

Trust Headquarters

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at The Health Exchange in July 2018 as part of our inspection programme where the service was rated as inadequate overall. As a result, we issued requirement notices as legal requirements were not being met and asked the provider to send us a report that says what actions they were going to take to meet legal requirements. The full comprehensive report of our previous inspection can be found by selecting the 'all reports' link for Trust Headquarters on our website at

This inspection was an announced comprehensive inspection carried out on 1 April 2019 to check whether the provider had taken action to meet the legal requirements as set out in the requirement notices. The report covers our findings in relation to all five key questions and related population groups.

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

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

We have rated this practice as requires improvement overall due to concerns in providing safe, effective and well-led services.

We rated the practice as **requires improvement** for providing safe services because:

- The service had clear systems to manage risk so that safety incidents were less likely to happen. However, the service was not always maximising learning opportunities.
- Records we viewed did not provide assurance that information needed to deliver safe care and treatment to patients was routinely available.
- The service was not actively accessing or collecting data to monitor or ensure appropriate antimicrobial prescribing.
- Non-clinical staff had been given guidance on identifying deteriorating or acutely unwell patients. They were aware of actions to take in respect of such patients.
- The practice proactively worked with other agencies to support patients and protect them from neglect and abuse.

We rated the practice as **requires improvement** for providing effective services because:

- The service had reviewed their quality improvement activities. We found that whilst some improvements were evident there were areas where the quality improvement development was ongoing.
- The service was able to show that staff had the skills, knowledge and experience to carry out their roles. However, the provider did not routinely carry out audits to monitor the prescribing activities of non-medical prescribers.
- The service used Quality Outcome Framework (QOF) as a monitoring tool to measure clinical performance. The service recognised the characteristics of the patient population impacted on QOF data; therefore, there were ongoing discussions regarding key performance indicators and set targets.
- Staff were receiving ongoing support from the provider as well as local clinical commissioning group regarding the use of QOF to improve outcomes for patients.

We rated the practice as **requires improvement** for providing well-led services because:

- While the service had made some improvements since our inspection in July 2018, improvements were ongoing, and some changes were in their infancy.
- The service reviewed and improved their governance arrangements in most areas; however, there were processes which had not yet been established or fully embedded. For example, the service did not always effectively use the patient record system and therefore positive outcomes were not routinely captured.
- The service were not always maximising learning opportunities following incidents.
- The service was not routinely maintaining up to date records and were at an early stage in improvement of Quality Outcome Framework indicators.

These areas affected all population groups relevant to this service, so we rated the population groups as **requires improvement**.

We rated the practice as **good** for providing caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

Overall summary

- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. Survey results showed patients satisfaction rates were above local and national averages in several areas. The service was aware of issues related to waiting times and were acting to improve patient satisfaction.
- There was a focus on continuous learning and improvement at all levels of the organisation following complaints.
- Service user engagement workers encouraged patients to attend a recovery college where patients were able to access courses such as mental Health first aid, communicating confidently and caring in crisis.

Staff demonstrated a wealth of knowledge, passion and commitment to working with people whose circumstances make them vulnerable. We saw several areas of outstanding features including:

- The team attending secondary care appointments with patients to ensure attendance as well as offer support in environments which may be overwhelming and intimidating. The service also provided clothes to boost patient's confidence when attending external appointments.
- The service funded travel for patients who found it difficult to attend appointments or pay for public transport.

- The nursing team went above and beyond in their outreach roles. The team supported migrant patients to complete application forms to enable them to access free medicine, optical and dental care.
- Staff employed by the service attended funerals and held memorials for patients who may have lost contact with family members or loved ones.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- Explore ways of capturing and documenting support provided in order to measure as well as monitor positive outcomes.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

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

Background to Trust Headquarters

Birmingham & Solihull Mental Health NHS Foundation Trust is the registered provider of The Health Exchange which is located at the William Booth Centre, William Booth Lane, Birmingham City Centre. The Trust has a number of other locations which fall under the scope of registration. We did not visit any of the other locations as part of this inspection.

The service provides a range of primary care services for homeless patients in Birmingham with some enhanced services to meet the specialist requirements of the homeless population. An enhanced service is above the contractual requirement of the service and is commissioned in order to improve the range of services available to patients. The service offers a full general practice service to those who are homeless or vulnerably housed who are aged 16 and over and not pregnant.

The patient list size is 1,000 of various ages registered and cared for at the service. Services to patients are provided under an Alternative Provider Medical Service contract with Birmingham and Solihull Clinical Commissioning Group. APMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The service is open between 9am and 5pm Mondays to Fridays, except for Bank Holidays when the service is closed. The service is closed each day between 12:30pm and 1pm.

GP consulting hours are available between 10am to 12.00 and 1.30pm to 4pm Mondays, between 9am to 11.30am and 1pm to 4pm Tuesdays and Thursdays. Wednesday GP consulting hours are between 9.30am and 10.30am, Friday consulting hours are between 9am and 11am. Advanced Nurse Practitioners appointments are available between 9am to 12.00 and 1pm to 4pm Monday to Friday.

When the practice is closed, out of hours cover for emergencies is provided by Birmingham and District General Practitioner Emergency Room group (Badger).

Staff comprises of a salaried GP as well as GP support from a neighbouring practice three days per week, two practice nurses (one full time and one part time), two substance misuse nurses one of which is an independent prescriber, two community psychiatric nurses, a support worker and a psychotherapist. The non-clinical team consists of a team manager and two administrators/receptionists.

Birmingham & Solihull Mental Health NHS Foundation Trust is registered to provide surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury, family planning, diagnostic and

screening procedures. The Health Exchange is registered under the Trust registration to provide treatment of disease, disorder or injury. The Trust was inspected in March 2017 and rated overall requires improvement. During our March 2019 inspection, we found that legal requirements were not being met and the Trust was issued with requirement notices and required to provide a report stating what actions they are going to take to meet the legal requirements.

The Health Exchange was previously inspected in July 2018 and rated overall inadequate. During our July 2018 inspection, we found that legal requirements were not being met and the providers was issued with requirement notices and required to provide a report stating what actions they are going to take to meet the legal requirements.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

The registered person did not ensure all that is reasonably practicable to promote learning from incidents to ensure actions were taken to remedy the situation and make sure that improvements are made as a result.

The registered person did not monitor prescribing activities to ensure practice was in accordance with any prescriber instructions and at suitable times to ensure people that use the service were not placed at risk.

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The registered person did not ensure that their audit and governance systems remained effective. For example:

The registered person did not ensure an effective audit programme was embedded to enable the provider to identify where quality and or safety were being compromised and ensure they responded appropriately without delay.

The registered person did not ensure access to all necessary information such as communication with out of hours providers were being communicated effectively.

This section is primarily information for the provider

Requirement notices

The registered person did not ensure records relating to the care and treatment of each individual using the service were complete and included results of diagnostic tests and all decisions taken in relation to care and treatment.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.