Homeless Health Service

Quality Report

Compass 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?	Outstanding ☆

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

The service is provided by BrisDoc Healthcare Services Limited who have operated the Homeless Health Service since 1 October 2016. We carried out an announced comprehensive inspection at Homeless Health Service on 5 & 6 June 2017. Overall the service is rated as outstanding.

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

- The service implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. For example, they held a user engagement day to review how patients viewed and accessed the service. This resulted in a plan to change the physical access and reception to the service.
- The service used innovative and proactive methods to improve patient outcomes, working with other local providers to share best service. For example, they worked closely with the local council homeless strategy and other providers to act on intelligence to seek out and offer outreach support to newly reported homeless people.
- 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 service worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, they took services to where they were needed which included offering home visits to people in hostels and those whose 'home' was on the street.
- Feedback from patients from the Friends and Family Test was consistently positive.
- The service had good facilities and was well equipped to treat patients and meet their needs. The service showed determination and creativity to overcome obstacles to delivering care. The service took part in seasonal events and had worked with the Julian Trust to provide health care and support at the shelter for the Christmas week.
- The service actively reviewed complaints and how they are managed and responded to and any improvements needed as a result.

Summary of findings

- The service had a clear vision 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 service had strong and visible clinical and managerial leadership and governance arrangements.
- The service had clearly defined and embedded local and organisational systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. GPs, nurses and locum GPs were skilled in caring for the patient group and had qualifications and experience in caring for patients with drug and alcohol addictions, challenging behaviours and supporting patients who were homeless or vulnerably housed.
- GPs working at the service took part in shared care prescribing for 70 patients who were part of the Supervised Methadone and Resettlement Team.
- There was a proactive approach to understanding the needs of this vulnerable patient group. Staff acted as advocates and delivered care in a way that meets patients' needs and promoted equality. Patients told us they were treated with dignity and respect and were involved in their care and decisions about their treatment. Patients were respected and valued as individuals and were empowered as partners in their care. The staff had a culture of 'unconditional positive regard' for patients and no one was considered beyond help.
- Patients we spoke with said they found it easy to make an appointment with the service and said there was continuity of care, with drop in appointments available the same day. An average of 400 patients per month had used the service over the last twelve months.

We saw several areas of outstanding practice including:

Staff worked collaboratively with many other providers, both within the centre and externally, to ensure the vulnerable patient group was supported to receive coordinated care which met their needs. Service staff used opportunistic, innovative and efficient ways to deliver more joined-up care to patients. For example, the service worked with the University College London Hospitals' TB (tuberculosis) 'Find and Treat' team, as part of a two-day initiative where 200 homeless people in Bristol were screened for tuberculosis.

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 service is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The service used every opportunity to learn from internal and external incidents, to support improvement. 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.
- The service had clearly defined and embedded systems, processes and services to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The service had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Good

The service is rated as good for providing effective services.

- There was a holistic approach to assessing, planning and delivering care and treatment to patients who use services.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high-quality care. Staff were proactively supported to acquire new skills and share best practice. Staff had experience of caring for patients with drug and alcohol dependency, homelessness and challenging behaviours.
- Staff were aware of current evidence based guidance.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked collaboratively with many other providers to ensure the vulnerable patient group was supported to receive coordinated care which met their needs. Service staff used opportunistic, innovative and efficient ways to deliver more joined-up care to patients.
- 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.

Summary of findings

- We also saw evidence to confirm that the service used these guidelines to positively influence and improve service and outcomes for patients.
- The service used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. An example of this being the Bristol North Somerset, South Gloucestershire Connecting Care programme.
- The service ensured that patients with complex needs, including those with life-limiting progressive conditions, were supported to receive coordinated care in innovative and efficient ways.

Are services caring?

Outstanding ☆

The service is rated as outstanding for providing caring services.

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. An example being the work in the outreach services to ensure that hard to reach people were sought out and offered help. Staff also routinely visited areas where homeless people were such as in local parks and left information with them about the service.
- We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on. Throughout the patient clinic it was observed that consent was sought for any actions and that clinicians checked that patients understood the information given to them.
- Views of external stakeholders were very positive and aligned with our findings.
- Staff were fully committed to working in partnership with patients. The staff had a culture of 'unconditional positive regard' for patients and no one was considered beyond help. We observed staff consistently referred to patients in caring, empathic and positive terms.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Data from the friends and family test results showed patients rated the service highly. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the homeless support services available was accessible and within the same building.
- We were given examples to demonstrate staff understood their responsibilities regarding safeguarding and how to escalate child and adult safeguarding concerns locally. All staff spoken

Summary of findings

with had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three. We observed staff approach people in the waiting area to check on their wellbeing and offer support.

- The staff facilitated people to attend appointments and had arranged for a dog cage so patients did not have to leave their pet outside, and a vet visited the site weekly to provide pet care.

Are services responsive to people's needs?

Outstanding 

The service is rated as outstanding for providing responsive services.

- The service understood its population profile and had used this knowledge to meet the needs of its population. Staff acted as advocates and delivered care in a way that met patients needs and promoted equality.
- The service worked closely with other organisations and with the local community in planning services that met patients' needs. The service was part of the Bristol Homeless Strategy and worked closely with the council to contact newly identified homeless people.
- There are innovative approaches to providing integrated patient-centred care. There were several outreach projects that targeted the hard to reach patients such as street sex workers.
- The individual needs and preferences of people with a life-limiting condition, including patients with a condition other than cancer and patients living with dementia, were central to their care and treatment. Care delivered was flexible and provided choice.
- The service had good facilities and was well equipped to treat patients and meet their needs.
- Patients can access appointments and services in a way and at a time that suits them. We observed that patients arrived for appointments but also used other services in the building and so staff actively sought them out when it was their turn.
- The service worked as part of a multidisciplinary team to help the homeless worked with the local hospital and emergency department to prevent discharge back to inappropriate accommodation or onto the streets.
- Information about how to complain was available and easy to understand, and the service responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

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Are services well-led?

Outstanding 

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

- High standards were promoted and owned by all the service staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best service.
- 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 service.
- The service had a clear vision and strategy to deliver high quality care and promote the best outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The service proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The service implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. For example, a patient engagement event had identified a need for a place to go when unwell in daytime (when night shelters were closed) as it was dangerous to be on the street. Their response was to engage with another provider in relation to acquiring two double decker buses, with upstairs as a sleeping hub for daytime use for clients and a shared facility downstairs for a GP or nurse clinic.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- The provider was aware of the requirements of the duty of candour.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients. For example, one of the GPs was a member of the university sexual and reproductive health forum and had linked into national pilot projects for vulnerable women; whilst another had specialist interest in alcohol misuse. Learning from both was used to benefit the service.

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- We observed a clear proactive approach to seeking out and embedding new ways of providing care and treatment, for example the team discussed with us how they worked with the link health care workers to support patients to access secondary care or to manage life limiting illness.
- The service were forward thinking and were innovative in developing new approached to providing primary care for the homeless.

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

Outstanding 

The service is rated as good for safe and effective and outstanding for caring, responsive and well led. This service is rated as outstanding for the care of older people.

- The service had a small number of older patients. For example, of the 741 patients seen by the service, only 29 were over 59 years old. The service offered proactive, personalised care to meet the needs of the older patients in its population.
- The service was responsive to the needs of older patients, and offered home visits as well as a walk in appointment service to see a GP and/or nurse every day.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The service identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.

People with long term conditions

Outstanding 

The service is rated as good for safe and effective and outstanding for caring, responsive and well led. This service is rated as outstanding for the care of people with long-term conditions.

- The service followed up on patients with long-term conditions discharged from hospital and ensured that their care reflected any additional social or health needs.
- Longer appointments and home visits were available when needed.
- The service worked in partnership with a local GP practice. The Homeless Health service had access to the practice systems and were able to register patients with long term conditions and make appointments for reviews directly.

Families, children and young people

Outstanding 

The service is rated as good for safe and effective and outstanding for caring, responsive and well led. This service is rated as outstanding for the care of families, children and young people.

- The service was available for the 'homeless and vulnerably housed' and did not provide services for families or young children.

Summary of findings

- If any female patient became pregnant service staff linked them in and liaised closely with the midwife and maternity services.
- Access to contraception advice, medicines and support was also available to younger patients.
- The service worked in partnership with safeguarding agencies to protect the unborn baby.

Working age people (including those recently retired and students)

Outstanding ☆

The service is rated as good for safe and effective and outstanding for caring, responsive and well led. This service is rated as outstanding for the care of working age people (including those recently retired and students).

- The age profile of patients at the service was mainly of those of working age
- The service offered 15 minute appointments as standard but appointments took as long as was needed.
- The service did not currently offer extended hours as patient demand did not require this.

People whose circumstances may make them vulnerable

Outstanding ☆

The service is rated as good for safe and effective and outstanding for caring, responsive and well led. This service is rated as outstanding

- The majority of patients at the service were classed as 'vulnerable' either due to their social circumstances (housing situation), health or both. For example, homeless patients, travellers, patients with mental health issues and those with learning difficulties. The aim was to refer patients to a mainstream GP; the service currently only retained 11 patients permanently registered with them.
- The dedicated team acted as advocates for patients and worked in partnership with other involved services to ensure that vulnerable patients took priority and were monitored and sign-posted appropriately to receive the best care and support available.
- The service was situated within a homeless community service hub which made it easier to signpost directly and avoided unnecessary delays with care plans and duplication of work. This enabled all patients to receive the most effective care pathway for their circumstances.
- All staff working at the service had experience in the treatment of drug and alcohol addiction, and had worked with people with mental illness.

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- Staff interviewed knew how to recognise signs of abuse in young patients 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.
- Homeless patients could access a GP from the practice without an appointment at the walk in clinic five times a week. They could also be seen by appointment at different times of the day if they preferred. The service was responsive and saw all patients needing urgent assessment and treatment within minutes of arriving.
- Staff from the service worked in the outreach clinics which targeted specifically more vulnerable and hard to reach groups.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

The service is rated as good for safe and effective and outstanding for caring, responsive and well led. This service is rated as outstanding for the care of people experiencing poor mental health (including people with dementia).

- The service regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health. There was a weekly meeting to share information across agencies. In addition information was shared at the outreach clinics as it arose. We observed that One25 had a meeting before and after each session to share intelligence and that the Wild Goose Cafe had mental health workers there who would share and update on individuals if needed.
- Some of the street drinkers attending the clinic had been subject to or witnessed severe trauma in the past but because of their alcohol use were not able to access the full range of psychological services. This service was able to support them whilst still drinking which gave patients the opportunity to change drinking behaviours and improve psychosocial wellbeing.
- The mental health support team were sited within the same building. The clinical team liaised as required with them and also met every month with the team and psychiatrist to discuss and review the current caseloads, priorities and update the patient plan.
- Safeguards were in place to make sure high risk medicines were identified and regularly monitored. The service held a list of all

Summary of findings

patients on 'depot' medicines, which included the date when it was last given and next one due. The list was closely monitored by the staff and demonstrated the team was proactive in engaging with patients on this medicine to ensure their safety.

- The service had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations; this was actively promoted by service staff.
- The service had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Shared premises enabled face to face discussions to take place and for responsive support to be available when patients were in crisis.
- Staff had received training on how to care for patients with mental health needs and dementia. Staff recognised that many patients lived with cognitive impairment from acquired brain injuries and took time to ensure treatment or advice was clearly understood.
- The service worked collaboratively with local pharmacy so patients could attend daily to have their medicines dispensed.

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What people who use the service say

The service was not part of the NHS national GP patient survey. However, we looked at the feedback from the Friends and Family Test, collected from February 2017 to May. Of the 18 patients who completed the survey 16 were extremely likely or likely recommend the service to their friends and family, only one was unlikely to recommend the service.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received. Comments on these cards included satisfaction of the service provided. Patients said they found staff were friendly and listened to them, staff were and understanding and non-judgemental. Comments about the care and treatment were that it was excellent, efficient and supportive. Comment cards also contained positive feedback about individual members of staff.

We spoke with seven patients during the inspection. All of these patients said they were satisfied with the care and treatment they received and thought staff were approachable, committed and caring. Patients added that staff treated them with respect and appreciated that they could access many services under one roof. Patients said getting an appointment was generally good, but told us that they had no concerns about waiting whilst patients with complex needs were seen. Patients also told us that their appointment lasted as long as was needed and multiple problems were dealt with on one visit.

Homeless Health Service

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a second CQC inspector.

Background to Homeless Health Service

The service is provided by BrisDoc Healthcare Services Limited and the lead GP acts as the registered manager. There is a concentration of homeless people around the city centre; a recent count by Bristol Council was that 76 people were classified as homeless. The inner city has a diverse community with areas of high deprivation and the highest proportions of black and minority ethnic (BME) residents in Bristol. Local health challenges in this locality include higher rates of drug, smoking and alcohol use compared to Bristol overall.

The location address is:

Homeless Health Service

Compass Centre

Jamaica Street

Bristol

BS2 8JP

The Homeless Health service is a flexible and responsive service designed to deliver positive outcomes for homeless or vulnerably housed people with complex needs. Services are based at The Compass Centre in Stokes Croft, Bristol, but staff offer outreach clinics in several locations around the city including The Wild Goose Cafe, One25, Logos House and Longhills.

Patients can be registered at the service but the intended purpose is to re-integrate people into mainstream primary care. The service works closely with the Broadmead Medical Centre who registers patients and has provision to meet the needs of patients with long term conditions.

The Compass Centre is run by St Mungo's, a charitable trust, and provides access to the GP service, mental health support workers, a café run by homeless people, access to IT as well as shower facilities.

Patients can drop in for appointments with either a GP or a nurse Monday to Friday.

There are 4 GPs working within the service, there are the equivalent of 3.15 whole time equivalent nurses (including the lead nurse) and one whole time equivalent receptionist, and a practice manager who also works at the Broadmead Medical Centre.

BrisDoc has an APMS contract with NHS England for Homeless Health Service (with effect from 1 October 2016) for five years.

The intended benefits of Homeless Health Service are:

- To provide the best possible health care for patients.
- To promote better physical and mental health and well-being by offering a planned programme of health promotion and preventative care, and commissioned support to facilitate homeless people attend health and social care appointments, comply with management plans and achieve a good death in their place of choice. This is based on national and local guidelines and is aimed at those most at risk.

- To ensure that services are easily accessible, efficient and responsive to the needs of the patient.
- To maintain a pleasant, safe and efficient working environment for everyone working in the service.
- To include all members of the team in decision-making by encouraging teamwork and good communication.
- To support discharge from hospital and reduce emergency department attendances by providing responsive primary care and supporting services.

Homeless Health Service's daily clinics and drop-in service offers:

- general health advice and treatment
- support and advice re: mental health problems
- safe injecting advice
- minor injury care
- leg ulcer care
- testing for sexually transmitted infections and pregnancy; all contraceptive methods available
- drugs/alcohol support and referral to other specialist services
- testing and counselling for blood borne viruses such as HIV/Hepatitis B & C
- opticians and podiatry services
- referrals and liaison with other health and homeless services.

Number of patients attending:

- 1-3 times each quarter was 163
- 4-8 times per quarter was 96
- more than 8 times per quarter was 25

The BrisDoc headquarters is at Osprey Court, Hawkfield Way, Hawkfield Business Park, Whitchurch, Bristol, where the majority of the administration and human resources tasks are coordinated from.

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 service and asked other organisations such as NHS England and the local clinical commissioning group to share what they knew. We carried out an announced visit on 5 & 6 June 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses, administrators, practice managers and reception staff. We also spoke with seven patients who used the service.
- We observed a multidisciplinary team meeting for representatives of all the services based at Compass House. These included services for mental health issues, drug and alcohol dependency, housing needs (homelessness), offending behaviours, food banks, clothing banks, access to employment and training, and benefit and debt advice.
- We spoke with the two link health care staff based with 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 and observed a GP clinic session.
- Reviewed 31 comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

- Visited the service outreach sites and observed a 'wet' clinic and a health clinic for street sex workers. (A 'wet' clinic is a community provision for vulnerable people to receive support whilst under the influence of alcohol).
- Looked at information the service used to deliver care and treatment plans.

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).

Good

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the service's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We found that the management of significant incidents followed a standardised process. Any incident was recorded and identified as a significant or serious event or incident. From the sample of four documented incidents we reviewed, we saw evidence that when things went wrong with care and treatment, appropriate action was taken. If appropriate patients were informed of the incident and received support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, MHRA patient safety alerts and minutes of meetings where significant incidents were discussed. The service carried out a thorough analysis of the significant incidents.
- We saw evidence that lessons were shared and action was taken to improve safety in the service. For example, an unsheathed needle was found on a window ledge with a syringe outside the service office. It appeared that a cabinet which had been put outside for disposal had provided screening for patients who were injecting. The cabinet was removed and safe injecting information put on display for patients to follow. We observed this was in place during our visit. The service were also working with the Substance Misuse Network to set up a community safe injecting clinic.
- The service also monitored trends in significant events and evaluated any action taken sharing any learning with other services and organisations.

Overview of safety systems and processes

The service 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. We were given examples to demonstrate staff understood their responsibilities regarding safeguarding and how to escalate child and adult safeguarding concerns locally. All of the staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- There was a comprehensive safeguarding policy in place for both children and vulnerable adults which included the Prevent strategy (a duty introduced as part of the Counter-Terrorism and Security Act 2015 with regard to preventing people from being drawn into terrorism) and Multi Agency Risk Assessment Conference (MARAC) guidelines for those at the highest risk of domestic abuse and also details of other agencies where concerns could be raised and discussed. In addition to recording safeguarding concerns in individual records, the service did not routinely have alerts on the EMIS patient record system for staff to be aware if a patient was subject to any safeguarding or MARAC referral however their practice was to use the Connecting Care system to review patient information for any safeguarding concerns.
- An easy read pictorial notice was on display in the waiting room and consulting rooms which advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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).

The service maintained appropriate standards of cleanliness and hygiene.

Good

Are services safe?

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The service lead 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. For example, changes had been made to convert a store cupboard into a sluice.

The arrangements for managing medicines, including emergency medicines and vaccines, in the service minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The service 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise and obtain authority for medicines outside of their scope of practice. They received mentorship and support from the medical staff for this extended role. The Patient Group Directions (PGDs) which were current had been adopted by the service to allow nurses to administer medicines in line with legislation. The service recognised and were addressing concerns around the local policy to not renew PGDs. A process was in place to rectify this and as a temporary measure patient specific prescriptions or directions from a prescriber were produced appropriately.
- The nurses provided opportunistic vaccines for infectious diseases such as Hepatitis and Influenza. This meant vulnerable patients at risk of blood borne viruses were provided with an opportunity to engage with preventative healthcare.

We reviewed five 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 Disclosure and Barring Service (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 service had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the service. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The service had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.
- The service used the National Early Warning Score (NEWS) report, which was a standardised assessment tool used when patients presented at the service. The NEWS system assessed the degree of illness of a patient and thereby helped define what type of treatment the patient needed .
- Connecting care systems were used for sharing patient data (with consent) to ensure that the clinician had enough information about a patient to provide a safe consultation and reduce the risks to them of, for example, poor prescribing.

Arrangements to deal with emergencies and major incidents

Good

Are services safe?

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

- Staff carried alarms which they could use to alert staff to an emergency and each room was fitted with an alarm system which connected to the whole building. This meant staff could also attend medical emergencies within the attached hostel and other services. Staff routinely attended training on conflict management.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The service had a defibrillator available on the premises and Oxygen with adult and children's masks. The service had a good stock of Oxygen cylinders so they could attend emergencies outside of the building and also treat medical emergencies which required large volumes of Oxygen such as Spice, a synthetic Marijuana, which can induce serious negative reactions.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the service and all staff knew of their location. All the medicines we checked were in date and stored securely. The service was able to treat a number of medical emergencies.
- The service had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The continuity plan enabled the provider to switch provision of services between their sites. Services could therefore be maintained if the main site was unable to be accessed.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The service had systems in place 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 service had developed a 'Clinical Toolkit' available to all staff on the intranet. The home page had the latest updates and NICE guidance that clinicians should be aware of, and an up to date list of resources.
- The service used the evidence based guidance from the Faculty for Homeless and Inclusion Health to instigate best practice.
- The service monitored that these guidelines were followed using a peer review audit tool which employed Royal College of General Practitioners (RCGP) criteria against which the case record is audited. Which provided good oversight and monitoring of clinical quality by of clinicians' consultations, the quality of information recorded and the diagnosis and treatment pathway used. The GP lead for the service also ensured that GP locum notes were reviewed for content and quality.
- The GPs and nurses held lead roles in areas including sexual health, emergency medicine, diabetes, heart disease and asthma. Each GP had undertaken additional qualifications; for example, staff had specialist qualifications in the care and treatment of substance misuse. The nurses had undertaken additional training in chronic disease, including asthma and diabetic management. This enabled the service to provide opportunistic screening for patients, which took account of their transient lifestyle. GPs and the nurses were skilled in engaging patients. Whenever they had contact with a patient, staff explained they tailored this to what the patient needed and helped to develop a rapport with them so that further health screening and treatment could be encouraged and provided.

Management, monitoring and improving outcomes for people

The service was not linked into the Quality and Outcomes Framework (QOF) due to their remit of ensuring that patients who use the service are registered with a local GP practice for longer term management.

The service worked toward achieving key performance indicators which were reported to the commissioners. From the information shown to the inspection team we saw that the service measured their performance in the following ways:

- Improving access to primary medical services for homeless people and street drinkers.
- Improving alcohol and substance misuse treatment for homeless people.
- Improving mental health treatment for homeless people.
- Number of outpatient referrals made per quarter & by speciality.

We looked in detail at the performance indicator for 'Partnership working' which stated:

'There are regular inter-agency meetings to ensure effective partnership working and effective communication.'

We saw for this indicator that 34 interagency meetings had been held each quarter since the commencement of the contract in October 2016 which resulted in a total of 79 service user action plans.

There was evidence of quality improvement. BrisDoc as an organisation had an agreed annual audit programme for all of their clinical services. The programme of audits which had been agreed for 2017/18 included:

•Sepsis

•Safeguarding

•Infection Control

•Controlled drug Use

•Prescribing (antimicrobials)

•Use of assessment tools to support admission (NEWS)

Good

Are services effective?

(for example, treatment is effective)

There have been no clinical audits undertaken since the service was taken over seven months ago. However, an audit of the patient registration process and of service activity had been undertaken and a subsequent patient engagement event arranged.

BrisDoc operated Quality Management and Environmental Management systems which meet the requirements of the ISO 9001 quality management system and ISO 14001 environmental management system respectively, which were subject to annual review and reaccreditation.

Effective staffing

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

- The service had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were also supported to work alongside other staff and their performance was regularly reviewed during their induction period.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff such as provision of specialist interventions for women's health, Such as emergency contraception, intrauterine contraceptive devices and implants. Staff administering vaccines and taking samples for the cervical screening had received specific training which had included an assessment of competence. In order to maintain competence the staff also worked in partnership with their local medical centre. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at service meetings. One nurse had undertaken a degree in substance misuse. We saw the service had listened to the nurses and provided training and equipment to allow nurses to undertake Doppler ultrasound to aid leg ulcer assessments and improve treatment pathways.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. We were shown evidence of the regular monitoring of staff performance including appraisal. The inspection team were shown evidence of how staff were supported to obtain additional qualifications and to develop their career within the organisation. This was confirmed by the staff we spoke with.
- 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. We saw there was an induction pack for locum GPs.

Coordinating patient care and information sharing

The service used the Faculty for Homeless and Inclusion Health template for assessing new patients as this format ensured a holistic assessment of the patient. This information was stored electronically and accessible to organisations who were part of the One Care EMIS programme. This ensured patients only needed to tell their story once to one of the organisations involved in their care and reduced the risk of outdated information being used to inform a treatment plan.

The service identified patients who may be in need of extra support and signposted them to relevant services. Close working with other community services was evident. For example, a hostel, community mental health team, housing groups, Health Link workers and housing support workers were all situated in the same building and had daily face to face contact with staff at the service about patients. We spoke with members of staff from two of these agencies who said service staff were caring, passionate and committed to access additional support for patients who were vulnerable. They also said the service allowed clients to engage in and benefit from health improvement opportunities.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including custodial services and when they were referred, or after they were discharged from hospital. For example, a patient had recently been released from prison and we saw staff contacting the prison to ensure they had up to date information about any prescribed medicines. Information was shared between services, with patients' consent, using a shared care record.

Good

Are services effective?

(for example, treatment is effective)

Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Every Monday the service met with the hostel, other services within the building and outreach workers to share individual patient updates. Information was also shared prior to the One 25 clinic being opened to clients. This meant the GP had up to date information on each individual's circumstances. Service staff also worked with external groups and charities to ensure patients could access support and were part of the area homeless strategy. The information needed to plan and deliver care and treatment was shared with these groups following consent from the patients. From observation, discussion with patients and the sample of documented examples we reviewed we found that the service shared relevant information with other services in a timely way, for example when referring patients to other services.

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record.The service ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. For example, the service worked closely with the local hospice to support patients with addiction who may also need end of life pain management.

The service had provided talks to Alcoholics Anonymous to allow volunteers and staff to understand the health needs of homeless people with alcohol addictions.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or service nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was recorded using templates and free text within the computer patient record.
- An easy read poster was available in the waiting area so patients could understand consent.

Supporting patients to live healthier lives

Staff told us health promotion was generally provided opportunistically and sometimes, due to people's chaotic lifestyles, the presenting health issues were prioritised for treatment before promoting changes to lifestyle.

All new patients registering with the service had a comprehensive health assessment where all aspects of the patients concerns was recorded. We noted a culture amongst the GPs and nurses to use their contact with patients to help maintain or improve mental health, physical health and wellbeing. For example, by offering opportunistic advice to smokers once a trusting relationship had been developed with them.

The staff at the service routinely visited the preferred areas of the city for homeless people and distributed information about the service. The night outreach service worked collaboratively with other statutory and voluntary services to seek out homeless people who had been newly reported as homeless through the council homeless persons recording scheme. They visited the area where the person had been seen and provided them with information and health advice.

Health promotion boards were used in patient waiting areas and they had recently included education on issues including sexual health, injecting safely, mental health and alcohol use.

Outstanding ☆

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 31 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. Feedback from people who use the service, those who are close to them and stakeholders was positive about the way staff treated people. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven patients. Patients told us that staff went the extra mile and the care they received exceeded their expectations. They told us they were satisfied with the care provided by the service and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. We saw staff were compassionate and caring, offering kindness to patients at all times

The views of external stakeholders were positive and in line with our findings. For example, we spoke with the health link workers, volunteers at the outreach clinics, the manager of the One 25 service, the manager of the Compass Centre all of whom highly praised the service and the quality of caring attention the staff gave to patients.

Staff recognised and respected the totality of people's needs. They always took patients' personal, cultural, social and religious needs into account. We were given examples of the caring support for patients which ranged from ensuring at risk patients were seen every day until stabilised; leaving the centre and collecting patients so they could attend for appointments; taking patients to access emergency care and working with other services to ensure patients received holistic care and support.

Patients were respected and valued as individuals and are empowered as partners in their care.

The staff had a culture of 'unconditional positive regard' for patients and no one was considered beyond help. We observed staff approach people in the waiting area to check on their wellbeing and offer support. Relationships between patients and staff were strong, caring and supportive.

At the One 25 clinic we saw the GP proactively provide compassionate interactions with the patients to increase self worth and sustain dignity. The staff facilitated people to attend appointments and had arranged for a dog cage so patients did not have to leave their pet outside, and a vet visited the site weekly to provide pet care and treatment.

The service showed determination and creativity to overcome obstacles to delivering care. The service took part in seasonal events and had worked with the Julian Trust to provide health care and support at the shelter for the Christmas week. They had also organised to 'sleep out' to raise awareness of the plight of the homeless and to understand the experience of homelessness. BrisDoc as an organisation also arranged a collection of toiletries and clothing to make up 'survival backpacks' which were given to those in need.

Care planning and involvement in decisions about care and treatment

Staff were fully committed to working in partnership with patients by empowering them to have a voice. The holistic assessment from the Faculty for Homelessness and Inclusion health template allowed staff through use of the Connecting Care system, to record and review changes in patients' vulnerabilities. This information was stored electronically and accessible to organisations that were part of the Connecting Care programme. This ensured patients only needed to tell their story once and reduced the risk of outdated information being used to inform a treatment plan.

Outstanding ☆

Are services caring?

Patients told us 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. Patients we spoke with and observations during the inspection showed staff were flexible. For example, some patients were given as much time as they needed to sit in the waiting room until they felt ready to see staff. Staff showed flexibility during consultations by allowing patients extra time when they needed it. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised and included individualised short term goals to help patients manage their health and wellbeing between weekly appointments.

The service 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. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patients' emotional and social needs were seen as important as their physical needs. We were given examples of how the service worked with people over the longer term to support and motivate them to cope with care and treatment. The service had ensured some patients remained registered at the service throughout their recovery for continuity of care. We also observed how much the continuity of staff affected patients who needed the familiarity and confidence in a staff member in order to raise their health care concerns, and to have appropriate care prescribed which enabled them to function within their capabilities.

The GP who provided the medical services at The Wild Goose Café used art and her own photographs to help patients express what care and support they needed. We saw they were perceptive to patient needs and provided them with a safe place where they could be listened to. One patient described the support as 'relentless kindness'.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Support for isolated patients included signposting to relevant support and volunteer services.

We saw that when a death had occurred within the community, the staff provided additional support to both the family and the homeless community.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The service understood its population profile and had used this understanding to meet the needs of its population. The service was uniquely commissioned to provide access to NHS primary care services for homeless and vulnerably housed patients in Bristol. Between October 2016 and March 2017 the service had an average of 400 consultations per month.

We found there were innovative approaches to providing integrated person-centred pathways of care which involved other service providers, particularly for people with multiple and complex needs. The Homeless Health Service (HHS) used a variety of ways to engage with and support people to access health services working within a wide network of health and social care services. For example:

- Homeless patients could access a GP from the practice without an appointment at the walk in clinic five days a week. They could also be seen by appointment at different times of the day if they preferred. The service was responsive and saw all patients needing urgent assessment and treatment.
- The service engaged with the Health Link team who provided specialist advice and guidance for homeless people seeking health related services. With the aim of championing the needs of homeless people, the team supported and promoted patients' engagement and advocated for them to tailor care to suit the individual. The Health Link workers were based within the HHS and worked as part of a multidisciplinary team to support patients to access health care.
- Supervised methadone and resettlement team (SMART) clinics for homeless people who were opiate dependent and had a history of sleeping rough. The HHS offered a two year methadone or subutex prescribing service with counselling and ongoing therapeutic support.
- Wet clinics at the Wild Goose Café where GPs provided a weekly 'Wet Clinic' for people aged 18 or over with addiction problems, homeless people, long term unemployed people, and people with mental illness. The clinic offered access to a GP and enabled people to seek help when still 'drinking' or whilst under the influence of alcohol. The clinic had support workers who provided social care and benefit advice. Some of the street drinkers who attended had been subject to or had witnessed severe trauma but because of their alcohol use were unable to access psychological services. We found that through patient histories the GP was able to clearly demonstrate that people found the café to be a safe place to have a consultation rather than the mainstream general practice. Several examples were given of people whose lives had been positively impacted in terms of drinking behaviours and psycho-social wellbeing. the service was also able to demonstrate good levels of engagement with alcohol detoxification programmes.
- The One 25 clinic for women trapped in, or vulnerable to, street sex work supported them to access support services and move away from prostitution. The multi-agency team also gave emergency help in a crisis, for example, when one woman had been attacked the clinic GP was able to see her and deal with any injuries.
- There were drop-in surgeries at St Mungo's and the Bristol Drug Project led by a nurse from HHS.
- The service offered 15 minute appointments as standard.
- The involvement of other organisations and the local community was integral to how services were planned and ensured that services met patients' needs. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers both within the hub and externally. For example, working with the homeless outreach team to seek out anyone newly identified as being homeless on the streets to ensure they understood about the local directory of services which pointed people to where they could access food, clothing and shelter.
- The Homeless Health Service (HHS) was based with other services which included drug and alcohol dependency, housing needs (homelessness), offending behaviours, access to primary health care services, access to employment and training, together with access to benefit and debt advice. This provided services under one roof for patients and promoted well co-ordinated care and support for them. We saw and heard of examples where patients had attended the service for an appointment and then were supported by staff to access additional support including clothing,

food vouchers and advice on housing and financial matters. This helped raise patients' self-esteem, ensure a basic diet was accessible and help begin to stabilise their lives. We observed the weekly multidisciplinary meeting where there was the opportunity to discuss individual patient needs.

- The service recruited staff with specific skills such as the nursing team who had qualifications or experience working in mental health.
- The service took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning. For example, we saw that referrals were made to hospice services.
- We observed that the patients who used the services had very complex needs, but that the staff were non-judgemental and facilitated equal access to available services. For example, those who required support with substance misuse or alcohol issues could only access the (Supervised Methadone and Resettlement Team) SMART service by referral from specific agencies. HHS staff could register patients with the Broadmead Medical Centre who could then refer to the SMART service.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. Such an example was the plan to change the physical access to the HHS and to separate it from that used for the other services.
- The service has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service.

- We saw that patients could access appointments and services in a way and at a time that suited them. The service was open for drop – in appointments between 9.45am to 12.30pm and 1.45pm to 3.30pm Monday to Friday. The service worked very closely with the Broadmead Medical Centre GP practice and patients who were registered there could access the full range of appointments including extended hours as well as using the Homeless Health drop in service. Patients told us on the day of the inspection that they were able to get appointments when they needed them. We saw reception staff had access to the GP service appointment system and would make appointments for patients or register patients at that service.

  The service had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.
- In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. We observed that staff made home visits to patients living in the local hostels as well as those who resided on the street.

  The outreach clinics operated at the following times:

- Women's Clinic at : Every Monday 2pm to 4pm (Female only clinic)
- Wet Clinic at the : Every Tuesday 2pm to 4pm
- Nurse Clinic at : Every Thursday 12 noon to 2pm (residents only)
- Nurse Clinic at : Every Thursday 3pm to 7.30pm
- In addition there was a night outreach clinic between 9pm and 12 midnight each Monday.

Listening to and learning from concerns and complaints.

- The service had an effective system in place for handling complaints and concerns.
- Its complaint policy and procedures were in line with the NHS England guidance and their contractual obligations.
- There was a designated responsible person who co-ordinated the handling of all complaints in the service.
- We saw that information was available to help patients understand the complaint system for example, on a BrisDoc informational poster and in the service leaflet.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- The service had not received any complaints since being commissioned on 1 October 2016. Patients who spoke to us said they had no reason to raise any concerns but were confident that they would be listened to if they had.

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

Reducing health inequalities is a priority area for the NHS. Homeless people are identified as a vulnerable group that suffer severe heath inequalities and targeted interventions are needed to address their specific needs and poor health outcomes. The service had a clear vision to deliver high quality care and promote good outcomes for patients.

The vision for Homeless Health Service was:

To provide accessible, responsive, holistic, flexible primary care for homeless people.

To support homeless people access health and social care and support relevant to their needs and register with a local GP practice.

To engage with patients with numerous risk factors that make them vulnerable or have a range of specific medical and social needs.

To provide both planned and urgent care effectively to patients and in support of the strategic objectives of commissioners for primary care.

The service had a strategy and supporting business plans that reflected the vision and values which were regularly monitored. They had a systematic approach to working with other organisations to improve care outcomes and tackle health inequalities.

Governance arrangements

The service had an overarching governance framework which supported the delivery of the strategy and good quality care. Governance and performance management arrangements were proactively reviewed and reflected best practice. The framework outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There were four GPs on the BrisDoc board who were non-executive directors and helped provide clinical oversight.
- Service specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the service was maintained. The service worked to clear key performance indicators set by the commissioners.
- There was a formal schedule of meetings to plan and review the running of the service both at local and provider level. Representatives from all areas of the business participated in the leadership and executive board meetings which were held bi-monthly.
- The provider had a programme of continuous audit to monitor quality and to make improvements. There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The service maintained a risk register and rated risks according to their impact on the service.
- The provider had a Performance Advisory Group, to consider any concerns about professional conduct, which included an external representative for fairness.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

BrisDoc is a limited company whose shareholders were the current employees. The leadership for the organisation was from a leadership and executive board whose membership was made up from representatives from all areas of operation.

The service was observed to have leaders who had an inspiring shared purpose and who worked with the staff team to deliver and motivate staff to succeed. On the day of inspection the service demonstrated they had the experience, capacity and capability to run the service and ensure high quality care.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the examples we reviewed we found that the service had systems to ensure that when things went wrong with care and treatment:

Are services well-led?

Outstanding ☆

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

- The service gave affected people reasonable support, information and a verbal and written apology.
- The service kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- There were arrangements in place to ensure the staff were kept informed and up-to-date. This included planned educational presentations available for all staff.
- Staff told us the management were approachable and always took the time to listen to all members of staff. The service had a staff handbook. The staff team members who spoke with us had a good understanding of the values and culture of the service; we saw there was a regular staff news bulletin and there were staff benefits and social events which promoted the inclusive culture of the organisation; the staff were also active as a team in fund raising for local charities. All of the staff had an e-mail address and this was used to send out regular communications and updates.
- The service held and minuted a range of regular role specific team meetings. The minutes were comprehensive and were available for staff to view.
- The service held and minuted a range of multi-disciplinary meetings, including meetings with other stakeholders in order to monitor and support vulnerable patients.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues at any time and felt confident and supported in doing so. We noted the team had held an away day and were working through a 'Base camp' analogy to develop the service (in essence that they had begun a journey successfully but there was a pinnacle they aimed to reach). Minutes were comprehensive and were available for service staff to view.
- There was a high level of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff said they felt respected, valued and supported, and involved in discussions about how to run and develop the service. The service leadership encouraged all members of staff to identify opportunities to improve the service.
- We were told how the clinical team were encouraged to attend events such as the Faculty for Homeless and Inclusion Health Conference and the Recovery Festival to develop their knowledge and understanding of these services.
- The service recognised the emotional and wellbeing difficulties of caring for complex vulnerable people. A monthly clinical Psychologist advice and support session was provided to staff.

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

The service encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The service had gathered feedback from patients through surveys and complaints received. They had held a patient engagement event. The service implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. For example, patients identified that having a shared reception with the other services based in the building was a disincentive to attend for health care. In response the service had planned to change the physical environment by providing a separate entrance.
- The service operated the NHS Friends and Family test, and reviewed complaints and compliments.
- The staff team had attended an away day and gave feedback through staff meetings, appraisals and discussion. Staff told us they would not hesitate to discuss any concerns or issues with colleagues and management and that the service prospered through the good communication channels it had established. Staff told us they felt involved and engaged to improve how the service was run. Such an example was the involvement of the nurse team in the recruitment of a lead nurse for the service.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. The service team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Examples of these were:

Are services well-led?

Outstanding ☆

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

- The Bristol, North Somerset and South Gloucestershire (BNSSG) Connecting Care programme to share and access health and social care information between 17 organisations across BNSSG. For the service this meant that patients' information systems were integrated, providing a single, seamless view of patient data. Specifically although the patient record is a summary, it included patient medicines, diagnoses, immunisations, allergies, test results, hospital attendances, social care and mental health contacts and community health information. In addition the service was actively pursuing the development of links into the prison health service so that a fuller picture of the patient could be accessed and inform a safer consultation.
- On the buses - patient engagement event had identified a need for a place to go when unwell in daytime (when night shelters were closed) as it was dangerous to be on the street. Their response was to engage with another provider in relation to acquiring two double decker buses, with upstairs as a sleeping hub for daytime use for clients and a shared facility downstairs for a GP or nurse clinic. The provider anticipated this service would be in action by the end of August 2017.
- Development of a Patient Participation Group so that the service was designed by patients.
- Data sharing – the service was proactive in raising the importance of data sharing between agencies so that the homeless or vulnerably housed received a joined up service. They had been involved in producing informational videos on You Tube and promoting the work through the national press with an article in the Guardian.
- Involvement in local and national pilot projects such as the hospital homeless support team to ensure that patients were supported to attend secondary care appointments or were suitably housed with health support. The national projects such as PAUSE (an intervention for vulnerable women to 'pause' successive pregnancies) and the 'Doula' project to support vulnerable women through pregnancy both of which impacted on the service.