# Foundations

## Inspection report

7 Harris Street
Middlesbrough
Cleveland
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https://foundationshealthcare.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? | **Requires improvement** |
| Are services effective? | **Good** |
| Are services caring? | **Outstanding** |
| Are services responsive? | **Outstanding** |
| Are services well-led? | **Good** |

# Overall summary

**This practice is rated as good overall.** (Not previously inspected)

The key questions at this inspection are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Outstanding

Are services responsive? – Outstanding

Are services well-led? - Good

We carried out an announced comprehensive inspection at Foundations (Harris Street) on 18 October 2018. This was part of our routine inspection programme for new registrations.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines. There was a strong focus on trauma-related health conditions.
- Staff had a high-level understanding of the difficulties faced by refugees and asylum seekers and treated all patients with compassion, kindness, dignity and respect.
- Patients reported that they were able to access care when they needed it, and were supported in attending appointments.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw areas of outstanding practice:

- The provider employed its own named nurse for safeguarding. This gave all staff access to safeguarding supervision and minimised the risks of harm to vulnerable adults and children on the practice list.
- There was a flexible and supportive approach to patients who were late or did not attend appointments. The practice made immediate efforts to telephone patients, and would hold their appointment open for them, even if they arrived late. There was a strong emphasis on ensuring that their health needs were met, rather than seeking explanation for missed or late appointments.
- Staff were motivated and inspired to offer good kind and compassionate care. For example; they provided fresh fruit and chilled water in the waiting room. There were large stocks of sanitary products provided in the patients' toilet, free of charge. Toothpaste was freely available to patients. When patients were unable to find the practice, staff would actively go out to meet them in the nearby town centre, to support their attendance at an appointment.

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

- Improve the way it records staff immunisations and take action to ensure all staff are fully immunised, or, that there are risk assessments in place for those who decline vaccinations.
- Update and improve its infection control policy.
- Improve the way that Patient Specific Directions are used to ensure safe and effective administration of vaccinations by health care assistants.

**Professor Steve Field** CBE FRCP FFPH FRCGPChief Inspector of General Practice

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

| | |
|---|---|
| **Older people** | **Outstanding** ☆ |
| **People with long-term conditions** | **Outstanding** ☆ |
| **Families, children and young people** | **Outstanding** ☆ |
| **Working age people (including those recently retired and students)** | **Outstanding** ☆ |
| **People whose circumstances may make them vulnerable** | **Outstanding** ☆ |
| **People experiencing poor mental health (including people with dementia)** | **Outstanding** ☆ |

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector**.** The team included a GP specialist adviser and a practice nurse specialist adviser.

## Background to Foundations

Foundations, Harris Street, Middlesbrough, TS1 5EF is one of two GP practices operated by the same provider (Foundations) and delivers a Personal Medical Services (PMS) contract to approximately 1000 patients within Middlesbrough who are seeking asylum or have refugee status. The link to the practice website is www.foundationshealthcare.co.uk.

Foundations (Harris Street) is situated in the centre of a deprived town in Teesside. The practice scored one on the Index of Multiple Deprivation 2015 (IMD) which is the official measure of relative deprivation for small areas in England. The Index of Multiple Deprivation ranks every small area in England from one (most deprived area) to ten (least deprived area).

In England, people living in the least deprived areas of the country live around 20 years longer in good health than people in the most deprived areas.

All of the patients on the practice list are considered to be vulnerable. There is a much higher than average cohort of patients in the aged 15-44 category. There are only three patients aged 65 or over. There are 181 children registered with the practice. Male patients account for 75% of the practice patient list, the remaining 25% are female.

In addition to this, there is an exceptionally high unemployment rate (60%) compared with the national average (5%) for practice lists. This is a direct effect of the refugee or asylum status of its patients, as Home Office rules do not allow refugees and asylum seekers to gain employment without exceptional permission. The practice reports that many of its patients are highly skilled or professional individuals.

There are approximately 41 different languages spoken by patients on the practice list and the provider relies heavily on the use of face-to-face translators. Some of the languages cannot be interpreted by the dedicated translation service and, in addition, there are often unique dialects within those languages. As such, communication is one of the most difficult challenges faced by the practice.

Many patients on the practice list have experienced trauma in their country of origin, or on their journey to the United Kingdom. Some have spent extensive periods of time in immigration removal centres.

The practice partnership is made up of four partners; one is a male mental health nurse / psychotherapist, one is a female business partner. There is also a male nurse practitioner and a male GP who make up the partnership. The practice has faced ongoing difficulties with GP

recruitment and staffs its rota with regular locum GPs and agency nurses, in addition to the core of permanent clinicians. There is a female service lead who does a mix of management and clinical work. There are administrators/receptionists who also do some hours as health care assistants. There is an employed safeguarding nurse who works across both sites.

The practice is registered to carry out the following regulated activities; Diagnostic and screening procedures, Maternity and Midwifery, and Treatment of Disease, Disorder or injury.

Requires improvement

# Are services safe?

**We rated the practice as good for providing safe services.**

### Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. Learning from safeguarding incidents was available to staff. Staff who acted as chaperones were trained for their 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.)
- Staff knew how to identify and report concerns. A significant event had been reported at the practice around a clinician's delay in referring a child protection concern to the local authority. All staff had been made aware of this and the learning from this event was shared widely.
- The provider employed a dedicated safeguarding nurse to work across both of its locations, ensuring its safeguarding practices were robust and effective. The lead GP for safeguarding, within the practice, was also the Tees-wide lead safeguarding GP.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was a system to manage infection prevention and control, however, the policy we looked at required some updating and needed to be more tailored to the practice environment.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

### Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an induction system for staff, tailored to their role. The GP induction pack was in its infancy and was being shaped and developed to make it more encompassing of the role.
- The practice had emergency medicines and equipment but did not have a supply of oxygen. Staff were suitably trained in emergency procedures. As a result of our inspection the practice decided to stock oxygen alongside the existing emergency equipment.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

### Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, emergency medicines and equipment, minimised risks. (With the exception of medical oxygen which was not in stock)
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

Requires improvement

# Are services safe?

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines, where this was appropriate, however there were very few patients on long term medication.
- Patient Group Directions (PGDs) were correctly compiled and signed.
- Patient Specific Directions (PSDs) were not being used in the correct way. A healthcare assistant administered medicines against a Patient Specific Direction (an instruction to administer a medicine to a patient or list of patients who have been individually assessed by a prescriber.) It appeared that a healthcare assistant did not always have authorisation in the form of a signed PSD in place before they administered medicines. We raised this with the provider who agreed to take immediate action to change the way PSDs were compiled and used.

**Track record on safety**

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

**Lessons learned and improvements made**

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the evidence tables for further information.**

Good

# Are services effective?

**We rated the practice and all of the population groups as good for providing effective services overall .**

**Effective needs assessment, care and treatment**

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

The practice had less than 1% of its patients in the older people population group.

- All of the practice's patients aged 65 and over had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

Long-term conditions were uncommon in the practice population. However, the practice used an approach of regarding the physical effects of mental trauma as long-term conditions.

- The practice understood that long-term cortisol production (from stress and trauma) had negative physical impacts upon the health of its patients.
- Many of its patients were at increased risk of infections such as hepatitis, HIV and tuberculosis which could be considered long-term conditions. All patients were offered screening for these conditions at their new patient check. Specialist clinics for tuberculosis were hosted in-house and the practice liaised closely with the local infectious disease clinics.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages.
- The practice prioritised reviews of long term conditions and made efforts to invite patients to attend. However, lifestyle factors were a significant challenge for the practice, as patients could be detained, relocated or deported without notice.

Families, children and young people:

There were 181 children registered at the practice (10%-20% of the practice population).

- Childhood immunisation uptake rates were slightly below the target percentage of 90% or above.
- Many of the children registered at the practice were not up-to-date with immunisations on arrival to the UK so the practice made efforts to complete these using flexible appointments.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. It had conducted a complete audit about children who were not brought to appointments.
- The Named Nurse for safeguarding was an experienced practitioner who had good links with the local safeguarding children board. This practitioner had an in-depth understanding of serious issues like female genital mutilation and child-trafficking.
- All clinicians were trained in the significant impacts of Adverse Childhood Experiences (ACEs) among children, and recognised the need for holistic care of these children and their families. ACE assessments are based on a scoring system and can predict significant future mental health problems. As a result of this training, clinicians had a heightened awareness of the impacts of a difficult start experienced by a young refugee. As the local Child and Adolescent Mental Health service was also ACE trained, this provided a common language and understanding when referring on to specialist services.
- Staff recognised that children were more at risk of neglect as parental capacity to care for them may have been reduced, due to their own mental health problems.

Good

# Are services effective?

Working age people (including those recently retired and students):

- The practice had a much higher than average unemployment rate among its working age people, due to Home Office restrictions on employment rights for asylum seekers and refugees.
- Due to the nature and size of the service there were no results available for the practice's uptake for cervical screening.
- Due to the nature and size of the service there were no results available for the practice's uptake for breast and bowel cancer screening.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

All patients on the practice's list were deemed to be vulnerable.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Patients often experienced poverty, were socially isolated and were unable to understand or speak good English.
- Many patients were at risk of being co-opted into extremism, becoming victims of modern slavery or being subjected to Female Genital Mutilation (FGM). The practice pro-actively educated patients who were deemed to be risk, about these issues.
- Practice representatives met with local voluntary organisations including Halo and Migrant Help, and with the local housing provider. A directory of services was compiled, which could be accessed by asylum seekers and refugees in Middlesbrough.
- A Named Nurse for Safeguarding and a GP Partner safeguarding lead (who is also Named GP for Safeguarding Children across Tees) were both employed by the provider.

People experiencing poor mental health:

A significant proportion of the practice's patients experienced poor mental health, as a result of trauma and stress they had experienced in their country of origin, or in the UK.

- Patients may have been fleeing war, political persecution or violent relationships. They were often socially isolated and may not have had any contact with their families. The practice recognised the impacts of this trauma upon patients' mental health.
- Most patients had no choice over where they were placed and could be detained, relocated or deported without notice. This had an impact upon their ability to access continuity of care.
- The practice offered an enhanced mental health service to its patients. It provided holistic care and considered physical symptoms in the broader context of psychological trauma and social situations.
- Counselling was hosted in-house, in familiar surroundings. Patients were offered face-to-face assessments instead of via the telephone.
- Longer mental health assessments of 90 minutes, (instead of 45 minutes) were standard.
- The practice assessed and monitored the physical health of people with mental illness by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.

**Monitoring care and treatment**

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity.

**Effective staffing**

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.

Good

# Are services effective?

- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided 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.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for patients. They shared information with, and liaised, with community services, social services, health visitors, and community services for children who had relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.

**Helping patients to live healthier lives**

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

**Consent to care and treatment**

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

**Please refer to the evidence tables for further information.**

Outstanding ☆

# Are services caring?

**We rated the practice as outstanding for caring.**

**Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Results for this practice's national GP patient survey were not available, due to the nature and size of the practice.
- Feedback received by the Care Quality Commission from patients, on the day of inspection was positive.
- We also spoke to interpreting staff who described the warm welcome which their clients received from the practice, and the dignity and respect with which they were treated.
- There was fresh fruit available to patients and their companions in the waiting area.
- The practice had recognised the impact of the national 'end period poverty' campaign upon its own patients and provided a well-stocked supply of sanitary products in the patients' toilet, free of charge.
- Toothpaste was freely available for patients.
- Practice staff spent time writing housing support letters, at no cost to the patient.
- There were toys, colouring books and crayons in the waiting area.
- Clinicians understood the stressful and chaotic lives of their vulnerable patients and made every effort to re-appoint them when they did not attend an arranged consultation.
- Staff actively directed patients to ESOL (English for Speakers of other Languages) classes to improve their sense of wellbeing and reduce the anxiety of struggling to communicate.
- The reception desk was adorned with a 'welcome' poster translated into numerous languages.
- Staff considered the 'welcome' into the premises as one of the most significant factors in enabling patients to access care and treatment.
- The provider had undertaken a patient survey about how to improve the waiting area for patients. It had acted upon the results to create a warm, clean, welcoming space for patients to wait.
- Practice staff demonstrated an in-depth understanding of the issues faced by those seeking refuge and asylum.
- Clinicians gave psychosocial support to patients because of their trauma. This was described as trauma with a 'little t' (financial worries, housing problems, and uncertainty about refuge application) and gave equal regard to trauma with a 'big T' (war, natural disaster, enduring physical or sexual abuse, and displacement)
- The practice had a high level of social prescribing, viewing the premises as a social hub for its socially isolated patient population.
- Although patients could self-refer to many of the support groups, practice staff took the time to make referrals on the patient's behalf in order to promote attendance and reduce isolation.
- Unemployment among the practice population (due to legal constraints) was high. The practice recognised that the direct effects of being unable to take paid work were impacting upon their patients' wellbeing. The practice was in the process of setting up a volunteer scheme to overcome these issues and increase the self-esteem of those impacted by unemployment. This was also promoted on the provider's website.

**Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, face-to-face interpreters were present at consultations. Telephone support with interpretation was available at all times to receptionists, where needed. Letters, information leaflets and appointment invitations were available in many different languages.
- Staff proactively helped patients and their carers find further information and access community and advocacy services. Many of these services supported specific issues faced by refugees and asylum seekers.
- The practice identified carers and supported them.

Outstanding ☆

# Are services caring?

- The practices GP patient survey results were not available. Recent Friends and Family data indicated that 96% of patients completing the survey were likely or extremely likely to recommend the practice to others.

**Privacy and dignity**

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the evidence tables for further information.**

Outstanding ☆

# Are services responsive to people's needs?

**We rated the practice, and all of the population groups, as outstanding for providing responsive services.**

**Responding to and meeting people's needs**

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

- The practice understood the needs of its population and tailored services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for its patients, who were more vulnerable and had complex needs. They supported them to access services both within and outside the practice.
- Appointment slots were a minimum of 15 minutes long, allowing adequate time for clinical discussion.
- Care and treatment for patients was coordinated with other services.
- Foundations offered 99% face to face appointments compared with CCG average of 74%. Practice derived data results demonstrated that patients were less likely to require a subsequent appointment for the same presenting problem, following a face-to-face contact.
- The practice understood the difficulties faced by many of its patients in understanding postcodes, satellite navigation and reading maps. As such, staff made every effort to go out and meet patients at key landmarks within the town centre, in order to support them getting to appointments at the practice.

Older people:

The practice had less than 1% of its patients in the older people population group.

- There was a flexible appointments system and patients could access appointments at a time that suited them.
- Staff arranged to meet patients at key landmarks within the area, if they had difficulty in finding the practice.

People with long-term conditions:

Long-term conditions were uncommon in this practice population. However, the practice used an approach of regarding the physical effects of mental trauma as long term conditions.

- The practice understood that long-term cortisol production (from stress and trauma) had negative physical impacts upon the health of its patients. These patients were treated and cared for accordingly.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the outside agencies to discuss and manage the needs of patients with complex social issues.

Families, children and young people:

There were 181 children registered at the practice (10%-20% of the practice population)

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- Children under the age of 18 were offered a same day appointment when necessary.
- The practice supported the 'End period Poverty' campaign by providing sanitary protection, free of charge in the premises.
- There were toys, colouring books and crayons, and a TV in the waiting room.

Working age people (including those recently retired and students):

The practice had a much higher than average unemployment rate among its working age people, due to legal restrictions on employment rights for asylum seekers and refugees.

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible, and offered continuity of care.
- The practice tried to reduce the impact of poverty on its patients by providing housing support letters, free of charge.

People whose circumstances make them vulnerable:

All patients on the practice's list were deemed to be vulnerable.

# Are services responsive to people's needs?

- The practice regarded all of its patients as living in vulnerable circumstances and made additional provision in its care of those patients.
- There were good links between the practice and the housing provider, which included regular face-to-face contact.

People experiencing poor mental health:

A significant proportion of the practice's patients experienced poor mental health, as a result of trauma and stress they had experienced in their country of origin, or in the UK.

- Staff interviewed had a good understanding of how to support patients with mental health needs.
- Some clinicians were experienced and trained in mental health. For example, one of the partners was a qualified psychotherapist.

**Timely access to care and treatment**

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- There was a flexible and supportive approach to patients who were late or did not attend appointments. The practice made immediate efforts to telephone patients, and would hold their appointment open for them, even if they arrived late. There was a strong emphasis on ensuring that their health needs were met, rather than seeking explanation for missed or late appointments.
- Foundations had opted in to South Tees CCG 'vanguard workload in primary care' scheme. This gave quality assurance to the practice using health intelligence and data about appointments, did not attend (DNA) rates and face-to-face contacts etc. For example Foundations (Harris Street) offered 333 face-to-face appointments in August 2018. Of these appointments, 34 were not attended. In December 2016, under the previous provider 223 face-to-face appointments were offered and 40 of these were DNAs.
- The most recent vanguard data (August 2018) provided evidence of greater accessibility to appointments with a decrease in DNA rates for its patients, compared with other practices.

**Listening and learning from concerns and complaints**

The practice had not received any complaints in the previous twelve months. The practice had a posters on display about how to complain, in the waiting area. This was also available on the provider's website.

- The complaints policy and procedures were in line with recognised guidance.

**Please refer to the evidence tables for further information.**

Good

# Are services well-led?

**We rated the practice as good for providing a well-led service.**

### 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 were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice 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 we spoke with told us they were able to 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.
- There was regard for the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- 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 co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding. The overarching governance of safeguarding had been strengthened by the employment of a Named Nurse for safeguarding.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### 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 safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and the lack of complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Good

# Are services well-led?

**Appropriate and accurate information**

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The practice 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 practice 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.

**Engagement with patients, the public, staff and external partners**

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

- Patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was no active patient participation group, but the provider had extensively benchmarked itself against similar services, nationally, and was striving hard to find a system which encompassed key representatives, without communication barriers.
- The service 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 focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents.
- 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.

**Please refer to the evidence tables for further information.**