

Medicus Select Care NCL- SAS Location 1

Inspection report

Bingfield Primary Care Centre
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London
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www.medicus-selectcare.co.uk

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

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Outstanding	

Overall summary

This service is provided by Medicus Health Partners Ltd (the provider). It is commissioned by NHS England and covers five London Boroughs: Barnet, Camden, Enfield, Haringey and Islington. It provides patients who have been otherwise excluded from mainstream primary care with access to GP services.

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Outstanding

Why we carried out this inspection

We carried out an announced comprehensive inspection of the service, including a site visit on 16 November 2021 and remote online interviews with staff on 18 November 2021, as part of our inspection programme.

Our key findings were:

- The way the service was led and managed promoted the delivery of innovative, high-quality, person-centre care.
- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care. Staff engaged well with patients and provided additional support with a range of issues unrelated to healthcare.
- Patients could access care and treatment in a timely way.
- The provider adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.

The areas where the provider **should** make improvements are:

- Continue working with commissioners to identify additional locations to improve patients' convenient access to face to face consultations.
- Continue working with commissioners to remedy problems with the shared patient records system and its compatibility with other services' systems.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Medicus Select Care NCL- SAS Location 1

The North Central London Special Allocation Scheme is a service provided by Medicus Health Partners Ltd (the provider), which is registered by the CQC in respect of the regulated activities Diagnostic and screening procedures and Treatment of disease, disorder or injury.

The service is provided under an Alternative Provider Medical Services contract, commissioned by NHS England and covers five London boroughs: Barnet, Camden, Enfield, Haringey and Islington. It provides patients who have been otherwise excluded from mainstream primary care with access to GP services. Patients are assigned to the service by Primary Care Support England. There are currently 201 patients allocated. The service, which operates for adults over the age of 18-years, provides:

- GP appointments
- Nurse appointments
- Health checks and Long-term condition management
- Diagnostics and onward referrals are via local pathways agreed with the service commissioners

Similar services covering Luton, Bedford and Milton Keynes and Buckinghamshire are provided under a separate registration.

The service operates at Bingfield Primary Care Centre, 8 Bingfield Street, Islington, London N1 0AL, offering face to face appointments and telephone consultations on Tuesday afternoons and Wednesday and Thursday mornings. Telephone consultations are available on Fridays.

Patients can book appointments with GPs or nurses by telephoning the service between 8:00 am and 6:30 pm Monday to Friday, excluding bank holidays. Face to face, telephone and online appointments are available. However, due to the Covid-19 Pandemic, phone appointments are usually offered initially, and the clinician will assess the need for a face to face consultation and offer one if thought appropriate and necessary.

The clinical team is made up of three male GPs and an advanced nurse prescriber. The provider also has a team of pharmacists who assist in the patient care. Emergency cover for unplanned absences is available from within the provider's wider clinical team. No locums are used.

The support team comprises an interim service manager, a social prescriber / administrator and an administrator / receptionist. Calls to the service, for appointments booking, etc., are handled at the provider's principal place of business, away from the service location.

Further information on the service and the conditions relating to allocated patients can be found on the following website –

www.medicus-selectcare.co.uk

How we carried out the inspection

Throughout the COVID pandemic CQC has continued to regulate and respond to risk. However, having taken account of the circumstances arising from the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Completing clinical searches on the practice's patient records system, which we later discussed with the provider's staff
- A site visit

- Conducting staff interviews using video conferencing
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the practice

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services, and
- information from the provider, patients and other organisations

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?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

Openness and transparency about safety was encouraged. Monitoring and reviewing activity enabled staff to understand risks.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted risk assessments on all patients allocated to the service. It had appropriate safety policies, which were regularly reviewed and communicated to staff. The policies outlined clearly who to go to for further guidance. Staff received safety information from the provider as part of their induction and ongoing training. The provider had systems to safeguard vulnerable adults from abuse. Although only adults over 18-years were allocated to the service, we saw there were appropriate procedures and policies in place to safeguard and protect children. We saw the provider's adult and child safeguarding policies, which had been recently reviewed and stated the lead GP for the service was also the lead for safeguarding matters. We saw evidence that all staff working in the service had received adult and child safeguarding training to levels appropriate to their roles and responsibilities. They knew how to identify and report concerns.
- The provider worked with other agencies to support and protect patients. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required, including for staff trained to perform chaperoning duties. 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 children or adults who may be vulnerable.
- There was an effective system to manage infection prevention and control (IPC). We saw the provider had an IPC policy which was subject to annual review, most recently in January 2021. There was a named lead for IPC issues. General cleaning of common areas at the premises, together with waste management, was the responsibility of the building landlord. We saw there were appropriate measures in place and that necessary monitoring records were maintained. The provider's staff were responsible for IPC measures relating to the consultation rooms they used during clinical sessions. We saw records of monthly IPC audits carried out by the provider and evidence that all staff working in the service had up to date IPC training. We saw evidence that required legionella risk assessments were conducted, together with regular water temperature monitoring and sample testing.
- The building landlord was responsible for facilities management. We were shown evidence that annual health and safety and fire risk assessments were conducted, and that emergency equipment was maintained appropriately. There was a record of fire alarm servicing and testing. We saw evidence all staff had up to date fire safety training. The landlord ensured that facilities and shared equipment were safe, and that equipment was maintained according to manufacturers' instructions. Additional equipment and medical instruments used by staff working in the service were issued, monitored and maintained by the provider.
- Appropriate environmental risk assessments, which taking account of the profile of people using the service and those who may be accompanying them, had been carried out and suitable security arrangements were in place for face to face consultations.

Risks to patients

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

Are services safe?

- The provider had a risk management policy and the process for individual patient risk assessment was set out the service's Standard Operating Procedures (SOPs). There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction process for staff specifically tailored to their roles. This included Mental Capacity Act training for clinicians, conflict resolution and complaints handling. We were shown the provider's policy relating to the Mental Capacity Act, which was subject to regular review, most recently in October 2021.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, and we saw evidence all staff had up to date training in basic life support training, including sepsis awareness.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate professional indemnity arrangements in place, taking account of the specialist nature of the service.
- The provider issued staff an appropriate medicines kit and equipment to deal with medical emergencies, which was brought to the premises for clinical sessions. This included an emergency oxygen supply and defibrillator. The medicines and equipment were checked regularly.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The provider's individual care records were written and managed in a way that kept patients safe. We carried out a remote access review of a number of patients' care records, which demonstrated that information needed to deliver safe care and treatment was available to relevant staff. However, staff informed us of ongoing problems with accessing the records of patients newly transferred to the service. Due to technical issues, records were locked when the transfer had been implemented, not allowing automatic access by service staff. An alternative process had been introduced to allow staff to access the patients' records in order to assess their needs prior to an introductory consultation. We discussed the matter with service commissioners, who confirmed that remedial action was being investigated.
- The provider had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.
- The provider had an effective process, set out in a governance policy, for the management of safety alerts, such as those issued by the MHRA Central Alerting System, the Chief Medical Officer, etc.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- We were shown the provider's relevant governance policies, including those relating to medicines reviews, involving the provider's inhouse team of clinical pharmacists, repeat prescribing, the management of controlled drugs, and the service-specific Standard Operating Procedures. All these were subject to regular ongoing review. The systems and arrangements for managing medicines, including flu vaccines, controlled drugs, emergency medicines were detailed and specifically tailored to the nature of the service to minimised risks. The service does not provide travel vaccinations.
- The provider carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. No paper form prescriptions were used, all being issued via the Electronic Prescribing Service, directly to patients' nominated pharmacies.

Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. No controlled drugs were kept at the location for use in the service. Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The provider monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. We saw the provider's significant events governance policy, reviewed and updated in November 2021. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. There had been no significant events relating to the service, but relevant incidents at other services operated by the provider were reviewed, discussed and learned from.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The provider had systems in place for processing and reporting notifiable safety incidents.
- The provider gave affected people reasonable support, truthful information and a verbal and written apology. It kept written records of verbal interactions as well as written correspondence.
- The provider acted on and learned from external safety events, such as those recorded by the National Reporting and Learning System, as well as patient and medicine safety alerts. The provider had an effective mechanism in place to disseminate alerts across the clinical and administrative teams.

Are services effective?

We rated effective as Good because:

People have good outcomes because they receive effective care and treatment that meets their needs.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed when they were assigned to the service. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The provider used information about care and treatment to make improvements. The provider made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. We were shown the results of three two-cycle audits conducted by the provider relating to Clinical Quality; Risk Assessments; and High-Risk Drug Monitoring. These showed improvement in effectiveness in patient care in relation to prescribing and safety netting; risk assessments being conducted sooner after patients were allocated to the service, as well as increased individual risks being noted; and improved arrangements to ensure patients better comply with requirements for blood tests, etc.
- The provider submitted annual reports to service commissioners with detailed performance monitoring data.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. We saw the provider's service-specific recruitment policy, last reviewed in November 2021. The provider had an induction and probation process for all newly appointed staff and an ongoing programme of appraisal.
- Professional registrations with the General Medical Council and Nursing and Midwifery Council and were up to date.
- The provider understood the learning needs of staff and offered protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

Are services effective?

- Patients assigned by Primary Care Support England received an introductory letter setting out details of the service and were contacted by the provider's social prescriber for an initial discussion regarding their healthcare needs. These were reviewed with the lead clinician. Before providing treatment, staff ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. Due to an ongoing technical issue with the clinical records system, which had been identified and discussed with commissioners, it was sometimes necessary for the provider to contact patients' last general practices to formally request their clinical records. However, we were told this had not impacted upon patients' ongoing care.
- The provider had risk assessed the treatments offered including, for example, medicines liable to abuse or misuse and those for the treatment of long-term conditions.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services. We were told of similar ongoing technical issues regarding the records system's compatibility with those of local hospitals, which were the subject of ongoing investigation, but these had not affected patient care.
- Patients received coordinated and person-centred care. We saw various multi-disciplinary team (MDT) meeting minutes, confirming effective communication between the provider and other services involved in patients' care, such as social workers and psychiatrists.
- Staff engaged well with patients, providing support with healthcare and social issues. The provider carried out frequent behavioural risk assessments and quarterly reviews, so that when an improvement in engagement was noted and sustained, the patients could be considered for return to mainstream general practices. The provider showed us evidence that over the course of the service contract 57 patients had been discharged back to mainstream practices.
- The provider monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- The provider's social prescriber and support team ran monthly searches to identify, for example, patients overdue cervical screening and immunisations, those with an ongoing smoking history, or to review any concerns received from sexual health clinics regarding ongoing STD treatments. Patients so identified were contacted for discussion and review.
- Where appropriate, staff gave patients advice so they could self-care.
- Risk factors were identified and highlighted to patients.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making. All had up to date Mental Capacity Act training.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

People are supported, treated with dignity and respect and are involved as partners in their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We saw evidence that the provider encouraged feedback on the quality of clinical care patients received, but in practice most patients were not willing to engage in the process.
- We asked the provider to inform patients of our inspection and seek feedback from them for our review and assessment. Four patients provided feedback, which was predominantly positive regarding their experience of the service.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- Patients assigned to the service had frequently experienced a breakdown in their relationship with their previous healthcare providers. Staff worked well to regain patients trust with the intention to return them to mainstream care.
- The provider gave patients timely support and information. This included support with issues outside healthcare, for example with housing matters, appeals, etc.

Involvement in decisions about care and treatment

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

- Interpreter and other support services were available for patients who did not have English as a first language.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved. Double length appointments were available if needed.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available to help patients be involved in decisions about their care.
- We were shown the provider's Mental Capacity Act (MCA) policy and evidence that all staff working in the service had up to date training relevant training regarding the MCA and consent to treatment.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

People's needs were met through the way the service was organised and delivered.

Responding to and meeting people's needs

The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. We were told that approximately 25% of allocated patients are female. The GPs currently working in the service are male, but a female GP with relevant specialist interests, knowledge and experience has recently been recruited and will take up her post in the near future. In addition, a forensic psychiatrist will shortly be joining the clinical team.
- The facilities and premises were generally appropriate for the service, with additional security measures in place. However, there was ongoing discussion with the commissioner to identify additional locations from which the service could be provided. At the commencement of the service, two other potential locations had been considered, but these were found to be unsuitable.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. We were told the provider had engaged with the local COVID and flu vaccination delivery hubs, also based at the location, to arrange opportunistic vaccinations for service patients. It had also engaged with pharmacies for patients to attend to easily access blood pressure and weight monitoring, as well as them receiving COVID and flu vaccinations.
- We were told it had arranged private transport for patients with complex needs or disabilities to attend appointments. It had also made more flexible appointment arrangements for such patients, particularly those with longer distances to travel for face to face consultations.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times and delays were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. Due to the nature of the service, a walk-in clinic could not be operated, but provision was made for urgent telephone appointments to be available and if needed a face to face consultation.

The service provides four weekly GP sessions for face to face and telephone consultations, on Tuesday afternoons (two GPs) and on Wednesday and Thursday mornings (one GP). There is an additional GP session on Friday providing telephone consultations. Face to face consultations last 30 minutes and telephone consultations, 15 minutes. Double length appointments are provided, for example if the assistance of an interpreter is needed. The provider's social prescriber works two sessions a week and the nurse prescriber one session per month. The service uses two consultation rooms and a breakout room at the location. There is ongoing discussion with the service commissioner to identify suitable additional locations from which services might operate in future. Home visit consultations have been available but are limited due to COVID measures and the need to ensure suitable security arrangements for staff.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The provider had complaint policy and procedures in place. Complaints could be submitted via the service website. The provider learned lessons from individual concerns, complaints and from analysis of trends. We saw evidence that patients' complaints were discussed at Clinical / Service Review Meetings. Where appropriate, service changes were made following complaints reviews. For example, when a patient moved away from the North Central London area, a process was introduced to identify and liaise with the relevant local SAS provider. We noted many of the complaints submitted were due to patients' dissatisfaction over being allocated to the service, and feedback we received prior to the inspection related to patients sometimes having to travel considerable distances for face to face appointments. Both these issues are beyond the provider's control.
- The provider informed patients of further means that may be available to them should they not be satisfied with the response to their complaint.
- All the administrative team had up to date training in complaints handling. All staff, clinical and administrative, had been trained in conflict resolution and plans were in place to provide training in advanced conflict management.

Are services well-led?

We rated well-led as Outstanding because:

The leadership, governance and culture are used to drive and improve delivery of high-quality person-centred care.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and being proactive in addressing them.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The provider had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The provider had a realistic strategy and supporting business plans to achieve priorities.
- The provider developed its vision, values and strategy jointly with staff and external partners. For example, we saw a meeting with a large group of local practices was scheduled to provide guidance on the service scheme and clarify how it should be used to improve processes and patient outcomes.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The provider monitored progress against delivery of the strategy. We saw that 57 patients had been successfully returned to mainstream services.

Culture

The service had a culture of high-quality sustainable care.

- Staff with specialist skills had been recruited. They felt respected, supported and valued. They were proud to work for the service.
- The provider focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.
- Staff could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. They were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- Particularly given the nature of the service and the challenges faced, there was a strong emphasis on the safety and welfare of all staff, with up to date governance policies and protocols in place relating to staff health and wellbeing.

Are services well-led?

- The provider actively promoted equality and diversity. There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. These were proactively reviewed and updated, to reflect best practice.
- The provider used performance information, which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The provider submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. All staff had up to date information governance training.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient and staff safety.
- The provider had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents. We were shown the recently reviewed business continuity plan.

Appropriate and accurate information

The provider acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, staff and external partners

The service involved patients, staff and external partners to support high-quality sustainable services.

Are services well-led?

- The provider encouraged and heard views and concerns from the patients, staff and external partners and acted on them to shape services and culture.
- The provider had been proactive in engaging with other services to arrange opportunistic COVID and flu vaccinations for patients, as well as making easier arrangements for blood pressure and weight monitoring. We were told it had arranged private transport for patients with complex needs or mobility issues to attend appointments. It had also made more flexible appointment arrangements for such patients, particularly those with longer distances to travel for face to face consultations.
- Staff could describe to us the systems in place to give feedback, using paper forms and via a website facility. We saw evidence of feedback opportunities, such as during appraisals, for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The provider was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a strong focus on continuous learning and improvement.
- The provider made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- We saw evidence there was a clear proactive approach to seeking out and embedding innovative ways of providing care and treatment.
- The provider had devised and introduced a process to improve how patients' perceived behavioural risk could be assessed and monitored moving forward, with the aim of passing them back to mainstream services.
- The provider's social prescriber acted as the main liaison for patients. We were told they had been very successful in engaging with most patients, establishing trust, and bringing about an improvement in health compliance and behaviour. They also supported patients with other issues, unrelated to healthcare.
- The provider recognised patients allocated to the service potentially have complex healthcare and social needs, such as poor compliance with general healthcare and medication, self-neglect, risk of drugs misuse, financial difficulties, etc. It had introduced a multi-disciplinary approach to reviewing patients' ongoing care and discharge. We were told that in other similar services it is frequently a single designated GP that is responsible for ongoing reviews. The provider's adopted approach would be augmented further with the appointment of a forensic psychiatrist, who will be in post in the near future.