

Luther Street

Quality Report

PO Box 7
St Aldates
Oxford
Oxfordshire
OX1 1TD

Tel: 01865 726008

Website: [http://www.oxfordhealth.nhs.uk/
service_description/luther-street-medical-centre/](http://www.oxfordhealth.nhs.uk/service_description/luther-street-medical-centre/)

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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?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Luther Street provides primary health care services for homeless people over the age of 16 and people vulnerably housed in Oxford. It is based in a purpose built medical centre and provides services to five hostels in the City of Oxford. The service is actively involved with a range of voluntary and statutory organisations in the area to provide co-ordinated care to this vulnerable patient group. The service is available to patients who find it difficult to register with general practice and as a consequence would not access care and treatment they require.

The service is part of Oxford NHS Foundation Trust and works closely with Oxford Homeless Pathways (an organisation providing hostels and other services for the homeless). The practice provides training opportunities for both GPs and nurses from local universities. The four GPs working at the practice are supported by a practice manager and a team of specialist staff including a specialist addiction practitioner and mental health practitioners. Additional services including podiatry and dentistry are available at the practice.

We carried out a comprehensive inspection on 30 September 2015. We spoke with patients, a member of the patient participation group and staff including the

management team. The inspection focussed on whether the care and treatment of patients was safe, effective, caring, responsive and well led. We undertook a focussed inspection in April 2016 to follow up on the concerns relating to not all staff receiving basic life support training and nursing staff requiring updated training in administration of some vaccines. The provider submitted an action plan and evidence to demonstrate that all practice staff had received basic life support training after the inspection in September 2015. They also submitted evidence of nursing staff receiving updated training in administering immunisations and promotion of the availability of chaperone services. We have been able to re-rate the safe domain based on these positive changes.

Overall the practice is now rated as outstanding. It was outstanding for provision of caring and responsive services. Good for safe, effective and well led services. The practice was rated outstanding for provision of services to three of the six population groups. We did not apply ratings to the population group of older people. This was due to the practice only having 2 patients registered over the age of 75.

Our key findings from this follow up inspection were as follows:

- All staff had received training in basic life support.

Summary of findings

- Nursing staff were up to date in the administration of immunisations

At our first inspection in September 2015 we found:

- Patients were kept safe because there were arrangements in place for staff to report and learn from significant events and incidents by attendance at the daily team meetings.
- There were systems in place to keep patients safe from the risk and spread of infection.
- The practice was responsive to the differing needs of its patient population.
- We saw that staff were able to identify and respond to the changing risks of patients, this included deteriorating health and well-being or the need to refer to other services.
- Patients were treated with compassion, dignity and respect.
- The practice has a clear ethos to improve the health of vulnerable and excluded groups.
- There was a culture of learning and development.
- Innovative approaches were used to improve patient health.

We saw several areas of outstanding practice during our first inspection including:

- Provision of volunteer support to patients attending hospital appointments and appointments with other services. This meant patients who might not attend appointments were assisted to do so.
- All patients receive a comprehensive health check when they first register with the practice. Patients health and social care needs were therefore identified at an early stage and services established to meet these needs.
- Visiting homeless patients in remote locations, which other services would find difficult to do, to deliver care and treatment. Patients in these circumstances would otherwise have gone without care and support they needed.
- The practice involves homeless patients in the delivery of services via an award winning patient participation group and undertakes patient surveys. Action is then undertaken to adjust service delivery in response to patient feedback.
- Innovative treatment regimes are employed. For example alcohol reduction programmes that do not involve medicines. Research shows this treatment programme to be both effective and reduces risks associated with medicines.
- Daily team meetings took place where all staff were involved in planning care and treatment ensuring a co-ordinated approach to meeting patients care and treatment needs.

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?

Good



The practice is now rated as good for providing safe services.

In September 2015 we found four staff had not received basic life support training. At this focussed inspection we found all staff had completed basic life support training.

Staff were appropriately trained to undertake chaperone duties and had undertaken checks to ensure they were not barred from working with vulnerable adults. When we visited in September 2015 the chaperone service was not promoted. In April 2016 there was evidence confirming the service was advertised to patients.

In September 2015 nursing staff had not received updated training in administering immunisations. This training had been completed by April 2016.

Are services effective?

Good



Evidence from the previous inspection, in September 2015 has been used to determine the ratings. The rating of good remains unchanged.

Are services caring?

Outstanding



Evidence from the previous inspection, in September 2015, has been used to determine the ratings. The rating of outstanding remains unchanged.

Are services responsive to people's needs?

Outstanding



Evidence from the previous inspection, in September 2015, has been used to determine the ratings. The rating of outstanding remains unchanged.

Are services well-led?

Good



Evidence from the previous inspection, in September 2015, has been used to determine the ratings. The rating of good remains unchanged.

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

There was not sufficient evidence to provide a rating for this population group. There were only two patients in this population group registered at the time of inspection.

Not sufficient evidence to rate



People with long term conditions

Evidence from the previous inspection has been used. However, the updating of the rating in the safe domain has led to an overall re-rating to outstanding. This rating applies to all population groups.

Outstanding



Families, children and young people

Evidence from the previous inspection in September 2015 has been used. However, the re-rating of the safe domain to good has given rise to an overall rating of outstanding which applies to all population groups.

Outstanding



Working age people (including those recently retired and students)

Evidence from the previous inspection in September 2015 has been used. However, the re-rating of the safe domain to good has given rise to an overall rating of outstanding which applies to all population groups.

Outstanding



People whose circumstances may make them vulnerable

Evidence from the previous inspection in September 2015 has been used. The rating for this population group remains unchanged as outstanding.

Outstanding



People experiencing poor mental health (including people with dementia)

Evidence from the previous inspection in September 2015 has been used. The rating for this population group remains unchanged as outstanding.

Outstanding



Luther Street

Detailed findings

Our inspection team

Our inspection team was led by:

The desktop follow up inspection was undertaken by a CQC inspection manager and a CQC inspector.

Why we carried out this inspection

We carried out a comprehensive inspection of this service on 30 September 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection in April 2016 was undertaken in order to follow up on concerns found in the safe domain found during the previous inspection.

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide an updated rating for the service under the Care Act 2014. The inspection in September 2015 formed an integral part of an inspection of Oxford Health NHS Foundation Trust and the practice had not been inspected before.

This report should be read in conjunction with the full inspection report published in December 2015. We have not revisited Luther Street as part of this review because the practice was able to demonstrate compliance without the need for an inspection.

How we carried out this inspection

Prior to the inspection we contacted Luther Street to request their action plan and evidence to support the positive changes and improvements against the breach in regulation.

As part of the inspection we looked at the management records, policies and procedures. The information supplied was of sufficient detail to enable us to reach a judgement. A second visit to the practice was not required.

To get to the heart of patients' experiences of care and treatment, we updated our questioning of Luther Street to determine:

- Is it safe?

Evidence from the previous inspection enabled us to answer the following questions about Luther Street:

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

In September 2015 we also looked at how well services are provided for specific groups of people and what good care looks 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).

Detailed findings

- People whose circumstances may make them vulnerable.
- People experiencing poor mental health (including people with dementia).

Are services safe?

Our findings

When we carried out an inspection at Luther Street in September 2015 we found the practice had not completed training in basic life support for all staff. Nursing staff had not received updates in administration of immunisations and the chaperone service was not being promoted to patients. The provider sent us an action plan and evidence to support that action had been taken to address these issues that led to a breach of regulation in September 2015. Our follow up in April 2016 found the provider had made significant progress and was no longer in breach of regulations.

Overview of safety systems and processes

The practice had addressed the issues identified at their inspection in September 2015.

- When we visited Luther Street on 30 September 2015 we found the practice offered a chaperone service. The staff who acted as chaperones were appropriately trained and had completed disclosure and barring checks (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with adults who may be vulnerable). However, the availability of this service was not promoted to patients. When we undertook our review in April 2016 the practice supplied us with evidence to show that the chaperone service was being promoted to patients by the use of posters in the waiting room.

- During our visit in September 2015 we found nurses used patient group directions (PGDs) to administer a range of medicines. The Trust updated these PGD's every two years. The nurses had signed the PGDs to confirm they had been trained to administer the medicines. However, the nurses we spoke with told us they would welcome refresher training and we found that this had not been undertaken in the last four years. There was no record of the competence of nurses to administer the medicines being reviewed during this period. Following the inspection the practice supplied us with evidence that showed the nurses at the practice had received refresher training since September 2015. Nurses were therefore up to date with administration of immunisations contained within the PGD's they operated. The practice also sent us evidence to confirm the competence of nurses to administer immunisations had been assessed.

Arrangements to deal with emergencies and major incidents

When we visited the practice in September 2015 we found four members of staff had not received training in basic life support techniques. There was a risk that they may not have been able to support a patient or colleague in an emergency medical situation.

In April 2016 the practice provided confirmation that all staff had received training in basic life support. The risk identified in September 2015 had been reduced. The provider had made significant progress to no longer be in breach of regulations.

Are services effective?

(for example, treatment is effective)

Our findings

Evidence from the previous inspection, in September 2015, has been used to determine the ratings. The rating of good remains unchanged



Are services caring?

Our findings

Evidence from the previous inspection, in September 2015, has been used to determine the ratings. The rating of outstanding remains unchanged



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Evidence from the previous inspection, in September 2015, has been used to determine the ratings. The rating of outstanding remains unchanged

Are services well-led?

Good 

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

Our findings

Evidence from the previous inspection, in September 2015, has been used to determine the ratings. The rating of good remains unchanged