which was held on a weekly basis. Staff explained the service were not keeping a record of patients who were advised to attend the drop-in clinic; therefore, unable to demonstrate a process for following up on patients who failed to attend.
- Specialist mental health workers, psychotherapists and substance misuse nurses offered a ranged of interventions at a level which were not commonly available in primary care settings. Clinicians explained they felt the benefits of having direct access to mental health practitioners when required during challenging consultations. We were told that CPNs were available to deescalate difficult situations.
- Staff actively liaised with secondary care providers and the criminal justice system to effectively respond when patients were in crisis as well as supporting the transfer of patients care.
- Practitioners worked proactively with the Trust which enabled rapid access to a wide range of inpatient, community and specialist mental health services. For example, rehabilitation, home

treatment, community mental health services, assertive outreach, early intervention, inpatient services, day services and mental health wellbeing services.

- Staff explained they attended forums and provided talks about mental health provisions as well as how to register with the service.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	N/A
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: Staff explained the appointment system was flexible and easy to use to accommodate the needs of vulnerable patients.	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (to) (GPPS)	92.6%	N/A	70.3%	No comparison available
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018) (GPPS)	97.5%	58.3%	68.6%	No comparison available
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018) (GPPS)	100.0%	62.0%	65.9%	No comparison available
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018) (GPPS)	81.3%	65.8%	74.4%	No comparison available

Any additional evidence or comments
The service was aware of the national GP survey data which showed 35% of patients waited 15 minutes or less after their appointment time to be seen at their last general practice appointment compared to the CCG average of 60% and national average of 69%.

The service carried out their own waiting times audit in December 2018. Staff highlights at the time of the audit the service did not have the required amount of clinical staff to meet demands. Since the audit the Trust recruited additional nurses with a view this would reduce waiting times. Staff explained to ensure future audits were more accurate patients would be recorded as arrived at the point of entering the drop-in clinic rather than marking all patients as arrived at 1pm when doors open. The service developed an action plan to improve this and notices were placed in the waiting areas asking patients to inform receptionists if they were kept waiting for more than 15 minutes. Booked appointment slots were increased from 10 minutes to 15 minutes to better control waiting times. The service was also planning to introduce a ticket system to ensure waiting times were managed appropriately. Whilst the service recognised lengthy waiting times as an issue, staff felt this was balanced by the need to be responsive and flexible to meet the needs of the patient population.

Source	Feedback
CQC Comment cards	Completed CQC comment cards showed that patients felt that they were able to access appointments.
Friends and Family Test (FFT)	Completed FFT comment cards showed patients were able to get an appointment when needed and staff were very approachable. Patients felt the service was easily accessible and staff go above and beyond to accommodate patient's needs.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	Two
Number of complaints we examined.	Two
Number of complaints we examined that were satisfactorily handled in a timely way.	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Nil

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: Staff we spoke with were able to describe the processes for managing complaints and there was a lead person within the service responsible for managing complaints and sharing them with the Trust. We saw complaints leaflets and forms were located in patient waiting areas.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Unhappy with staffs conduct.	The service improved their referral process to ensure they were completed in a timely manner. Staff received supervision sessions to explore conduct and how the manner in which messages are communicated may be misinterpreted.

Well-led Rating: Requires improvement

At our previous inspection we rated the service as inadequate for providing well-led services. This was because the provider had systems and processes in place which was operated ineffectively in that they failed to enable the service to demonstrate effective governance arrangements. There was a lack of coherent planned approach to delivering a safe, high quality service. Systems to monitor service delivery and measure performance such as key performance indicators had not been established by the Trust or contract commissioners. This impacted on the service ability to collect and analyse data as part of a structured quality assurance programme.

These arrangements had significantly improved in most areas when we undertook a follow up inspection on 01 April 2019. However, improvements were ongoing therefore the service is now rated as required improvement for providing well-led services because:

- There were areas of the governance framework which had not been established or operated effectively.
- The service received support to manage Quality Outcome Framework indicators, and we saw actions were ongoing.
- The service did not operate an effective programme of quality improvement activities.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

Explanation of any answers and additional evidence:

Leaders had the capacity and skills to deliver high-quality, sustainable care. Members of the management team demonstrated how they transferred their skills to manage service delivery.

Leaders at a local level as well as at a provider level were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, since our previous inspection, the Trust had strengthened communication with the service and commissioners. We saw evidence of a coherent planned approach to address identified issues in order to deliver safe, high quality services. For example, clinical leads at provider level worked closely with local clinical leads to establish processes for monitoring quality and the use of clinical systems.

Systems to monitor service delivery as well as measure performance such as key performance indicators had been established and the service were in the early stages of implementing systems to support better data collection.

The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. For example, the Trust demonstrated awareness and understanding of

the type of service being delivered and with support from the local CCG there were future plans to further strengthen leadership within the service. For example, there were plans in place for the service to receive additional support from a neighbouring general practice.

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The strategy was in line with health and social priorities across the region. The service planned its services to meet the needs of the practice population. For example, staff explained services were tailored to provide maximum flexibility in order to reduce health inequalities in access to general health care as well as improve outcomes achieved for homeless people.	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y

Explanation of any answers and additional evidence:

Staff stated they felt respected, supported and valued. They were proud to work in the practice and demonstrated genuine passion, respect and compassion in the role to meet the health needs of excluded groups.

The practice focused on the holistic needs of patients. Staff we spoke with demonstrated extensive experience of working with hard to reach groups; empowering them to make informed decisions about their health.

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff	Staff explained they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. For example, since our previous inspection, the staff had worked with the Trust as well as commissioners to provide a clear understanding of the type of service being delivered as well as challenges they were facing. These discussions resulted in the provider and commissioners addressing IT systems to enable the use of special patient, GP provision had been increased and staff received training regarding the use of QOF reporting systems.
Policies and staff interviews	The service had processes which enabled the management team to take action to promote equality and diversity. For example, flexible working options were available, managers were aware of options available to ensure staff maintained a work life balance and staff were confident that they would receive support if they needed time off to care for a child or family member.

Governance arrangements

Since our previous inspection, the service worked with the Trust to review their governance framework. During this inspection, there were clear responsibilities, roles and systems of accountability to support good governance and management in most areas.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Partial

Explanation of any answers and additional evidence:

Structures, processes and systems to support good governance and management had been reviewed since our previous inspection and were clearly set out, understood and generally effective. For example, overall leadership and accountability of service delivery was managed by the Trust; the day to day management of clinical and non-clinical governance arrangements was delegated to designated leads at a local level. Staff explained leaders at a provider level allowed local leaders to have some autonomy to develop policies specific to the service which members of the management team were actively reviewing at the time of our inspection. Updated policies were being shared with the Trust, signed off and added to Trust wide policies.

The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. However, the service did not demonstrate that they proactively utilised the system for communication with out of hours providers.

The service learned from complaints. Incident records we viewed showed the service were not always maximising learning opportunities. For example, there were limited evidence from the records we viewed to demonstrate learning from unexpected deaths due to deteriorating or advanced ill-health, continued use of substances as well as mental health issues. The service did not establish a palliative care register or demonstrate involvement with palliative care services to support better management of this patient population.

The service did not establish a failsafe system for monitoring screening sent, received and did not establish a system for managing two weeks wait referrals.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Partial
There was a systematic programme of clinical and internal audit.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: The service had processes to manage current and future performance of non-clinical staff had been established. However, the service was unable to demonstrate how they monitored performance of employed clinical staff. For example, audit of non-medical prescribers' consultations, prescribing and referral decisions had not been established. Since our previous inspection, the service reviewed their quality improvement activities. The service had carried out clinical audits; however, the audits we viewed did not demonstrate learning and some were too early to demonstrate whether the audit had a positive impact on quality of care and outcomes for patients.	

Appropriate and accurate information

There was a demonstrated commitment to using data and information to drive and support decision making. Since our previous inspection, the service received support and training to improve the recording of patient outcomes. Improvements were ongoing and during this inspection, we found the service were mainly acting on appropriate and accurate information.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Partial
Our inspection indicated that information was accurate, valid, reliable and timely.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	

Since our previous inspection, the service worked with CCG who commissioned the Royal College of General Practitioners (RCGP) to support the practice with the development of their systems and processes. Staff received support to improve their recording of health checks, better use of templates, development of disease registers as well as adding codes to patient records to support better monitoring of QOF performance. These changes were in their infancy.

The service offered a wide variety of services, support and interventions which staff were able to provide detailed accounts of. However, the service was not capturing this information to evidence positive work as well as support the management of risks.

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y

Explanation of any answers and additional evidence:

Since our previous inspection, the service received support from service user engagement workers who gathered patients' feedback and encouraged patients to complete FFT, supported the completion of surveys and spoke with patients in the waiting areas to gather feedback.

The service was looking at ways to encourage patients to engage in a patient forum and were considering things such as incentives to attract engagement.

A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The service completed a you said we did poster which showed actions taken such as additional GP sessions on Fridays, automatic air fresheners were placed in waiting areas and corridors. The service also had thermos flasks and cups which they provided patients with during the winter periods.

The service was transparent, collaborative and open with stakeholders about performance.

Any additional evidence
Staff we spoke with felt that the management team was accessible and explained their opinions regarding the running of the service were valued and had been taken seriously. The management team had an open door policy which encouraged timely interaction with clinical and non-clinical staff.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Partial
Learning was shared effectively and used to make improvements.	Partial

Explanation of any answers and additional evidence:
Oversight of systems for managing significant events and complaints showed these were investigated and responded to in a timely manner. However, records we viewed showed the service were not maximising opportunities to learn from significant events.

Examples of continuous learning and improvement
At the time of our inspection, the service was in the process of completing a project on the efficacy of psychotherapy delivered by specialist nurses. The aim was to demonstrate that long term interventions and small goals achieved would be an indication of progress in the homeless population. Staff explained outcomes would be shared within the Trust and discussed during clinical governance meetings. Staff provided evidence of a completed quality improvement project nomination form relating to a project aimed at improving patients experience of the assessment process by educating clinicians to effectively use psychodynamic thinking when assessing complex trauma and personality disorder patients.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤-3
Variation (positive)	>-3 and ≤-2
Tending towards variation (positive)	>-2 and ≤-1.5
No statistical variation	<1.5 and >-1.5
Tending towards variation (negative)	≥1.5 and <2
Variation (negative)	≥2 and <3
Significant variation (negative)	≥3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices

Glossary of terms used in the data.

- **COPD**: Chronic Obstructive Pulmonary Disease
- **PHE**: Public Health England
- **QOF**: Quality and Outcomes Framework
- **STAR-PU**: Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.