St Werburgh's Medical Practice for the Homeless

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Werburgh's Medical Practice for the Homeless on 9th December 2015.

Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from the risk of abuse.
- There were appropriate systems in place to reduce risks to patient safety, for example, infection control procedures and the management of medication. However, the recruitment records needed improvement and improvements were needed to the records for building and equipment checks and the management of electronic prescriptions.
- Patients' needs were assessed and care and treatment was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- A caring service was provided. Patients commented that they were treated with respect and dignity and that staff were supportive and helpful.
- Access to the service was monitored to ensure it met the needs of patients. Patients reported satisfaction with opening hours and said they were able to get an appointment when one was needed.
- The practice sought patient views about improvements that could be made to the service and acted on patient feedback.
- There were systems in place to monitor and improve quality and identify risk. However, the registered manager's involvement with the practice should be

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more formalised in order to monitor the quality of the service provided. For example, by agreeing with the practice team bench marks to review performance and a formal plan for audits.

We saw that the practice was outstanding in the way it responded to the needs of its patients:

- The practice understood the needs of the patient population. It recognised that a high number of patients that were homeless experienced poor mental health and were alcohol and drug dependent. It also recognised that engaging patients to access primary medical and mental health services could be problematic. The services provided by the practice and in partnership with mental health services and other health services demonstrated the outstanding manner in which the practice had responded to these needs. For example:-
- The practice employed a counsellor and a bereavement counsellor was on secondment from a local hospice to respond to patients' emotional and mental health needs.
- A mental health practitioner was available to provide advice to patients. They worked on a self-referral and open referral basis which meant that there was quicker access which encouraged patients to engage with this service.
- An optician service came to the practice to encourage patients to have their eyes examined. We were informed that this service had already enabled additional health needs to be identified in some patients.
- The nurse practitioner had organised health events were patients were provided with information and guidance about specific issues. For example, a men's health day was held which included a presentation from the Fire Service about the Princes Trust.An event was also held for female patients with a focus on relaxation techniques, the importance of sleep and this included a presentation from local police about domestic violence.
- The nurse practitioner had been awarded the Queen's Nurse Award in 2012 for services to the homeless.
- A flexible appointment system was in operation. Patients where provided with longer appointments as needed. Patients were seen on a drop in basis and patients who frequently missed appointments were never turned away when they presented at the practice. As patients may not visit the practice frequently reviews of long term conditions and vaccinations, such as, influenza vaccinations were carried out opportunistically.
- Staff spoken with were committed to the provision of a responsive service that was provided in a non-judgemental manner.
- Donations were sought to enable patients to be provided with toiletries and clothing when needed, for example, toiletries and pyjamas had been provided to patients going in to hospital. A Christmas sock appeal took place every year so that new socks could be provided to patients.

However there were areas of practice where the provider needs to make improvements:

- The provider must ensure that there is a record of the required recruitment information to confirm the suitability of staff employed.

There were areas where the provider should make improvements.

Importantly the provider should:

- Given the imminent reduction in security at the premises, undertake a risk assessment to ensure that staff and patient safety is promoted at all times.
- Ensure a record is kept of building and equipment checks, the outcome and when they are due to assist in monitoring the safety of the premises and equipment.
- Ensure a record is maintained of the numbers of the electronic prescriptions received and the printers they are distributed to in accordance with guidance from NHS Protect.
- Make the registered manager's involvement with the practice more formalised in order to monitor the quality of the service provided more systematically.

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- Put a plan in place for ensuring audit cycles are undertaken to demonstrate how patient care is assessed and improved upon.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services. Staff were aware of procedures for reporting significant events and safeguarding patients from the risk of abuse. There were appropriate systems in place to protect patients from the risks associated with medication and infection control. We found that the recruitment practices did not demonstrate that appropriate information was available to show the suitability of staff for employment. Improvements were needed to the records held in relation to the suitability of the premises and equipment and the management of electronic prescriptions. Given the imminent reduction in security at the premises a risk assessment should be undertaken to ensure that staff and patient safety is promoted at all times.

Are services effective?

Good

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with a number of agencies to support the needs and welfare of its patient population and there were systems in place to ensure appropriate information was shared. Staff had received training appropriate to their roles. A plan for carrying out audits should be put in place so that there is a more systematic approach to improving patient outcomes.

Are services caring?

Good

The practice is rated as good for caring. Patients were positive about the care they received from the practice. They said that their privacy and dignity were promoted, staff listened to their concerns and they were treated with care and compassion. The patients and staff spoken with provided examples of how the practice cared for patients. Patients were escorted to appointments where this was possible or an escort was identified from another service. This provided emotional support for patients as well as ensuring their attendance. Donations were sought to enable patients to be provided with toiletries and clothing when needed, for example, toiletries and pyjamas had been provided to patients going in to hospital. A Christmas sock appeal took place every year so that new socks could be provided to patients.

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Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for responsive services. The practice understood the needs of the patient population. It recognised that a high number of patients that were homeless experienced poor mental health and were alcohol and drug dependent. It also recognised that engaging patients to access primary medical and mental health services could be problematic. The services provided by the practice and in partnership with mental health services and other health services demonstrated the outstanding manner in which the practice had responded to these issues.

Are services well-led?

Good 

The practice is rated good for being well-led. It had a clear vision and strategy. The practice had a number of policies and procedures to govern activity. The practice sought feedback from staff and patients, which it acted on. The practice took part in initiatives and was involved in strategies to improve patient care and was aware of future challenges. We found that the registered manager's involvement with the practice should be more formalised in order to monitor the quality of the service provided more systematically.

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

Good

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. The practice worked with other agencies and health providers to provide support and access specialist help when needed.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, asthma and chronic obstructive pulmonary disease (COPD). This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. A high number of the patient population had respiratory and dermatological conditions due to their lifestyle. Appropriate guidelines and pathways were followed to ensure that they received the care and treatment needed. Many patients had long term conditions related to addiction to drugs and alcohol. The practice worked closely with local drug and alcohol support services. Screening for blood borne viruses were carried out by the community drugs team and the practice carried out screening for high risk groups and also offered hepatitis A and B injections (injecting drug users are at high risk from hepatitis A and B due to sharing of injection equipment, sexual spread and living conditions). "Legal high"(a substance with stimulant or mood-altering properties whose sale or use is not banned by current legislation regarding the misuse of drugs) abuse was a current issue for the practice which was impacting on the personal well-being of patients and resulting in increased attendance at accident and emergency departments. The practice was working with a public health researcher locally to get an idea of the impact of 'legal highs' on health and other services. The clinicians provided a "one-stop" service to patients attending the practice due to their irregular attendance and lack of engagement with planned appointments. This meant that appointments were longer as several issues were dealt with and opportunistic screening and vaccinations were carried out.

Summary of findings

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. The practice provided a service to patients who had children however it did not have any patients under 16 years of age. Some contraceptive services were provided and patients needing health care or other support with pregnancy were referred on to appropriate services. Due to the circumstances of the patient population any pregnancies identified were referred to social services in accordance with the children's safeguarding procedures. The staff we spoke with had appropriate knowledge about child protection, had access to policies and procedures for safeguarding children and had received training appropriate to their role.

Working age people (including those recently retired and students)

Not sufficient evidence to rate

The practice did not provide a service to working patients (including those recently retired and students).

People whose circumstances may make them vulnerable

Outstanding

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. A service was provided primarily to homeless patients and the practice understood the needs of this patient population and had tailored the service to meet them. It recognised that a high number of patients that were homeless experienced poor mental health and were alcohol and drug dependent. It also recognised that engaging patients to access primary medical and mental health services could be problematic. The services provided by the practice and in partnership with mental health services and other health services demonstrated the outstanding manner in which the practice had responded to these needs. For example:-

- An optician service came to the practice to encourage patients to have their eyes examined. We were informed that this service had already enabled additional health needs to be identified in some patients.
- A flexible appointment system was in operation. Patients where provided with longer appointments as needed. Patients were seen on a drop in basis and patients who frequently missed appointments were never turned away when they presented at the practice. As patients may not visit the practice frequently reviews of long term conditions and vaccinations, such as, influenza vaccinations were carried out opportunistically.
- The nurse practitioner had organised health events were patients were provided with information and guidance about specific issues. For example, a men's health day was held which included a presentation from the Fire Service about the Princes

Trust. An event was also held for female patients with a focus on relaxation techniques, the importance of sleep and this included a presentation from local police about domestic violence.

- The nurse practitioner had been awarded the Queen's Nurse Award in 2012 for services to the homeless.
- Clinical services were provided twice a week to homeless people attending a local support centre.
- Representatives from the practice attended multi-agency meetings to review the needs of homeless people in the area and to develop strategies to improve the circumstances of individuals and the homeless population of Chester (and the surrounding areas).
- Close liaison took place with the staff at homeless accommodation centres and local support centres to encourage attendance at the practice for review and to collect prescriptions and to encourage attendance at hospital appointments.
- Support was provided to patients who misused alcohol, drugs or prescription medication. The practice worked closely with the drug and alcohol team to support these patients.
- Staff spoken with were committed to the provision of a responsive service that was provided in a non-judgemental manner.
- A shower was available on site for patients to use.
- Patients were escorted to appointments where this was possible or an escort was identified from another service. This provided emotional support for patients as well as ensuring their attendance.
- Donations were sought to enable patients to be provided with toiletries and clothing when needed, for example, toiletries and pyjamas had been provided to patients going in to hospital. A Christmas sock appeal took place every year so that new socks could be provided to patients.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual health check. The practice employed a counsellor and a bereavement counsellor was on secondment from a local hospice to respond to patients' emotional and mental health needs. A mental health practitioner was available to provide advice to patients. They worked on a self-referral and open referral basis which meant that

there was quicker access which encouraged patients to engage with this service. The mental health practitioner worked closely with the GPs at the practice and they were able to undertake mental health assessments when needed. They had links with secondary mental health services. They also provided training to the staff of the local homeless centre and housing trust staff to educate them in the needs of homeless or potentially homeless patients with poor mental health. Longer appointments were offered to patients with poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 (data collected from January-March 2015 and July-September 2014) showed positive responses in relation to care and treatment. However given the demographics of the practice population it could not be compared with local and national averages. There were 33 responses which represents 9.5% of the practice population.

- 97% said the GP was good at listening to them.
- 97% said the GP gave them enough time.
- 97% said they had confidence and trust in the last GP they saw.
- 90% said the last GP they spoke to was good at treating them with care and concern.
- 90% said the nurse was good at listening to them.
- 97% said the nurse gave them enough time.
- 93% said the last nurse they spoke to was good at treating them with care and concern.
- 100% said they had confidence and trust in the last nurse they saw.
- 97% patients said they found the receptionists at the practice helpful.
- 93% said the last GP they saw was good at explaining tests and treatments.
- 97% said the last GP they saw was good at involving them in decisions about their care.
- 90% said the last nurse they saw was good at explaining tests and treatments.
- 90% said the last nurse they saw was good at involving them in decisions about their care.
- 94% of respondents described their overall experience of this surgery as good.

Data from the National GP Patient Survey July 2015 information showed patients were very satisfied with access to care and treatment. For example:

- 100% patients said they could get through easily to the surgery by phone.
- 97% were able to get an appointment to see or speak to someone the last time they tried.
- 100% said the last appointment they got was convenient.
- 88% of patients were satisfied with the practice's opening hours
- 100% of patients described their experience of making an appointment as good.

We received 22 comment cards and spoke to five patients. Patients were very positive about the service provided. For example some patients described the service as "top class" and "excellent." They said that reception staff were friendly, caring and helpful. Clinical staff were compassionate, listened to them and involved them in decisions about their care and treatment. Patients said they were able to get an appointment when they needed one, they were happy with the practice opening hours and said that prescriptions were well managed.

The practice had carried out a survey in July 2014 with assistance from West Cheshire Clinical Commissioning Group. Thirty six patients responded. The responses indicated that 95% were satisfied with the services provided and rated them as excellent or good. The responses also indicated that patients were very satisfied with access to the service.

Areas for improvement

Action the service MUST take to improve

- The provider must ensure that there is a record of the required recruitment information to confirm the suitability of staff employed.

Action the service SHOULD take to improve

- Given the imminent reduction in security at the premises, undertake a risk assessment to ensure that staff and patient safety is promoted at all times.

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- Ensure a record is kept of building and equipment checks, the outcome and when they are due to assist in monitoring the safety of the premises and equipment.
- Ensure a record is maintained of the numbers of the electronic prescriptions received and the printers they are distributed to in accordance with guidance from NHS Protect.
- Make the registered manager's involvement with the practice more formalised in order to monitor the quality of the service provided more systematically.
- Put a plan in place for ensuring audit cycles are undertaken to demonstrate how patient care is assessed and improved upon.

Outstanding practice

- The practice understood the needs of the patient population. It recognised that a high number of patients that were homeless experienced poor mental health and were alcohol and drug dependent. It also recognised that engaging patients to access primary medical and mental health services could be problematic. The services provided by the practice and in partnership with mental health services and other health services demonstrated the outstanding manner in which the practice had responded to these needs. For example:-
- The practice employed a counsellor and a bereavement counsellor was on secondment from a local hospice to respond to patients' emotional and mental health needs.
- A mental health practitioner was available to provide advice to patients. They worked on a self-referral and open referral basis which meant that there was quicker access which encouraged patients to engage with this service.
- An optician service came to the practice to encourage patients to have their eyes examined. We were informed that this service had already enabled additional health needs to be identified in some patients.
- The nurse practitioner had organised health events were patients were provided with information and guidance about specific issues. For example, a men's health day was held which included a presentation from the Fire Service about the Princes Trust.An event was also held for female patients with a focus on relaxation techniques, the importance of sleep and this included a presentation from local police about domestic violence.
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- A flexible appointment system was in operation. Patients where provided with longer appointments as needed. Patients were seen on a drop in basis and patients who frequently missed appointments were never turned away when they presented at the practice. As patients may not visit the practice frequently reviews of long term conditions and vaccinations, such as, influenza vaccinations were carried out opportunistically.
- Staff spoken with were committed to the provision of a responsive service that was provided in a non-judgemental manner.
- Donations were sought to enable patients to be provided with toiletries and clothing when needed, for example, toiletries and pyjamas had been provided to patients going in to hospital. A Christmas sock appeal took place every year so that new socks could be provided to patients.

St Werburgh's Medical Practice for the Homeless

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

Background to St Werburgh's Medical Practice for the Homeless

St Werburgh's Medical Practice for the Homeless is responsible for providing primary care services for the homeless population of Chester and the surrounding areas. It provides a service for approximately 325 patients. Eighty two per cent of the patient population are male and 78% are aged between 16 and 50. The practice does not provide a service to patients under the age of 16. The practice has been established for 12 years and was originally set up by the Primary Care Trust (PCT).

The practice is also one of the designated practices in the area providing services to patients who have been subject to immediate removal from a patient list of a primary medical services contractor because of an act or threat of violence. The practice has 20 patients who are potentially violent.

The staff team includes two salaried GPs, a specialist nurse practitioner, practice manager, counsellor and reception and administrative staff. A mental health specialist practitioner employed by Cheshire Primary Care mental Health is based at the practice two days a week. The practice is operated by Northgate Medical Centre which operates an additional GP practice.

The practice is open 8:30am to 5.00pm Monday to Friday. Patients requiring a GP outside of these hours are advised to contact Northgate Medical Centre and the GP out of hours services provided by Cheshire and Wirral Partnership NHS Foundation Trust.

The practice has an Alternative Provider Medical Services (APMS) contract.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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?

Detailed findings

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

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

• Older people

• People with long-term conditions

• Families, children and young people

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

• People whose circumstances may make them vulnerable

• People experiencing poor mental health (including people with dementia)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 9th December 2015. We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face during the inspection, we looked at survey results and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients visiting the practice. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting, recording and investigating significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. The practice held staff meetings at which significant events were discussed in order to cascade any learning points. We looked at a sample of significant events and found that action was taken to improve safety in the practice where necessary. We noted that a log of all significant events was needed to assist with monitoring actions taken and their effectiveness.

Overview of safety systems and processes

The practice had processes and practices in place to keep people safe which included:

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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. One of the GPs was the lead member of staff for safeguarding and they had completed level 3 training in safeguarding in accordance with guidelines from the Royal College of General Practitioners (RCGP). Staff demonstrated they understood their responsibilities and had received training in safeguarding children and vulnerable adults suitable for their role
- A notice was displayed in the waiting room and in treatment rooms, advising patients that a chaperone was available if required. Clinical staff acted as chaperones and we were told that all clinical staff had received a disclosure and barring check (DBS). T
- Clinical equipment was checked to ensure it was working properly. The premises were leased and we were told that NHS Property Services ensured that regular building safety checks were undertaken. A record was not maintained on site to indicate the date checks had been carried out and when they were due to assist in monitoring the safety of the premises and equipment. We were therefore not able to confirm that checks of fire safety, electrical wiring, electrical equipment and legionella testing had been carried out. In house checks of the fire alarm were carried out and a fire drill had been undertaken in November 2015. We noted that the fire risk assessment had not been reviewed in the last 12 months.
- Appropriate standards of cleanliness and hygiene were followed. For example, cleaning schedules were in place, there was access to protective clothing and equipment and there was a system for the safe disposal of waste. There was an infection control protocol in place and staff had received up to date training. There was a lead for infection control who liaised with the local Infection Prevention and Control Team to keep up to date with best practice. An audit had been carried out by the local Infection Prevention and Control Team in August 2015. This had identified some shortfalls and where possible these had been addressed. Some issues related to the decoration and flooring of the premises which had been reported to the landlord. Hand washing audits were regularly carried out to ensure staff were following handwashing guidelines.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. The clinicians followed recommended guidelines for the safe prescribing of medicines. Vaccines were securely stored, were in date and we saw the fridges were checked daily to ensure the temperature was within the required range for the safe storage of vaccines. Prescription pads were securely stored. However, a record was not made of the numbers of the electronic prescriptions received and the printer they were distributed to in accordance with guidance from NHS Protect.
- A recruitment procedure was in place. We looked at the recruitment records relating to a new non-clinical member of staff and found that in general appropriate checks had been carried out, including a DBS check. Evidence of identity had been obtained but a copy was not kept on the recruitment record and evidence of physical and mental fitness was not available. A number of staff had been employed at the service by the former Primary Care Trust who ran the practice prior to it being taken over by the current provider. The original

recruitment information was still held by the former employer and the records held at the practice were minimal. Evidence that one of the clinical members of staff had received a DBS check was not available. We were told that this member of staff worked at another service who had undertaken the DBS check and it was held there. Periodic checks of the Performers List and General Medical Council (GMC) were not undertaken for the GPs at the practice.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training. The practice had oxygen and emergency medicines available which were all in date and held securely. A risk assessment had been carried out recently and a decision had been made to acquire a defibrillator.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The building was alarmed, CCTV and an intercom was in use at the front of the building, doors leading to reception and consultation rooms were locked and opened by a buzzer system. Staff had been trained in conflict resolution.

Following an incident at the practice last year a security guard had been based on-site. The funding for this was being withdrawn in December 2015 and staff told us that they felt very vulnerable to potential assault. Continued funding was available for structural alterations to make the premises safe and security personnel could be arranged for planned appointments of patients who were known to be violent. Given that a number of appointments were not planned and that the issues the patient population of this practice experience (which may make them more likely to display aggressive behaviour) a risk assessment was needed to ensure that staff and patient safety was promoted at all times.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Protecting and improving patient health

The practice offered national screening programmes, vaccination programmes, childhood immunisations for adults, long term condition reviews, smoking cessation support, family planning services and physical health assessments. As it was difficult to arrange planned reviews of patients health due to lack of engagement and a fixed address a number of services such as long term condition reviews and immunisations were carried out opportunistically. The clinical team and counsellors met to discuss the needs of patients being supported. This enabled them to identify the services needed and keep any support provided under review.

New patients presenting at the practice were asked to complete (or assisted to complete) a new patient health questionnaire. This enabled the practice to identify and meet the needs of the patient and to direct them to appropriate support services.

A range of health promotion information was available in the reception area and information was printed off and given out by clinical staff as required. The practice had strong links with a number of health and social care services and referred or sign posted patients to these services. This included services to support patients with drug and alcohol misuse, sexual health, benefits advice and housing.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services. Staff worked with other health and social care services to meet patients' needs. For example, the practice liaised with the hospital discharge team to ensure there was a care plan in place for patients.

Management, monitoring and improving outcomes for people

The practice was knowledgeable about the number and health needs of patients using the service. As the service was provided to a small number of patients, the clinicians knew the patients' health needs well which assisted in monitoring their well-being. The practice kept up to date registers of patients' health conditions, for example the number of patients with diabetes, asthma and chronic obstructive pulmonary disease (COPD) and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. The practice had identified patients at highest risk, for example, due to multiple medical problems and drug and alcohol misuse and the clinicians and counsellors met to discuss their needs to ensure they were receiving appropriate support.

Patients' medication was closely monitored to ensure this was managed safely. A number of patients collected weekly prescriptions and some collected prescriptions daily to promote their well-being. For example, where there was a concern that medication was being sold or misused. The frequent monitoring of medication encouraged patient engagement with the service which enabled patients' well-being to be effectively monitored.

The staff team had key roles in monitoring and improving outcomes for patients. These roles included managing long term conditions, homelessness, safeguarding and promoting the health care needs of patients with poor mental health. The staff team worked closely with health and social care services and the Clinical Commissioning Group which ensured the practice was up to date with best practice to meet the needs of patients. For example, the

Good

Are services effective?

(for example, treatment is effective)

nurse practitioner was the Clinical Lead Nurse for primary care nurses for West Cheshire CCG and they also attended training provided by national organisations supporting homeless people such as Homeless Link.

The nurse practitioner went to regular multi-agency meetings which were attended by representatives from a number of services such as housing, the local authority and police. These meetings identified adults with multiple needs, a number of whom were homeless and looked at how they could be best supported to improve their circumstances. The nurse practitioner also attended meetings designed to review the services provided to homeless people and how they could be improved.

Although the QOF guidelines were followed, the practice did not participate in the Quality and Outcomes Framework system (QOF) (this is a system intended to improve the quality of general practice and reward good practice) as the patient population did not make it suitable for this system. NHS England were working with the provider of the practice to identify key performance indicators which would assist in the monitoring of performance and outcomes for patients.

We were not shown any completed audits which demonstrated how improvements were being made to clinical care and there was no formal plan for undertaking audits. We were told about audits that were currently taking place. For example, the practice was looking at A&E attendances with drug related collapse and in doing so it was helping a public health researcher locally to get an idea of the impact of 'legal highs' (a substance with stimulant or mood-altering properties whose sale or use is not banned by current legislation regarding the misuse of drugs) on health and other services. An audit was also underway reviewing vitamin D levels in the patient population to see if they are markers of poor nutrition. This would enable advice and guidance to be given to patients. Audits of record keeping and patients not attending for appointments had been carried out and we were told about improvements that had been made as a result of this.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- Staff received training that included: safeguarding, infection control, fire safety and basic life support and information governance awareness. Role specific training was also provided to clinical and non-clinical staff dependent on their roles. Staff had access to and made use of e-learning training modules, in-house training and training provided by external agencies. Training records showed that some staff needed to update their mandatory training and this was being addressed.

All GPs were up to date with their yearly appraisals. There was an annual appraisal system in place for all other members of staff.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients. Curtains were provided in consulting rooms and consulting room doors were closed so that patients' privacy and dignity was maintained during examinations, investigations and treatments.

There were notices in the patient waiting room advising patients about support services in the area, such as those for substance misuse, mental health and domestic violence. Staff referred patients to services such as the Citizens Advice Bureau for support with debt, welfare, and guidance on access to accommodation and local services available to them.

The patients and staff spoken with provided examples of how the practice cared for patients. Patients were escorted to appointments where this was possible or an escort was identified from another service. This provided emotional support for patients as well as ensuring their attendance. Donations were sought to enable patients to be provided with toiletries and clothing when needed, for example, toiletries and pyjamas had been provided to patients going in to hospital. A Christmas sock appeal took place every year so that new socks could be provided to patients.

Counselling and a mental health service were provided on site and could be accessed by drop-in or appointment.

We received 22 comment cards and spoke to five patients. Patients were very positive about the service provided. They said that their privacy and dignity were promoted and they were treated with care and compassion. A number of comments made showed that patients felt that clinical and reception staff were dedicated, professional and listened to their concerns.

Data from the National GP Patient Survey July 2015 showed that patients' responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were very positive (however, given the demographics of the practice population it could not be compared with local and national averages). For example:

- 97% said the GP was good at listening to them.
- 97% said the GP gave them enough time.
- 97% said they had confidence and trust in the last GP they saw.
- 90% said the last GP they spoke to was good at treating them with care and concern.
- 90% said the nurse was good at listening to them.
- 97% said the nurse gave them enough time.
- 93% said the last nurse they spoke to was good at treating them with care and concern
- 100% said they had confidence and trust in the last nurse they saw.
- 97% patients said they found the receptionists at the practice helpful.

The practice had carried out a survey in July 2014 with assistance from West Cheshire Clinical Commissioning Group. Thirty six patients (about 10% of the practice population) responded. The responses indicated that 95% were satisfied with the services provided and rated them as excellent or good.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that they felt health issues were discussed with them, they felt listened to and involved in decision making about the care and treatment they received.

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.

- 93% said the last GP they saw was good at explaining tests and treatments.
- 97% said the last GP they saw was good at involving them in decisions about their care.
- 90% said the last nurse they saw was good at explaining tests and treatments.
- 90% said the last nurse they saw was good at involving them in decisions about their care.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood the needs of the patient population. It recognised that a high number of patients that were homeless experienced poor mental health and were alcohol and drug dependent. It also recognised that engaging patients to access primary medical and mental health services could be problematic. The services provided by the practice and in partnership with mental health services and other health services demonstrated the outstanding manner in which patients needs were responded to:

- The practice employed a counsellor and a bereavement counsellor was on secondment from a local hospice to respond to patients' emotional and mental health needs.
- A mental health practitioner was available to provide advice to patients. They worked on a self-referral and open referral basis which meant that there was quicker access which encouraged patients to engage with this service. The mental health practitioner worked closely with the GPs at the practice and they were able to undertake mental health assessments when needed. They had links with secondary mental health services which assisted with referrals and accessing resources. They also provided training to the staff of the local homeless centre and housing trust staff to educate them in the needs of homeless or potentially homeless patients with poor mental health.
- An optician service came to the practice to encourage patients to have their eyes examined. We were informed that this service had already enabled additional health needs to be identified in some patients.
- A flexible appointment system was in operation. Patients where provided with longer appointments as needed. Patients were seen on a drop in basis and patients who frequently missed appointments were never turned away when they presented at the practice. As patients may not visit the practice frequently reviews of long term conditions and vaccinations, such as, influenza vaccinations were carried out opportunistically.
- The nurse practitioner had organised health events where patients were provided with information and guidance about specific issues. For example, a men's health day was held which included a presentation from the Fire Service about the Princes Trust.An event was also held for female patients with a focus on relaxation techniques, the importance of sleep and this included a presentation from local police about domestic violence.
- The nurse practitioner had been awarded the Queen's Nurse Award in 2012 for services to the homeless.
- Clinical services were provided twice a week to homeless people attending a local support centre.
- Representatives from the practice attended multi-agency meetings to review the needs of homeless people in the area and to develop strategies to improve the circumstances of individuals and the homeless population of Chester (and the surrounding areas).
- Close liaison took place with the staff at homeless accommodation centres and local support centres to encourage attendance at the practice for review and to collect prescriptions and to encourage attendance at hospital appointments.
- Support was provided to patients who misused alcohol, drugs or prescription medication. The practice worked closely with the drug and alcohol team to support these patients.
- Staff spoken with were committed to the provision of a responsive service that was provided in a non-judgemental manner.
- A shower was available on site for patients to use.
- Patients were escorted to appointments where this was possible or an escort was identified from another service. This provided emotional support for patients as well as ensuring their attendance.
- Donations were sought to enable patients to be provided with toiletries and clothing when needed, for example, toiletries and pyjamas had been provided to patients going in to hospital. A Christmas sock appeal took place every year so that new socks could be provided to patients.

Access to the service

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

The practice was open from 8:30am to 5:00pm Monday to Friday. Appointments could be booked in advance and booked on the day. Patients could book appointments in person or via the telephone. Patients requiring a GP outside of these hours were advised to contact Northgate Medical Centre and the GP out of hours services provided by Cheshire and Wirral Partnership NHS Foundation Trust. The practice offered GP appointments, specialist nurse practitioner appointments, counselling services and appointments with the mental health practitioner who provided specialist advice on a range of issues affecting patients' mental health.

Data from the National GP Patient Survey July 2015 information showed patients were very satisfied with access to care and treatment (however, given the demographics of the practice population it could not be compared with local and national averages). For example:

- 100% patients said they could get through easily to the surgery by phone.
- 97% were able to get an appointment to see or speak to someone the last time they tried.
- 100% said the last appointment they got was convenient.
- 88% of patients were satisfied with the practice's opening hours
- 100% of patients described their experience of making an appointment as good.

We received 22 comment cards and spoke to five patients. Patients said they were able to get an appointment when they needed one, they were happy with the practice opening hours and said that repeat prescriptions were well managed.

The practice had carried out a survey in July 2014 with assistance from West Cheshire Clinical Commissioning Group. Thirty six patients (about 10% of the practice population) responded. The responses indicated that patients were very satisfied with access to the service:

- 100% said it was either easy or very easy to get an appointment with a GP.
- 97% said it was either easy or very easy to get an appointment with a nurse.
- 100% (of patients who had an opinion about this question) said it was easy to get help with an alcohol or drug issue.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available for patients to refer to in the waiting room. We noted that a complaints' policy which outlined a time frame for managing complaints and who the patient should contact if they were unhappy with the outcome of their complaint was not available for patients to refer to. The practice manager agreed to address this without delay.

The practice kept a complaints log for written complaints. One complaint had been received within the last 12 months. We discussed this with the practice manager who described the investigation process, action taken and how the patient was informed of the outcome. We noted that a record was not maintained of verbal complaints.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision and values which included:-

- Enabling homeless people fair access to healthcare that is fitting, flexible and individualised.
- Providing healthcare in an appropriate setting according to the needs of the individual.
- Enabling homeless people to make informed lifestyle choices on best available evidence.

This was displayed in the waiting areas and in the patient information leaflet. Staff spoken with knew and understood the values of the practice. They also told us that central to this service was that it was provided in a non-judgemental manner. Patients we spoke with told us that the practice was meeting its stated vision and values.

Governance arrangements

The practice closed one afternoon per month which allowed for learning events and practice meetings. Practice meetings were attended by the whole staff team and provided an opportunity to discuss what was working well and where improvements were needed. Clinical staff, counsellors and the mental health practitioner discussed new protocols and reviewed patient's needs.

We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at practice meetings or as they occurred with the practice manager.

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically.

The practice had systems in place for identifying, recording and managing risks. We looked at examples of significant incident reporting and actions taken as a consequence. Staff were able to describe how changes had been made to the practice as a result of reviewing significant events.

The practice manager attended practice meetings and fed any issues or concerns back to the registered manager who was based at Northgate Medical Centre which was operated by the same provider. The registered manager had reviewed the GPs patient records 6 months ago and met with them to discuss their findings. Although we had no concerns about how the practice operated we noted that the registered manager's involvement with the practice could be more formalised in order to monitor and improve the quality of the service provided. For example, by agreeing with the practice team bench marks to review performance and a formal plan for audits.

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

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through surveys results and complaints received. The GPs sought patient feedback as part of their appraisal process. The nurse practitioner also sought feedback from groups of patients when engaging them in health promotion events.

The practice was working with West Cheshire Clinical Commissioning Group to identify the best way of obtaining patient feedback as an alternative to the NHS Family and Friends Test (this is an opportunity for patients to complete a survey or feedback on-line about services that provide their care and treatment).

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was part of local and national homeless initiatives to improve outcomes for patients. For example, representatives from the practice attended multi-agency meetings to review the needs of homeless people in the area and to develop strategies to improve the circumstances of individuals and the homeless population of Chester (and the surrounding areas). The practice got involved in pilot projects such as having an optician service on-site. The practice shared information with us about the plans they had for future improvements. These included plans for working more closely with other GP practices and making improvements to the IT system.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Recruitment procedures were not operated effectively to ensure the required information was available for each member of staff employed.**