

Anchor Centre GP Practice

Quality Report

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

Ratings

Overall rating for this service

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Anchor Centre GP Practice on 11 January 2017. Overall the practice is rated as Outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other agencies. For example, supporting patients to gain employment and housing.
- The practice tailored services to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.
- We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.

Summary of findings

- The practice had a clear vision to improve the health of vulnerable and excluded groups which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw several areas of outstanding practice including:

- The practice took a holistic approach to patient care, recognising the need to meet their emotional well-being as well as their health needs. For example, supporting them to write CVs, prepare for job interviews, join cookery clubs and allotment societies
- The practice provided extensive in-house services for the patient groups. It had been identified that attendance when patients were signposted to the external agencies was low, so the practice decided to

arrange in-house weekly sessions. As the agencies became part of the practice team and patients became familiar with the staff the attendance and use of the support increased. Some of the agencies now providing weekly sessions at the practice, were The Law Society, a housing organisation and a dental nurse.

- There was numerous evidence to demonstrate that a number of patients had been supported by the practice to gain full time employment and housing.

There are areas where the provider should make improvements:

- The provider should continue to encourage patients to engage with the cervical screening programme.

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 good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Incidents were rated Red, Amber, and Green (RAG) and were shared across the organisation. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- We reviewed a sample of records that demonstrated the processes for managing high risk medicines were being followed. Requests for repeat prescription were reviewed by the GP and Advanced Nurse Practitioner (ANP) and were signed before being dispensed to patients and there was a reliable process to ensure this occurred.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that there were systems to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Due to the specialist nature of the service, a meaningful comparison of the practice's performance against that of other practices in relation to the Quality and Outcomes Framework (QOF) could not be drawn. To improve the QOF outcomes the practice undertook opportunistic reviews when patients attended the practice.
- Many patients with long term conditions did not stay registered for long enough to complete all the health checks and tests required for their condition. We saw that the practice implemented opportunistic reviews for patients.

Summary of findings

- The practice used innovative and proactive methods to improve the outcomes for their patient group and working with other agencies.

Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently positive.
- The practice provide 'dignity cards' for patients that could not read or write. These were completed with basic demographic information, so that patients were not embarrassed when asked to complete forms.
- We observed a strong patient-centred culture: Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on.
- Staff were fully committed to working in partnership with patients.
- Patients were supported to take up opportunities to access services they might not have otherwise considered. For example joining cookery clubs or allotment societies. There were also examples of patients moving into their own homes and moving on to register with GP practices close to their new home.
- The practice worked with a wide range of organisations in delivery of care and treatment. This included meeting patients social care needs in addition to their health needs.
- The practice funded a professional counsellor who attended the practice weekly. They provided psychological therapy for customers with chaotic lifestyles and support for them to adapt to life off the streets where possible.
- We saw numerous examples where the practice had worked with external agencies to support and enabled patients to find housing and full time employment, and where the practice had made a difference to patients' lives.

Outstanding



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

Outstanding



Summary of findings

- The practice had a small number of female patients, the Advanced Nurse Practitioner (ANP) researched the reason for this, the results of this initiated the women only clinic held at the practice. The ANP was shortlisted for the Nursing Times nurse of the year award for her work in this area.
- The practice encouraged and provided support for patients to attend a variety of training courses including numeracy and literacy, preparation for maintaining future tenancies, and other vocational subjects.
- The practice provided help finding voluntary and paid work in the community, with support to write CVs, prepare for interviews, and to access external training courses that help clients get back into employment.
- Services were planned and delivered to take into account the complex range of needs of the homeless. For example; The practice offered 20 minute appointments as routine. This recognised the needs of the patient group who frequently wished to discuss a range of health and social needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Patients could access appointments and services in a way and at a time that suited them. For example, the weekly drop in clinic.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The practice was a registered needle exchange service for the local area and they provided advice on how to stay safe using needles.
- The practice paid for day bus passes to ensure that patients attended appointments.

Are services well-led?

The practice is rated as outstanding for being well-led.

- The practice had a clear vision to improve the health of vulnerable and excluded groups through the provision of high quality and responsive healthcare.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.

Outstanding



Summary of findings

- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff told us that they felt empowered to make suggestions and recommendations for the practice.
- The clinicians and senior managers at the practice prioritised high quality and compassionate care that reflected the physical health, mental health and social needs of the patients.
- A systematic approach was taken to working with other organisations to improve care outcomes, and tackle health inequalities. The practice team worked collaboratively with a wide range of voluntary organisations.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

We have not included the older people population group as the practice had only a small number of patients registered in this range.

Not sufficient evidence to rate



People with long term conditions

The practice is rated as outstanding for the care of people with long-term conditions.

Outstanding



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Due to the specialist nature of the service, a meaningful comparison of the practice's performance against that of other practices in relation to the Quality and Outcomes Framework (QOF) could not be drawn. However the practice undertook opportunistic reviews when the patients attended the practice.
- Many patients with long term conditions did not stay registered for long enough to complete all the health checks and tests required for their condition. We saw that the practice implemented opportunistic reviews for patients
- The practice worked with relevant health and care professional to deliver multidisciplinary care.

Families, children and young people

We have not included the families, children and young people population group as the practice did not have any patients registered in this range.

Not sufficient evidence to rate



Working age people (including those recently retired and students)

The practice is rated as outstanding for the care of working age people (including those recently retired and students).

Outstanding



- The needs of these populations 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, a drop in clinic once a week.
- A systematic approach was taken to working with other organisations to improve care outcomes, and tackle health inequalities. The practice team worked collaboratively with a

Summary of findings

wide range of voluntary organisations for example, liaising with these organisations to enable patients to take part in activities such as tending allotments, cookery courses and education courses.

- The practice offered 20 minute appointments as routine. This recognised the needs of the patient group who frequently wished to discuss a range of health and social needs.
- The practice encouraged and provided support for patients to attend a variety of training courses including numeracy and literacy, preparation for maintaining future tenancies, and other vocational subjects.

People whose circumstances may make them vulnerable

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable.

- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- We saw numerous examples where the practice had supported and enabled patients to find housing and full time employment and where the practice had made a difference to patients' lives.
- The practice nurses made significant effort to encourage patients to engage in treatments and tests known to be of benefit for patients who were homeless or vulnerably housed.
- Referrals were made to hospitals in a timely manner and patients were offered the support to attend hospital appointments.
- The practice funded a professional counsellor who attended the practice weekly. They provided psychological therapy for customers with chaotic lifestyles and support for them to adapt to life off the streets where possible.
- The practice provide 'dignity cards' for patients that could not read or write. These were completed with basic demographic information, so that patients were not embarrassed when asked to complete forms.
- Patients were supported to take up opportunities to access services they might not have otherwise considered.

Outstanding



People experiencing poor mental health (including people with dementia)

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia).

Outstanding



Summary of findings

- A community Psychiatric Nurse provided a weekly service and offered specialist support in addressing difficulties such as addiction and substance abuse. This partnership enabled the practice to manage the patients' health as the majority required Mental Health Support and in-house provision had resulted in improved patient engagement.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Patients were supported to take up opportunities to access services they might not have otherwise considered.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 297 survey forms were distributed and 26 were returned. This represented a 9% response rate and 5% of the practice's patient list.

- 96% of patients described the overall experience of this GP practice as good compared with the CCG average of 86% and the national average of 88%.
- 96% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 78%.

- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received.

We spoke with three patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- The provider should continue to encourage patients to engage with the cervical screening programme.

Outstanding practice

- The practice took a holistic approach to patient care, recognising the need to meet their emotional well-being/ social needs as well as health. For example, writing CVs and preparation for interviews, joining cookery clubs or allotment societies
- The practice provided extensive in-house services for the patient groups. It had been identified that attendance when patients were signposted to the external agencies was low, so the practice decided to arrange in-house weekly sessions. As the agencies

became part of the practice team and patients became familiar with the staff the attendance and use of the support increased. Some of the agencies now providing weekly sessions at the practice, were The Law Society, a housing organisation and a dental nurse.

- There was numerous evidence to demonstrate that a number of patients had been supported by the practice to gain full time employment and housing.

Anchor Centre GP Practice

Detailed findings

Our inspection team

Our inspection team was led by:

The team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Anchor Centre GP Practice

The Anchor Centre GP Practice provides high quality primary health care services to approximately 500 homeless and vulnerably housed people in Coventry. The practice is part of the Virgin Care group. The patient population consists mainly of persons aged between 20 years of age to 54 years of age with a small number of a younger and older age, a large percentage of these are male.

The practice staff comprises of one salaried GP, an Advanced Nurse Practitioner (ANP), practice nurse, practice manager and reception staff.

Services to patients are provided under an Alternative Provider Medical Services (APMS) contract. An APMS contract provides the opportunity for locally negotiated contracts. They allow contracts with non-NHS bodies, such as voluntary or commercial sector providers, to supply enhanced and additional primary medical services. The Anchor Centre provides the following regulated activities: Treatment of disease, disorder or injury; Family planning; Surgical procedures.

The practice is open 9am to 4pm Monday to Friday. The practice provide an additional specialist clinic once a week. The service for patients requiring medical attention out of hours is provided by the local walk in centre or NHS 111 service.

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 January 2017. During our visit we:

- Spoke with a range of staff, including a GP, Advanced Nurse Practitioner (ANP), reception staff. We also spoke with three patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients
- Reviewed comment cards where patients shared their views and experiences of the service.

Detailed findings

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?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- older people

- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

- The practice took an open and transparent approach to reporting incidents. Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. The practice demonstrated a proactive approach to the management of significant events and near misses. We saw evidence that the practice shared significant events across the organisation to share learning. The practice carried out a thorough analysis of the significant events, significant events were categorised and graded using a RAG (red, amber, green) rating tool. The incidents rated as red, were linked to the audit programme.
- We viewed a comprehensive log of 29 significant events and incidents that had occurred during the last 12 months. This demonstrated a positive reporting culture. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, when patient information was sent to a wrong email address, a discussion had taken place at a team meeting and action had been taken to prevent re-occurrence.

The practice effectively monitored MHRA (Medicines and Healthcare Products Regulatory Agency) alerts, patient safety and medicines alerts. These alerts were disseminated by the practice manager and forwarded to clinical staff. We saw evidence that a recent medical alert had been responded to, records were kept to demonstrate follow up and that action had been taken. Significant events, safety and medicines alerts were a regular standing item on the clinical meeting agendas. We saw minutes of meetings which demonstrated this and staff told us how learning was shared during these meetings.

Overview of safety systems and processes

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

- Arrangements for safeguarding 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. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible or provided reports where necessary for other agencies. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GP and nurses were trained to child protection or child safeguarding level three. The Advanced Nurse Practitioner (ANP) maintained a comprehensive safeguarding referral log.
- 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.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. We saw cleaning records and completed cleaning specifications within the practice.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal). The vaccination fridges were well ventilated and secure, records demonstrated that fridge temperatures were monitored and managed in line with guidance by Public Health England.
- There were processes for handling repeat prescriptions which included the review of high risk medicines, we reviewed a sample of records that demonstrated the

Are services safe?

processes were being followed. Requests for repeat prescription were reviewed by the GP and ANP and were signed before being dispensed to patients and there was a reliable process to ensure this occurred.

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. The ANP was an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation
- The practice employed a security guard, all necessary checks had been completed by the security company. They were situated in the reception area.
- There were separate entrances for staff and patients.

We reviewed three 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.

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 an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- There were also records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation. We saw calibration records to demonstrate that clinical equipment was checked and working properly.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place 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).

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 masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

The practice assessed needs and delivered care in line with current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The GP and nursing staff we spoke with could clearly outline the rationale for their treatment approaches.

- 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

Due to the specialist nature of the service, a meaningful comparison of the practice's performance against that of other practices in relation to the Quality and Outcomes Framework (QOF) could not be drawn, (QOF is a system intended to improve the quality of general practice and reward good practice).

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 70% of the total number of points available, this had improved year on year. Many patients with long term conditions did not stay registered for long enough to complete all the health checks and tests required for their condition. We saw that the practice implemented opportunistic reviews for patients and used the most up to date guidance when completing reviews of patients with long term conditions and completed detailed records of the annual checks and action taken to improve the health of this group of patients. The evidence we saw confirmed that the clinical staff had oversight and a good understanding of best treatment for each patient's needs.

There was evidence of quality improvement including clinical audit:

- There had been nine clinical audits commenced in the last two years, three of these were completed audits

where the improvements made were implemented and monitored. Findings were used by the practice to improve service, for example the practice have a register of all patients with hypertension and can ensure these patients receive reviews whenever they attend the practice.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment and the clinical team had a mixture of enhanced skills.

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs and support to the nurses with regards to their revalidation commenced in April 2016.
- All staff had received appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to staff in a timely and accessible way through the practice's patient record system

The practice worked with other agencies to meet people's needs and support people with more complex needs. The ANP was the interface between primary and secondary care and other agencies such as social care. They provided a link for patients and ensured a safe admission and discharge for the patient. The practice held multidisciplinary team meetings to discuss the complex needs of patients.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Patients' consent to care and treatment was always sought 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. Staff we spoke with gave us examples of where they had used the act. They also told us they had access to immediate advice from the specialist mental health worker when they had any concerns relating to patients who may not have the capacity to make decisions about proposed care and treatment.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on smoking cessation and alcohol intake reduction. Patients were given advice and support when their needs had been identified.

The practice nurses offered cervical screening. It was recognised that take up of cervical screening among homeless women was less likely than among women in

other groups. The practice had very few female patients registered and patients registered then left the service frequently. However, the practice's uptake for cervical screening was 51% patients, compared to the CCG average of 81% and a national average of 82%. We noted that the practice nurses audited their success rates in taking cervical smears.

The practice nurses made significant efforts to encourage patients to engage in treatments and tests known to be of benefit for patients who were homeless or vulnerably housed. The difficulties in making contact with patients who were homeless made follow up complex. Patients received a comprehensive health assessment when they first registered with the practice. Appropriate follow-ups on the outcomes of health assessments and checks were made, where risk factors were identified or involvement of other agencies was regarded as appropriate. Referrals were made to hospitals in a timely manner and patients were offered the support to attend hospital appointments. When a referral was made this was discussed by the practice team at their daily team meeting in order to co-ordinate the support required for the patient.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. We observed reception staff keeping patients informed of their appointment progress when they needed to see both the nurses and the GP. This was carried out in a kind and informative manner and put the patient at ease. Staff were highly motivated and inspired to ensure patients received a kind and caring service.

- 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.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us referring to this had helped them diffuse potentially difficult situations.

All of the 13 patient Care Quality Commission 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.

We spoke with three patients, one of which was a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 90%.

- 92% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 88%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 96%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 87%.
- 95% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 92%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 93%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 98%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 92%.
- 96% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 90%.

The practice provide 'dignity cards' for patients that could not read or write. These were completed with basic demographic information, so that patients were not embarrassed when asked to complete forms.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:



Are services caring?

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 88%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 84%.
- 83% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 91%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 87%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

There was a range of information available both in the patient waiting room and via the practice team which told patients how to access a number of support groups and organisations. Records of consultations reviewed showed

that patients were given advice on how to access support groups and we found that there was close working with these groups. For example with local charities and with housing associations.

Patients were supported to take up opportunities to access services they might not have otherwise considered. For example joining cookery clubs or allotment societies. There were also examples of patients moving into their own homes and moving on to register with GP practices close to their new home.

We saw numerous examples where the practice worked with external agencies to support and enabled patients to find housing and full time employment and where the practice had made a difference to patients' lives.

The practice worked with a wide range of organisations in delivery of care and treatment. This included meeting patients social care needs in addition to their health needs.

The practice funded a professional counsellor who attended the practice weekly. They provided psychological therapy for customers with chaotic lifestyles and support for them to adapt to life off the streets where possible. Many patients had been given the opportunity to be housed but often individuals found this transition very traumatic. Consequently, many were unable to get away from their lives on the streets and ended up losing their accommodation because they were simply unable to organise their life in that way. The counsellor offered strategies for challenges such as staying off drugs, paying bills and being organised with activities of daily living.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with, voluntary groups and a variety of agencies to plan services and to improve outcomes for homeless people. The practice showed innovative practice and responded to the specific needs of their population group by providing a holistic approach to support the patients wellbeing and social care needs.

- Services were planned and delivered to take into account the complex range of needs of the homeless. For example the practice offered 20 minute appointments as routine. This recognised the needs of the patient group who frequently wished to discuss a range of health and social needs.
- The practice had a small number of female patients, the ANP had visited a number of homeless centres and spoken to female homeless people on the street to ascertain the reasons for not visiting the practice. The results of this increased the numbers of women attending the practice and initiated specific services for this patient group. The ANP was shortlisted for the Nursing Times nurse of the year award for her work in this area.
- The practice encouraged and provided support for patients to attend a variety of training courses including numeracy and literacy, preparation for maintaining future tenancies, and other vocational subjects.
- The practice provided help finding voluntary and paid work in the community, with support to write CVs, prepare for interviews, and to access external training courses that help clients get back into employment.
- The close involvement with other agencies such as the probation service meant that homeless people were made aware of the service and were encouraged to register at the practice to ensure their health needs were met.
- The practice funded The Law society to attend the practice, two sessions a month to provide help with resolving past financial problems, filling in forms for financial assistance and signposts to legal support where required. In the last year 113 appointments were made and 98 attended. The benefits of this in-house provision were that trust was already gained and patients saw them as part of the service team, therefore attendance was better than the previous referral to external services.
- Swanswell Housing joined the practice team weekly to discuss and facilitate housing options. They offered a range of advice and support regarding hostels, temporary accommodation and rental housing in and around the local area.
- Longer appointments were made available for patients with long term conditions.
- Staff visited patients living in local hostels or sleeping rough who could not, or declined to, attend the practice.
- The practice offered a walk in and be seen service, this recognised the difficulty many homeless patients experienced in making contact with a practice to arrange an appointment in advance.
- A Dental Nurse visited the practice monthly. They engaged directly with patients in the waiting room and offered dental hygiene advice, free toothbrushes and toothpaste and explained how to register at a local dental practice. They also provided a small stock of toothpaste and toothbrushes at the practice for staff to give out throughout the month.
- A community Psychiatric Nurse provided a weekly service and offered specialist support in addressing difficulties such as addiction and substance abuse. This partnership enabled the practice to manage the patients' health as the majority required mental health support and in-house provision had resulted in improved patient engagement.
- Crisis Skylight is an outreach service that works with homeless individuals and those at risk of being homeless. They deliver their service in supportive and inspiring environments across Coventry. They have a 'progression' coach, 'work and learning' coach and a 'smart skills' tutor who deliver one to one support and practical and creative classes. The practice was proactive in encouraging patients to engage with the service and currently had 21 patients attending training



Are services responsive to people's needs?

(for example, to feedback?)

courses, developing skills for life and getting assistance with job interviews. Three of the patients were volunteer teachers at Skylight after successfully completing their courses.

- The practice was a registered needle exchange service for the local area and they provided advice on how to stay safe using needles.
- The practice provided day bus passes to ensure that patients attended appointments. For example, there were occasions where patients were referred to emergency appointments at A&E where the use of an ambulance was inappropriate, but the practice needed to ensure that the patient attended. If a patient was too ill to travel on public transport but did not require an ambulance, the practice paid for a taxi.
- The practice provided a weekly session delivered by the specialists from the Recovery Partnership drugs and alcohol support team. Patients could get a place at rehabilitation centres if they stayed engaged with the service, which they were more likely to do because it was delivered in-house. The practice team had a close working relationship with the Recovery Partnership to ensure patients received consistent care and safer prescribing.
- The practice arranged for a bi-monthly midwifery clinic. The midwives provided support with referrals into a range of different services, ensuring the woman and her unborn child received the most appropriate support.
- The practice provided fruit for patients.
- Patients were able to access a range of services at the practice. This was particularly helpful for the homeless who experienced difficulties in travelling to other services.
- Advice on housing and benefits was available at the practice.
- The close links with local hostels meant that people who took up a hostel place could be directed to the practice immediately, health needs were identified by hostel staff.
- There was an active Patient Participation Group (PPG) (A PPG is a group of patients registered with a practice who

work with the practice to improve services and the quality of care), which met regularly and was led by one of the patients at the practice. There was also a suggestion box for patients to post their comments.

- There was CCTV installed to ensure patient and staff safety
- Staff turnover was low and this provided continuity.

Access to the service

The practice was open 9am to 4pm Monday to Friday. The practice provided an additional specialist clinic once a week. The service for patients requiring medical attention out of hours was provided by the local walk in centre or NHS 111 service.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 79%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and national average of 77%.
- 92% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 85% and the national average of 87%.
- 95% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 94%.
- 96% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 78%.
- 83% of patients said they did not normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 63%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

When a patient did not attend, depending on the reason for appointment, the practice contacted other agencies to ensure that the patient was safe.

Listening and learning from concerns and complaints



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

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. Time was scheduled in practice meetings to review complaints

and there was a system to report complaints to the Trust management. The practice had received one complaint in the last year. This had been handled in a timely way and lessons were learned and discussed at the team meeting.

None of the patients we spoke with on the day of the inspection said they had felt the need to complain or raise any concerns with the practice.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The practice had a strong learning culture. It had a clear vision to improve the health of vulnerable and excluded groups through the provision of high quality and responsive healthcare. Staff we spoke to described how they felt the practice's vision and values carried through the whole team and made them a stronger team as a result. Staff were clear about the vision and their responsibilities in relation to this and told us they were inspired and motivated to achieve by the leadership of the team.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. There was a management team in place to oversee the systems, ensuring they were responsible to make sure policies and procedures were up to date and staff received training appropriate to their role.

- Governance and performance management arrangements were proactively reviewed and reflected best practice.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to a patient's care and treatment.
- The practice had monthly governance meetings and there were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had a comprehensive understanding of their patients' needs and responded by providing a holistic approach to support the patients wellbeing and social care needs.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

- The clinicians and senior managers at the practice prioritised high quality and compassionate care that reflected the physical health, mental health and social needs of the patients.
- The management in the practice had the experience, capacity, compassion and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care.
- The clinicians were visible in the practice and staff told us that they were approachable and always took the time to listen to members of staff.
- We saw that the practice had a culture of openness and honesty. Daily team meetings were held to review the care and support patients required. The team discussed a wide range of topics each day including patients admitted to hospital, patients referred to hospital, links with voluntary organisations providing support to patients and how patients were progressing with their care and treatment.
- Staff said they felt respected, valued and supported.
- There was a strong systematic approach to working with other organisations to improve care outcomes, and tackle health inequalities. The practice team worked collaboratively with a wide range of voluntary organisations for example, liaising with these organisations to enable patients to take part in activities such as tending allotments, cookery courses and education courses.
- The practice funded a number of additional services to provide support for their patients, for example, visits from the Law Society, a counsellor and dental nurse.
- The practice also arranged additional support services for their patients. For example, visits from , the housing department, CPN and midwifery.

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

The practice strongly encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys. Patients' feedback was viewed as being integral to the running,

Are services well-led?

Outstanding



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

improvement and development of the practice and they were engaged in the delivery of the service at all levels. There was an active PPG which met on a regular basis. Minutes of PPG meetings showed us that the practice responded to issues raised at PPG meetings. We also saw that the practice had made improvements to the environment in response to PPG comments.

There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns. The practice gathered feedback from staff through the daily team meetings, appraisals and day to day discussion. Staff told

us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management delivery of patient care and to the development of the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. They worked closely with other health and social care providers, charities and food banks to promote high quality outcomes for patients.