

Urgent Care 24 Asylum Practice

Inspection 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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating July 2017 – Requires Improvement)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Urgent Care 24 Asylum Practice in July 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the July 2017 inspection can be found by selecting the 'all reports' link for Urgent Care 24 Asylum Practice on our website at www.cqc.org.uk.

This inspection was undertaken as an announced comprehensive inspection on 17 July 2018. Overall the practice is now rated as Good.

At this inspection we found:

- The practice had clearer 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 had appropriate systems to safeguard children and vulnerable adults from abuse.
- There were adequate systems to assess, monitor and manage risks to patient safety.
- The practice had systems for appropriate and safe handling of medicines.
- The practice had improved systems to keep clinicians up to date with current evidence-based practice. New policies had been put into place to alert clinicians that new guidance had been produced and regular team meetings ensured all staff were informed of this.
- The practice had developed new systems to monitor the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines. However, audit systems required further development and implementation.
- Since the last inspection the provider had taken steps to develop the practice IT system. However, at the time of

inspection this was in the early stages of implementation and it required further development as problems with communications with other services, GPs and hospital referrals were on-going.

- Staff responded in a compassionate, timely and appropriate way when patients had experienced physical pain, discomfort or emotional distress. A number of these patients may have been through traumatic and distressing experiences and staff were sensitive to this.
- People seeking asylum and refugees may experience a range of mental health problems. Good referral systems were in place with local counselling services to ensure patients who had experienced trauma, for example, received prompt psychological interventions.
- At our last inspection we identified that improvements were needed to the day to day clinical leadership and support available to the practice. Appropriate actions had been taken by the provider to strengthen the leadership support.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Further develop the practice patient survey to ensure questions will gather accurate information about patient views and experiences.
- Improve the range of clinical audit activities ensuring two stage clinical audits are completed.
- Complete a safety impact assessment for the availability of a clinician each day the practice is open. This should assess the risk to patients of timely access to treatment in urgent cases or when patient test results require urgent attention.
- Take action to set up a practice level or provider level system in place to monitor when essential health and safety checks are due for their premises. Ensure a practice premises and security risk assessment is completed.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

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

Our inspection team

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

Background to Urgent Care 24 Asylum Practice

Urgent Care 24 (UC24) Asylum Practice is a service located in the centre of Liverpool and is within the Liverpool Clinical Commissioning (CCG) Group. The practice is part of a large social enterprise healthcare organisation named Urgent Care 24 (UC24).

The practice has been set up with a Service Level Agreement with NHS England to provide health screening and assessment to newly arrived asylum seekers located in an Initial Accommodation Centre (IAC) in Liverpool. The Home Office has offered support known as Section 98 support (defined in Section 98 of the Immigration and Asylum Act 1999). The support is short term, with people being housed in initial accommodation which covers essential living needs. The practice, which is in one of the IACs in Liverpool, provides assessment and health screening as part of the services provided to this vulnerable patient group.

The practice clinical team consists of a number of practice nurses and associate GP sessional clinicians. A GP works on site for two hours, three days each week, a prescribing nurse works three days and a practice nurse works five days. The clinical lead works an additional 2 hours per week. The clinical team is supported by a practice manager, a practice administrator and several administrative and reception staff. The practice works closely with the health visiting, school nurses and counselling services in the locality.

The practice is open between 8am and 6.30pm Monday to Friday. An out of hours services is provided by UC24.

Are services safe?

At our last inspection undertaken in July 2017 we rated the practice as Requires Improvement for providing safe services. At this inspection we rated the practice as Good.

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. They knew how to identify and report concerns. Learning from safeguarding incidents were 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 took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- Since the last inspection the practice had identified a lead member of staff for safeguarding and regular safeguarding meetings were taking place to review safeguarding matters.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- At our last inspection in July 2017 we identified that the practice did not have an infection prevention and control (IPC) lead that might liaise with the local infection prevention teams to keep up to date with best practice. At this inspection the practice had developed this role to support staff. There was an effective system to manage infection prevention and control.
- The practice had some arrangements to ensure that facilities and equipment were safe and in good working order but improvements should be made. All areas of the practice looked clean and well maintained by a private landlord. Equipment had been appropriately calibrated. However, at the time of inspection there were gaps in the information held and shown to demonstrate the premises were safe and fit for purpose, for example a practice health and safety risk assessment. Overall, there was no practice level or provider level system in place to monitor when essential

health and safety checks were due for their premises or equipment and to assure them that any remedial action was taken. The senior managers were aware of this and had plans to address this following inspection across the organisation. Premises information was sent to us following inspection.

- 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. At our last inspection in July 2017 we identified that the practice had operated for a long period of time with high usage of agency nurses. A number of recruitment efforts had been undertaken by the provider to employ a permanent nurse but at the time of inspection long term agency nurses continued to work at the practice.
- We reviewed staff rotas and found there were gaps for the availability of either a GP or advanced nurse prescriber on some days of the week. This meant that on those days there might not be a clinician available to prescribe medicines if required or review patient test results, such as blood results. We identified that at these times patients were at risk of delayed treatments when meeting patient's needs. The senior management team were aware of these risks and were working to the contract specification from NHS England in terms of the hours contracted for clinical time. However, they had not fully assessed the risks in terms of undertaking an impact assessment to better understand the impact of this on patient safety.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- 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.

Information to deliver safe care and treatment

Are services safe?

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. New multi-disciplinary team (MDT) meetings were set up enabling the MDT to share information they had to improve patient outcomes.
- Clinicians made timely referrals in line with protocols. However, the issues raised about the IT system in use persisted in terms of not having electronic referrals to local hospitals. The practice was aware of this and had safety measures in place to minimise the risk of delays in the referral process.

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, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- At our last inspection we identified that there were no regular medicines audits carried out by the practice to ensure prescribing was in line with best practice guidelines for safe prescribing. At this inspection we

found that new systems had been put into place to ensure the practice reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately.

Track record on safety

The practice had a good track record on safety.

- There were some risk assessments in relation to safety issues of the premises.
- 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 acted 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.

Are services effective?

At our last inspection undertaken in July 2017 we rated the practice as Requires Improvement for providing effective services. At this inspection we rated the practice as Good.

Effective needs assessment, care and treatment

The practice had improved systems to keep clinicians up to date with current evidence-based practice. New policies had been put into place to alert clinicians that new guidance had been produced and regular team meetings ensured all staff were informed of this. 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. The team also included access to midwifery services
- 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.

Monitoring care and treatment

Since the last inspection the practice had improved the systems in place to review patient outcomes. A medicines audit was undertaken across January – March 2018 reviewing the prescribing of medicines at the practice. This was to ensure that prescribing within the asylum service was safe, effective, cost effective and in line with local and national guidance. The report showed that the prescribing undertaken by clinicians was comparable to other services locally and it was reviewed against the local criteria which was the Pan Mersey Area Prescribing Committee.

The practice had its own Key Performance Indicators (KPIs) which were submitted on a quarterly basis to NHS England (NHSE). A quarterly submission of agreed data was sent to NHSE and quarterly monitoring visits were arranged to discuss the service level agreement (SLA) arrangements in place. These included total numbers of patients attending the service, GP and nurse appointments, referrals to counselling services and other health care professionals and services such as family planning, Tuberculosis (TB) and

sexual health services, safeguarding referrals and initial health assessments completed amongst other indicators. We saw that new performance indicators had been added since the last inspection.

Effective staffing

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

- Since the last inspection staff had received further training to ensure they had appropriate knowledge for their role. For example, to carry out sometimes complex assessments of vulnerable patients with multiple health needs. This was incorporated into a new training calendar for 2018 which also included training from outside agencies.
- 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.

Coordinating care and treatment

At the last inspection we found that the clinical IT system and the patient record system in place were considered a challenge and risk for the practice and the organisation. The practice did not have a commonly used web based system and this caused problems with how they and other healthcare professionals/organisations could record and share important patient health information. We found that when patients were leaving the practice their medical records had to be given to the patient to take to their new GP because the information could not be shared electronically. This was still occurring at the time of inspection. Since the inspection the provider had taken steps to work closely with the local IT provider and to improve the practice IT system. Some changes had been made to how information could be shared with local GPs but not outside of the Liverpool area. At the time of

Are services effective?

inspection, the changes were in the early stages of implementation and this required further development as problems with communications with other services, GPs and hospital referrals were on-going.

We found that 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 had access to a full primary healthcare team employed by the local community NHS trust. This included health visitors, district nurses, school nurses and counsellors. Close working relationships had developed so that prompt and responsive care and treatment could be given when the need arose.
- The practice manager had good links with outside agencies to support the asylum seekers when newly arrived in the country.

Supporting patients to live healthier lives

- The practice identified patients in need of extra support. These included patients with specific health conditions such as heart failure, hypertension, epilepsy, depression and diabetes. Patients with these conditions or at risk of developing them were referred to (or signposted to) services for lifestyle advice such as dietary advice or smoking cessation. However, this was a challenge for the practice because patients presenting here often had a difficult life style, they were in temporary accommodation and the conditions of their registration with the practice meant they would only be at the practice for approximately four weeks.

- All patients attending the practice were invited for a health assessment/screening when they arrived at their accommodation in Liverpool. An appointment was given to patients to attend usually on day seven of their arrival. The screening assessed the patient's current health and past medical conditions. It looked at the presenting physical and mental health of the patient, assessing for signs of Tuberculosis (TB) and checking the vaccination status for all children if possible. If an additional clinical need has been assessed during the assessment an appointment would be made with the practice GP who attends the surgery for six hours each week. If patients presented in an acute or unstable condition for example a pregnant lady over 12 weeks into their pregnancy referrals to secondary care would be made immediately to avoid delays in treatment. All patients with symptoms suggestive of TB were given a prompt referral to local TB services for treatment and support.

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.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Staff responded in a compassionate, timely and appropriate way when patients had experienced physical pain, discomfort or emotional distress. A number of these patients may have been through traumatic and distressing experiences and staff were sensitive to this.

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, communication aids and easy read materials were available in different languages.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

- The practice had recently developed a patient survey with a small number of questions to ask patients. At the time of inspection these results had not been collated to share with CQC.
- The practice had recently developed new posters and patient information in different languages to ensure that patients and their relatives could be involved in their decisions about treatment and care.
- There were numerous examples shown of how staff support and sign posted patients to advocacy services and to other agencies across the community who could support families newly arrived into the UK.
- The practice regularly used translation services such as language line, to communicate with patients and families.

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.
- Information was available in a range of different languages to ensure patients were aware that they could be offered a chaperone for physical or intimate care and treatments.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice as good 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.
- A number of patients had language and communication issues, lack of information, not knowing about their rights and entitlements to services. Staff booked interpreters daily if required and provided information that had been recently developed by the practice in the appropriate format as determined by the patient.
- Thirty-minute appointments were provided for each patient health assessment.
- We found that staff were flexible and relaxed about appointment times when patients were often turning up late due to the nature of their circumstances and uncertain life style.
- The practice worked closely with other health care professionals such as health visitors, district and school nurses and counselling services to meet patient's needs. Health visitors performed the initial childhood vaccinations if needed and together they worked to support parents and young families who might have had traumatic experiences and may have left family members behind.
- Staff understood patients' personal, cultural, social and religious needs. Recent efforts had been made by the practice to involve local churches to attend the practice, so staff could understand their role in the community when signposting patients to these services.
- The facilities and premises were appropriate for the services delivered. The practice is housed in the centre of the accommodation the patients were staying as newly arrived asylum seekers. Close relationships were built with the housing team to encourage patients to attend the practice for their health screening as soon as they arrive in Liverpool.

- The practice made reasonable adjustments when patients found it hard to access services. We heard that some patients might struggle to attend the practice, to walk into the building or see a clinician. We heard that reception staff continued to encourage and support patients when this was occurred, responding sensitively to patients to attend in their own time and if possible allowing extra time for their appointments.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. Social disadvantage and material conditions made many of these patients vulnerable and we found staff supported patients to access services both within and outside the practice.
- People seeking asylum and refugees can experience the whole range of mental health problems. Good referral systems were in place with local counselling services to ensure patients who had experienced trauma for example received prompt psychological interventions.
- The practice staff had photographed different services, shops and support centres in the area. These highlighted visually to patients who did not read English where they could find support and local pharmacies.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

At our last inspection undertaken in July 2017 we rated the practice as Requires Improvement for providing well-led services. At this inspection we rated the practice as Good.

Leadership capacity and capability

At our last inspection we identified that improvements were needed to the day to day clinical leadership and support available to the practice. Appropriate actions had been taken by the provider to strengthen the leadership support. At this inspection we found that 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 is part of a large social enterprise healthcare organisation named Urgent Care 24 (UC24). The practice had a shared vision with UC24 to deliver high quality care and promote good outcomes for patients in a friendly and approachable environment. The practice recognised the challenges faced by providing a service to a vulnerable patient group and they shared a common goal to support them in a friendly and relaxed environment. The organisation had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Culture

At this inspection the new leadership arrangements had a positive impact on the culture of the practice. We found that;

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- A new clinical leadership role had been developed and this was having a positive impact on the development of the practice.
- 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 could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on 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 the wider community teams.

Governance arrangements

At our last inspection we identified that improvements were needed to the governance arrangements across the organisation and those in place to specifically support this practice. At this inspection we found that there were clearer systems in place to support 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 and infection prevention and control.
- 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

Are services well-led?

At our last inspection we identified that improvements were needed to how risk and performance was managed at the practice. At this inspection we found there were clear and effective clarity around 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 complaints. A risk register was in place and this was reviewed as part of the wider management of risks across the organisation.
- NHS England contract monitoring meetings took place on a quarterly basis and we saw evidence and reports that practice KPIs were monitored at this meeting.
- 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. This was an improvement since the last inspection but it needed to further develop across the practice.
- 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. However, this had not been considered for the staff rota and ensuring clinicians are available to respond to patients daily.

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. However, this required further development and implementation.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- 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.

- The practice encouraged and valued feedback from patients. It proactively sought patients' feedback by giving them a satisfaction leaflet at the end of their appointment. This was a new devised multi-lingual four question feedback form for patients to complete.
- New multi-disciplinary meetings were held monthly with practice and community staff. These meetings were well attended and minutes showed improved engagement not just with practice staff but also with the agencies and teams outside of the practice.
- The practice had extended their engagement with local agencies both voluntary and statutory and we saw developments in terms of networking and staff training specific to this specialist service and population group.
- 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 and complaints. Learning was shared and used to make improvements.
- Plans were in place for Liverpool John Moores University to undertake a Quality impact Assessment of the service, commencing in September 2018.
- At the time of inspection, the practice was working on development sessions with Liverpool Clinical Commissioning Group looking at services for asylum seeker services across Liverpool.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Are services well-led?

Please refer to the evidence tables for further information.