

Urgent Care 24 Asylum Practice

Quality Report

23 Birley Court
Liverpool
L8 7LT
Tel: 01512305550
Website: www.urgentcare24.com

Date of inspection visit: 11 July 2017
Date of publication: 03/11/2017

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	5
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Urgent Care 24 Asylum Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Urgent Care 24 Asylum Practice on 11 July 2017. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was a system for reporting and recording significant events.
- The systems in place for patient safety required improvement.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. All doctors were trained to child protection or child safeguarding level 3 and the nurses who had a key role in the assessment of vulnerable patients and families were trained to level 2.
- We observed the premises to be clean and tidy. The practice did not have an infection prevention and control (IPC) lead.
- Regular medicines audits were not carried out.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. However, the practice had operated for a long period of time with high usage of agency nurses due to a number of nurse vacancies.
- Clinicians we spoke with were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. However, this happened on an individual basis and there was no organisational wide system in place to ensure these were cascaded to staff and monitored.
- The practice had Key Performance Indicators (KPIs) which were submitted on a quarterly basis to NHS England (NHSE).
- The practice had not completed any clinical audits or other quality monitoring work.

Summary of findings

- The practice had on going mandatory training for all staff including an induction programme for all newly appointed staff. However, specific training to meet the often challenging needs of this vulnerable patient group was not provided.
- The provider told us that the clinical IT system and the patient record system in place were considered a challenge and risk for the practice and the organisation. The practice did not have a commonly used web based system and this caused problems with how they and other healthcare professionals/ organisations could record and share important patient health information.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment.
- During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect. All of the three patient Care Quality Commission comment cards we received were positive about the service experienced.
- Thirty minute appointments were provided for each patient health assessment. We found that staff were flexible and relaxed about appointment times when patients were often turning up late.
- To support newly arrived asylum seekers the practice provided information and guidance on how the NHS works, such as appointment systems and prescriptions. Photographs of buildings were used to signpost patients to shops and pharmacies when medicines were prescribed.
- The practice did not provide information in different languages for specific patient health conditions. The practice provided translation services on a daily basis and we saw interpreters and language line would be used regularly to support patients.
- The practice had a system for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice worked with partner agencies and the local community to attend a fun day in a local church

to celebrate Refugee week. As well as attending alongside other health and social care agencies they donated food and provided gifts for the refugees attending.

The areas where the provider must make improvement are as follows.

The provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure persons employed in the provision of the regulated activity receive the appropriate training, professional development, clinical leadership and supervision necessary to enable them to carry out the duties.

The areas where the provider should make improvement are as follows.

- Review the arrangements in place for safeguarding vulnerable adults and children. Consider the support that would be gained in having a practice clinical lead for safeguarding.
- Develop an infection prevention and control (IPC) lead.
- Ensure that oxygen masks and defibrillator pads for children are available for use in an emergency situation.
- Review the care pathway for children and how they might access the service.
- Review the clinical IT system and the patient record system in place.
- Provide complaints information for patients in alternate languages. Provide translated materials and resources for families about support they can access locally and what they can expect from it. Review the information leaflets available to patients to ensure they are providing health and disability information in other languages.
- Review the ways in which patients views are collected and analyse the results of this on an annual basis.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was a system for reporting and recording significant events. The new system enabled staff to report incidents that would be escalated to senior managers across the organisation for investigation and follow up.
- A processes was in place for managing patient safety alerts.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. All doctors were trained to child protection or child safeguarding level 3 and the nurses who had a key role in the assessment of vulnerable patients and families were trained to level 2.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy but the practice did not have an infection prevention and control (IPC) lead.
- There were processes for handling prescriptions however; there were no regular medicines audits carried out by the practice to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The provider did not have assurance systems in place to demonstrate that appropriate checks had been undertaken for all staff working at the practice. For example, appropriate medical indemnity insurance for nurses.
- We saw arrangements in place for identifying risks and managing health and safety of the premises.
- There was a rota system to ensure enough staff were on duty to meet the needs of patients. However, the practice had operated for a long period of time with a high usage of agency nurses due to a number of nurse vacancies.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement



- Clinicians we spoke with were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. However, there was no organisational wide system

Summary of findings

to ensure these were cascaded to staff and monitored. There was no evidence that the practice monitored that these guidelines were being followed through risk assessments, clinical meetings, audits or random sample checks of patient records.

- The practice had Key Performance Indicators (KPIs) which were submitted on a quarterly basis to NHS England (NHSE). These were used by the provider and NHSE to ensure the practice was performing in line with locally agreed objectives and outcomes.
- The practice had not completed any clinical audits or other quality improvement work.
- Staff had the skills and knowledge to deliver effective care and treatment. The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, role specific training ensuring staff were prepared to meet the often challenging needs of their vulnerable patient group was not provided.
- The learning needs of staff were identified through a system of appraisals but this was not taking place for the agency nurses who were the main nursing resource at the practice.. We found that support for staff was available on an on going basis in an informal way. Clinical supervision for nurses was not taking place and there was no assurance system in place to ensure agency nurses received this.
- The provider told us that the clinical IT system and the patient record system in place were considered a challenge and risk for the practice and the organisation. The practice did not have a commonly used web based system and this caused problems with how they and other healthcare professionals/ organisations could record and share important patient health information.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on going care and treatment. The practice had access to a full primary healthcare team employed by the local community NHS trust.
- The practice identified patients in need of extra support. However, this was a challenge for the practice because patients presenting here often had a challenging life style, they were in temporary accommodation and the conditions of their registration with the practice meant they would only be at the practice for approximately four weeks.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- All of the three Care Quality Commission patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.
- Conversations with staff showed they were compassionate and caring for the vulnerable population group they provide services for.
- Staff told us that language barriers can cause great concern and misunderstanding for families, particularly if medical terms are misunderstood or do not exist in other languages. During their assessment and treatment we saw the 20 minute appointments were given to allow the much needed time for patients to feel relaxed.
- We looked at the templates completed by the nurses as part of the health check and found these to be personalised and thoroughly completed.
- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of its local population which were Section 98 asylum seekers and engaged with the NHS England Area Team to monitor services provided.
- Twenty minute appointments were provided for each patient health assessment. We found that staff were flexible and relaxed about appointment times when patients were often turning up late due to the nature of their needs and personal circumstances. .
- The practice worked closely with other health care professionals such as health visitors, district and school nurses and counselling services to meet patient's needs. Health visitors performed the initial childhood vaccinations if needed and together they worked to support parents and young families who might have had traumatic experiences and may have left family members behind.

Summary of findings

- The practice worked with partner agencies and the local community to attend a fun day in a local church to celebrate Refugee week. As well as attending alongside other health agencies they donated food and provided gifts for the refugees attending.
- Conversations with staff demonstrated that they were aware of their own cultural assumptions and how these could affect their responses to people from different ethnic groups.
- The appointment system was well managed and sufficiently flexible to respond to peoples' needs.
- To support newly arrived asylum seekers the practice provided information and guidance on how the NHS works, such as appointment systems and prescriptions. Photographs of buildings were used to signpost patients to shops and pharmacies when medicines were prescribed.
- The practice did not have information in different languages for specific patient health conditions. The practice provided translation services on a daily basis and we saw interpreters and language line would be used regularly to support patients.
- The practice had a system for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Are services well-led?

The practice is rated as requires improvement for providing well led services.

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients in a friendly and approachable environment.
- Some parts of the practice governance arrangements required improvement.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. However, there was a high use of agency nurses and there were no lead roles in key areas, for example safeguarding and infection control. There was no defined clinical leader for the practice.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was not in place in full. While some KPIs were monitored by the practice and NHS England there were a number of areas that required further monitoring. For example, clinical audits and monitoring prescribing performance.

Requires improvement



Summary of findings

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example in the way that significant events were managed and in the training staff had to identify risks. The practice had processes and information to manage current and future risks. A risk register was maintained for the practice and this fed into the organisation wide risk register.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. The management team encouraged a culture of openness and honesty.
- The practice attended a range of multi-disciplinary meetings including meetings with health visitors, school and district nurses and social workers to monitor the vulnerable patient group. However, these meetings were not always formalised with minutes and on going regular meetings outside of an urgent meeting were not taking place.
- The practice encouraged and valued feedback from patients. They proactively sought patients' feedback by giving them a satisfaction leaflet at the end of their appointment. The leaflet had smiley faces on with the statement 'happy' and 'unhappy' due to the language barriers.
- Practice meetings were held on a regular basis. The practice had an informal support structure in place for nurses and GPs. Staff said they felt respected, valued and supported.
- Formal clinical supervision for nurses was not available at the practice. We were told that practice meetings had recently commenced by UC24 and the practice nurse had been invited to attend, however, the practice did not operate a protective learning time for nurses and the demands of the service made it difficult for them to attend in working hours.
- There was a focus on continuous learning and improvement across the practice. We saw the practice manager worked closely with other agencies and partners to improve access to healthcare for the asylum seekers and refugees at their point of contact with the UK health services.

Summary of findings

What people who use the service say

On the day of our inspection patients attending the practice chose not to speak with CQC inspectors. Prior to the inspection we sent a number of patient comments cards and posters in different languages, to source comments about the service from the asylum seekers attending. We received three completed patient comments cards during the inspection and all of these were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity

and respect. One patient referred to how they were made to feel at ease during their first contact with the practice and this helped them to feel more relaxed when coming to the service after experiencing 'a troubled past'.

The practice encouraged and valued feedback from patients. It proactively sought patients' feedback by giving them a satisfaction leaflet at the end of their appointment. The leaflet had smiley faces with the statement 'happy' and 'unhappy' and patients were encouraged to tick which they felt reflected their experience. Figures for August 2017 showed that no patients had ticked the 'unhappy' face.

Areas for improvement

Action the service **MUST** take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure persons employed in the provision of the regulated activity receive the appropriate training, professional development, clinical leadership and supervision necessary to enable them to carry out the duties.

Action the service **SHOULD** take to improve

- Review the arrangements in place for safeguarding vulnerable adults and children. Consider the support that would be gained in having a practice clinical lead for safeguarding.
- Develop an infection prevention and control (IPC) lead.

- Ensure that oxygen masks and defibrillator pads for children are available for use in an emergency situation.
- Review the care pathway for children and how they might access the service.
- Review the clinical IT system and the patient record system in place.
- Provide complaints information for patients in alternate languages. Provide translated materials and resources for families about support they can access locally and what they can expect from it. Review the information leaflets available to patients to ensure they are providing health and disability information in other languages.
- Review the ways in which patients views are collected and analyse the results of this on an annual basis.

Urgent Care 24 Asylum Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP and a practice manager specialist adviser.

Background to Urgent Care 24 Asylum Practice

Urgent Care 24 (UC24) Asylum Practice is a GP practice located in the centre of Liverpool and is within the Liverpool Clinical Commissioning (CCG) Group. The practice is part of a large social enterprise healthcare organisation named Urgent Care 24 (UC24).

The practice has been set up with a Service Level Agreement with NHS England to provide health screening and assessment to newly arrived asylum seekers located in an Initial Accommodation Centre (IAC) in Liverpool. The Home Office has offered support known as Section 98 support (defined in Section 98 of the Immigration and Asylum Act 1999). The support is short term, they are housed in initial accommodation, and this covers essential living needs. The practice, which is located in one of the IACs in Liverpool, provides assessment and health screening as part of the services provided to this vulnerable patient group.

The practice clinical team consists of a number of practice nurses and associate GP sessional clinicians. A GP works on site for two hours, three days each week, a prescribing nurse works three days and a practice nurse works five

days. The clinical team is supported by a practice manager, a practice administrator and several administrative and reception staff. The practice works closely with the health visiting, school nurses and counselling services in the locality.

The practice is open between 8am and 6.30pm Monday to Friday. An out of hours services is provided by UC24.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 July 2017.

During our visit we:

- Spoke with a range of staff.
- Observed how patients were being cared for in the reception area.

Detailed findings

- Reviewed a sample of treatment records of patients.
- Reviewed comment cards where patients had shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

Are services safe?

Our findings

Safe track record and learning

There was an organisation wide system (Datix) for reporting and recording significant events which had recently been introduced to the practice. The new system enabled staff to report incidents that would be escalated to senior managers across the organisation for investigation and follow up. The reporting of incidents was both clinical and non-clinical and all staff were involved in reporting them.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. Unlike other parts of the organisation reports had to be hand written and completely manually because the IT system was not connected with the central organisation systems. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable. They received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. We found that whilst there were good records of all incidents there was less evidence that the outcome of investigations and actions had been discussed with staff and recorded in staff meeting minutes.
- We reviewed the processes in place for patient safety alerts and how these were acted upon. We were told that all alerts were sent to the practice manager and then cascaded to relevant staff. There was evidence to show that this process was completed in a robust way with records made and monitoring systems in place to show that actions required had been completed.

Overview of safety systems and processes

The practice had systems, processes and practices in place to minimise risks to patient safety.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. We saw posters displayed in the reception area and consulting rooms, advising patients and staff of what safeguarding is, what to do if there were any concerns and who to contact. All staff had safeguarding contact information on their identify badge. We were told the practice had a good working relationship with the named health visitor, who they regularly discussed any child safeguarding issues or concerns with. Staff we spoke with had a good understanding of safeguarding matters arising. However, the practice did not have a lead member of staff for safeguarding and there were no regular safeguarding meetings taking place. We heard that GPs did not attend safeguarding meetings but reports would be provided where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All doctors were trained to child protection or child safeguarding level 3 and the nurses who had a key role in the assessment of vulnerable patients and families were trained to level 2.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. The practice did not have an infection prevention and control (IPC) lead person that might liaise with the local infection prevention teams to keep up to date with best practice. There were IPC protocols in place but these required updating, we were shown after the inspection that the provider had an action plan in place to review these. Staff had received on-line IPC training. Annual IPC audits were undertaken such as hand hygiene.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety, however some improvements were needed.

- There were processes for handling prescriptions however, there were no regular medicines audits carried out by the practice to ensure prescribing was in line with best practice guidelines for safe prescribing. One of the agency nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. We did not see evidence that they had received mentorship and support from the medical staff for this extended role.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, we found that appropriate arrangements were not in place for ensuring nurses were working at the practice with appropriate medical indemnity insurance. It is a condition of their registration with the Nurses and Midwifery Council (NMC) that all registered nurses should have professional indemnity insurance and it is their responsibility to ensure these arrangements are in place as part of their contract arrangements with their employer. The registered provider for each practice should also check these arrangements as part of the practice recruitment process and this includes the recruitment of agency nurses. These records could not be located on the day of inspection but after the visit the information was forwarded to us.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had a risk register in place and this was reported to senior managers and committees across the organisation to monitor.
- The premises were not owned by the provider but arrangements were in place for the maintenance and health and safety aspects related to ensuring the building was fit for purpose. During the inspection there

was limited evidence and documentation available to demonstrate this, but these were sent to us shortly after the visit. The practice had an up to date fire risk assessment and carried out regular fire drills.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. However, the practice had operated for a long period of time with high usage of agency nurses due to a number of nurse vacancies at the practice. We were told that an internal review of skill mix had been undertaken in August 2016 and discussions had taken place about what might be the right skill mix for the practice. However, at the time of the inspection 11 months later no decisions had been made and the practice had relied heavily on the use of agency nurse staff to cover many of the shifts at the practice across the period.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult but not children's masks or pads for the defibrillator. A first aid kit and accident books were available.

Are services safe?

- Emergency medicines were easily accessible to staff and kept in a secure area of the practice, all staff were aware of their location. All the medicines were checked by a medicines management team.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. However, this happened on an individual basis and there was no organisational wide system in place to ensure these were cascaded to staff and monitored. There was no evidence the practice monitored these guidelines through risk assessments, clinical meetings, audits or random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice did not participate in the Quality and Outcomes Framework (QOF), this is a system intended to improve the quality of general practice and reward good practice. However, the practice had its own Key Performance Indicators (KPIs) which were submitted on a quarterly basis to NHS England (NHSE). A quarterly submission of agreed data was sent to NHSE and quarterly monitoring visits were arranged to discuss the service level agreement (SLA) arrangements in place. These included total numbers of patients attending the service, GP and nurse appointments, referrals to counselling services and other health care professionals and services such as family planning, Tuberculosis (TB) and sexual health services, safeguarding referrals and initial health assessments completed amongst other indicators.

There was no evidence seen of a formal quality improvement programme specific to this practice and their population group. The practice had not completed any clinical audits. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. They might include when changes were needed to best practice guidelines or as a result of significant

events. Clinical meetings were not taking place so there was no forum at the practice to share the learning for these or to make plans for future quality improvement programmes.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, role specific training ensuring staff were prepared to meet the often challenging needs of this vulnerable patient group was not provided for staff, who at this period of time were mostly agency staff.
- The learning needs of staff were identified through a system of appraisals but this was not taking place for the agency nurses who were the main nursing resource at the practice. There was no evidence that appraisals had been carried out by the agency. The training provided for nurses included educational training sessions for staff outside of the practice. We found that support for practice staff was available on an on going basis in an informal way. Clinical supervision for nurses was not taking place. We were told that the provider was developing a strategy to implement clinical supervision across the organisation but we were unclear when this might be implemented. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

The provider told us that the clinical IT system and the patient record system in place were considered a challenge and risk for the practice and the organisation. The practice did not have a commonly used web based system and this caused problems with how they and other healthcare professionals/organisations could record and share important patient health information. For example, GP's were reliant on hand written blood test requests and test results coming back to the practice were less efficient because they could not be sent electronically. When patients were leaving the practice their medical records had to be given to the patient to take to their new GP because the information could not be shared electronically. The information needed to plan and deliver care and treatment at the practice was available to relevant

Are services effective?

(for example, treatment is effective)

staff. However, the challenges of the IT clinical system meant that sharing relevant information with other services in a timely way was not always achieved. For example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. The practice had access to a full primary healthcare team employed by the local community NHS trust. This included health visitors, district nurses, school nurses and counsellors. Close working relationships had developed so that prompt and responsive care and treatment could be given when the need arose. There were no formal meetings taking place with this professional group but we saw the practice manager had good links with outside agencies to support the asylum seekers when newly arrived in the country.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. The process for seeking consent was not monitored through patient records audits.

Supporting patients to live healthier lives

- The practice identified patients in need of extra support. These included patients with specific health conditions such as heart failure, hypertension, epilepsy, depression and diabetes. Patients with these conditions or at risk of developing them were referred to (or signposted to) services for lifestyle advice such as dietary advice or smoking cessation. However, this was a challenge for the practice because patients presenting here often had a difficult life style, they were in temporary accommodation and the conditions of their registration with the practice meant they would only be at the practice for approximately four weeks. We noted that staff did not provide specific information about health conditions in different languages and formats which would have encouraged and supported patients better.
- All patients attending the practice were invited for a health assessment/screening when they arrived at their accommodation in Liverpool. An appointment was given to patients to attend usually on day seven of their arrival. The screening assessed the patient's current health and past medical conditions. It looked at the presenting physical and mental health of the patient, assessing for signs of Tuberculosis (TB) and checking the vaccination status for all children if possible. If an additional clinical need has been assessed during the assessment an appointment would be made with the practice GP who attends the surgery for six hours each week. If patients present in an acute or unstable condition for example a pregnant lady over 12 weeks into their pregnancy referrals to secondary care would be made immediately to avoid delays in treatment. All patients who were diagnosed with TB were given a prompt referral to the local TB service for treatment and support.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the three Care Quality Commission patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Conversations with staff showed they were compassionate and caring to the vulnerable population group they provided services to. We heard that refugees and asylum seekers may not know what services were available to them or that services may be different to those in their home country. Staff told us that language barriers can cause great concern and misunderstanding for families, particularly if medical terms are misunderstood or do not exist in other languages. During their assessment and treatment we saw that 20 minute appointments were given to allow the much needed time for patients to feel relaxed.

Staff told us that language barriers were a real challenge for asylum seekers and some terms were unfamiliar to them. For example, the word GP was not used when talking to patients as this would not be known to them instead the word 'doctor' was used because this was more universally understood.

Care planning and involvement in decisions about care and treatment

During the inspection patients chose not to speak with CQC inspectors. Patient feedback from the comment cards we received was positive about how the patient had felt listened to by the doctor and how staff and the atmosphere had made them feel more calm and reassured after coming from such a 'troubled past'.

We looked at the templates completed by the nurses as part of the health check and found these to be personalised and thoroughly completed.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were used on a daily basis as most patients did not have English as a first language. We saw notices in the reception areas informing patients this service was available and these were written in different languages relevant to the patients.
- Information leaflets were available in easy read format but information about how to complain was only available in English.
- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its patient population who were Section 98 asylum seekers and they engaged with the NHS England Area Team to monitor services provided. We saw many examples of this and amongst others the practice had:

- Thirty minute appointments were provided for each patient health assessment.
- We found that staff were flexible and relaxed about appointment times when patients were often turning up late due to the nature of their circumstances and uncertain life style.
- The practice worked closely with other health care professionals such as health visitors, district and school nurses and counselling services to meet patient's needs. Health visitors performed the initial childhood vaccinations if needed and together they worked to support parents and young families who might have had traumatic experiences and may have left family members behind.
- The practice manager worked closely with other agencies to support patients. These included social services, housing and voluntary and support agencies.
- The practice staff had photographed different services, shops and support centres in the area. These highlighted visually to patients who did not read English where they could find support and local pharmacies.
- The practice worked with partner agencies and the local community to attend a fun day in a local church to celebrate Refugee week. As well as attending alongside other health agencies they donated food and provided gifts for the refugees attending. Letters of thanks were sent from the organisers and photographs shown to us demonstrated the day was a success.
- Conversations with staff demonstrated that they were aware of their own cultural assumptions and how these could affect their responses to people from different ethnic groups. This awareness encouraged staff to be more open and responsive to patients needs.

Access to the service

The appointment system was well managed and sufficiently flexible to respond to patients' needs. The practice was open between 8am to 6.30pm Monday to

Friday. Patients arriving into the country were given a welcome pack by the accommodation provider and within this was an invitation to book an appointment with the practice nurse for assessment and health screening. If required a patient appointment could be made with the practice GP. In addition to pre-bookable appointments urgent appointments were also available for patients that needed them.

To support newly arrived asylum seekers the practice provided information and guidance on how the NHS works, such as the appointment systems and prescriptions. Photographs of buildings were used to signpost patients to shops and pharmacies when medicines were prescribed. The practice did not have information in different languages, such as health conditions and disability information. The practice provided translated services on a daily basis and we saw interpreters and language line would be used regularly to support patients.

We talked to staff about how children might access the service. We were told that when a child or young family arrives at the accommodation a referral would be made to the health visitor or school nurse for an appointment. This initial health check would assess the immunisation status of the child and if this was not complete they would arrange for a vaccination program to be put in place. We spoke with practice staff about how the practice might respond to the request for an urgent appointment for a child and we were unclear what arrangements would be made should this arise. There was confusion about whether the nurse might see a child and certain conditions had been added to this, on many occasions they were being referred to the local children's walk in centre. Overall, the care pathway and how the practice team, nurses and GP responded to this was unclear.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There had been no patient complaints made. The complaints policy provided the contact details for referring complaints on to the Parliamentary and Health Services Ombudsman (PHSO) if they were not satisfied with the outcome of their complaint. There was no complaints

Are services responsive to people's needs? (for example, to feedback?)

at the time of inspection and we were told that complaints would be discussed at staff meetings and lessons. There was no complaints information for patients in alternate languages.

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice is part of a large social enterprise healthcare organisation named Urgent Care 24 (UC24). The practice had a shared vision with UC24 to deliver high quality care and promote good outcomes for patients in a friendly and approachable environment. The practice recognised the challenges faced by providing a service to a vulnerable patient group and they shared a common goal to support them in a friendly and relaxed environment. The organisation had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

We looked at whether the practice had governance arrangements in place to ensure that responsibilities were clear and that quality, performance and risks were identified, understood and managed. These included central and corporate arrangements and local practice systems. We found there were structures, processes and systems of accountability in place, including the practice needing to report to the board of directors at UC24. Many of these systems were effective but we found a number that required improvements.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. However, there was a high use of agency nurses and there were no lead roles in key areas, for example safeguarding and infection control.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. At the time of inspection many of these policies were being reviewed.
- A comprehensive understanding of the performance of the practice was not in place in full. While some KPIs were monitored by the practice and NHS England there were a number of areas that required further monitoring. For example, we would expect information to be gathered and used for quality improvements such as clinical audit, monitoring prescribing performance and risk assessment with full and completed action plans. Some actions plans we saw were not completed.

- Practice meetings were held on a regular basis which provided an opportunity for staff to learn about the performance of the practice. Minutes of meetings were in place but they were not structured so that lessons were shared from significant events.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example in the way that significant events were managed and the training staff had to identify risks.
- The practice had processes and information to manage current and future risks. A risk register was maintained for the practice and this was reported into the organisation wide risk register. These risks were monitored by the practice manager and senior managers across the organisation. For example, the risk register identified that the practice had policies and procedures that mostly belonged to another organisation. At the time of inspection a programme of review for all policies and procedures was in place. The register also identified the clinical IT and patient record system in place required improving.

Leadership and culture

capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. At the practice level however, we were unclear who might provide the day to day clinical support and leadership, or how this might be shared across the team. Governance should be led by senior members of the practice and we were unsure who might hold the responsibility for this at practice level. During the inspection we spoke with staff at all levels to get their views on the governance in the practice. For example, asking them what their role was in the governance framework and how decisions were made and communicated to all staff members. We got mixed answers from staff indicating they were uncertain what leadership arrangements were in place. We looked at evidence from practice meetings, such as minutes, to judge how effectively the governance arrangements were functioning. We found that minutes were not structured and clinical meetings were not taking place. This was a particular challenge for the practice with their high usage of agency nurses.

Staff told us the practice manager and the senior managers in UC24 were approachable and always took the time to

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

listen to them. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

The management team encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment, the practice gave affected people reasonable support, truthful information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence. The practice held a range of multi-disciplinary meetings including meetings with health visitors, school and district nurses and social workers to monitor the vulnerable patient group. However, these meetings were usually called for urgent purposes not always formalised with minutes. On going regular meetings outside of these were not taking place. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were available for practice staff to view. Staff said they felt respected, valued and supported.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients. It proactively sought patients' feedback by giving them a satisfaction leaflet at the end of their appointment. The leaflet had smiley faces on with the statement 'happy' and 'unhappy' and patients were encouraged to tick which

they felt reflected their experience. The leaflets were given out a number of times per year, it was unclear at what times. The results were discussed at staff meetings but there was no periodic review to measure how satisfied patients had been with the services provided.

The practice had an informal support structure in place for nurses and GPs. The practice manager had an open door policy for staff and they told us they felt well supported by the manager. Formal clinical supervision for nurses was not available at the practice. We were told that practice meetings had recently commenced by UC24 and the practice nurse had been invited to attend, however, the practice did not operate a protective learning time for nurses and the demands of the service made it difficult for them to attend in working hours. Service managers shared with us action plans to show that the introduction of clinical supervision for nurses was planned. The development of staff was supported through a regular system of appraisal that promoted their professional development and this reflected any regulatory or professional requirements. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement across the practice. We saw the practice manager worked closely with other agencies and partners to improve access to healthcare for the asylum seekers and refugees at their point of contact with the UK health services.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered provider did not have effective governance including assurance, auditing and processes in place. For example;</p> <p>The outcomes of investigations and actions related to significant event reporting were not reported back to practice staff in a structured way.</p> <p>Regular clinical audits were not taking place.</p> <p>There was no evidence seen of a formal quality improvement programme specific to this practice and their population group.</p> <p>Records held for clinical staff did not include appropriate indemnity insurance.</p> <p>Formal arrangements for staff to access day to day clinical support and leadership were not in place.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered provider did not have sufficient numbers of suitably qualified and experienced staff employed at the location. High numbers of agency nurses were used by the practice. Staff did not receive the appropriate training, supervision and clinical leadership necessary to carry out their roles and responsibilities effectively.</p>