

Care Quality Commission

Inspection Evidence Table

Urgent Care 24 Asylum Practice (1-2873772201)

Inspection date: 17 July 2018

Date of data download: 10 July 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: Jan 2018	Y
There was a record of equipment calibration Date of last calibration: January 2018	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Y
Fire procedure in place belongs to Serco fire risk assessment completed Feb 2018	
Fire extinguisher checks – February 2018	Y
Fire drills and logs	Y
Fire alarm checks – weekly in date	Y
Fire training for staff – only e learning	Y
Fire marshals - no	N
Fire risk assessment Date of completion - February 2018	Y
Actions were identified and completed.	Y
Additional observations:	
Gas safety record dated 08/03/2018 Grainger fire and security service certificate – 23/5/2018 Electrical certificate sent following inspection – dated January 2014	

Legionella – management system records seen and in date. New service contract set up May 2018. Employers liability 31/12/2017.	
Health and safety Premises/security risk assessment? No Date of last assessment:	
Health and safety risk assessment and actions Date of last assessment: No - the practice confirmed there was no risk assessment completed for the building. H&S policy seen Daily checklist seen	
Additional comments: There was no evidence that estates matters are monitored or known outside of preparing for a CQC inspection. There is no system in place to monitor the host contracts, maintenance or premises arrangements or health and safety requirements.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: Regular monthly infection control compliance audits take place at the practice.	Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers: As and when contract for clinical waste. Boxes kept in clinical rooms.	

Any additional evidence
NA

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	In part
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> 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 these days there might not be a clinician available to prescribe medicines if required or review patient test results such as bloods. The senior management team were aware of these risks but there was no evidence to show that an impact assessment had been completed to better understand the impact of this on patient safety. 	

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	In part
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	In part
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> We found that EMIS had on-going issues at the practice. This includes no gp2gp system available, clinicians were unable to request bloods or C&B. Patients still need to be given paper copies of their records when they leave. We found that GP's were unable to log onto EMIS with a smart card. Discussions with the GP lead confirmed they could not use ICE for blood results, blood results now came back over the links system. 	

- Staff confirmed they needed to send all hospital referrals via fax rather than across the IT system and this was an exception to all other practices in Liverpool. For every referral admin staff need to ring to check the referral has been accepted and this might cause some delay to the referral process. The senior management team were aware of this risk.

Appropriate and safe use of medicines

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	NA
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any answers: We were told that the medicines management team at UC24 has responsibility for ensuring all	

medicines kept at the practice remain in date. On the day of inspection, we observed an out of date medicines which was not currently used by the practice. This was removed at the time of inspection.

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	7
Number of events that required action	7
Any additional evidence	
<p>Systems for reporting SEAs had improved since the last inspection. All SEAS are reported via Datix, a central system across the organisation.</p> <p>All events were discussed at staff meetings and minutes were kept of any actions taken.</p> <p>Staff members we spoke with were aware of how to report an event and they were aware of recent events that had occurred.</p>	

Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
Safeguarding concerns related to a patient.	Referral to appropriate agencies, information shared with practice team and learning and reflection took place.
Equipment and building incidents	Swift actions taken to remove any risks associated with the incidents. Full investigations carried out including review of contracts roles and responsibilities.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>All staff we spoke with were aware of the alert system.</p> <p>There was evidence that alerts were discussed at team meeting and appropriate actions taken.</p>	

Any additional evidence

Nil.

Effective

Effective needs assessment, care and treatment

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	NA

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Consent procedures were monitored during patient records reviews. These were newly monitored by the practice at the time of inspection.

Any additional evidence
Since the last inspection the practice had improved the systems in place to review patient outcomes. A medicines audit had been undertaken across Jan – March 2018 reviewing the prescribing of medicines at the practice. This was to ensure that prescribing within the asylum service is safe, effective, cost effective and in line with local and national guidance. The results were shared with the GPs and clinical staff and new guidance was issued where required.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	5
Number of CQC comments received which were positive about the service	5
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comments cards	<p>The service is very good and caring.</p> <p>Staff always treat everyone with love and respect.</p> <p>Staff listened to me and my family.</p> <p>Staff are very friendly.</p> <p>The quality of service is excellent. The environment is very clean, and the staff's approach and attitude is very respectful and serene. There are enough staff available and very little time is wasted.</p> <p>Staff are excellent. The staff's approach and attitude was truly respectful and extremely kind and sympathetic and I did not experience anything but respect and I am endlessly grateful to all personnel.</p>

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Date of exercise	Summary of results
July 2018	<ul style="list-style-type: none"> The practice had only 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.

Any additional evidence
<ul style="list-style-type: none"> Conversations with staff showed they were compassionate and caring to the vulnerable population group they provided services to. We heard that refugees and asylum seekers may not know what

services were available to them or that services may be different to those in their home country.

- Staff told us that language barriers can cause great concern and misunderstanding for families, particularly if medical terms are misunderstood or do not exist in other languages. During their assessment and treatment, we saw that 30-minute appointments were given to allow the much-needed time for patients to feel relaxed.
- Staff told us that language barriers were a real challenge for asylum seekers and some terms were unfamiliar to them. For example, the word GP was not used when talking to patients as this would not be known to them instead the word 'doctor' was used because this was more universally understood.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with staff.	<p>There were no interviews carried out with patients during this inspection.</p> <p>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.</p> <p>There were numerous examples shown for how staff support and sign post patients to advocacy services and to other agencies across the community who could support families newly arrived into the UK.</p> <p>The practice regularly uses translation services such as language line, to communicate with patients and families.</p>

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Any additional evidence
Nil

Privacy and dignity

Question	Y/N
----------	-----

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
--	-----

	Narrative
Arrangements to ensure confidentiality at the reception desk	The reception desk had a window behind which reception staff were seated. This enabled private conversations to be had with patients who reported at the reception desk.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

Examples of specific feedback received:

Source	Feedback
Comments cards	<p>Positive feedback was given such as;</p> <p>The service is very good and caring.</p> <p>Staff always treat everyone with love and respect.</p> <p>Staff listened to me and my family.</p> <p>Staff are very friendly.</p> <p>3 cards with translators – to be added</p>

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm

Appointments available
<p>Staff interviews confirmed that patients arriving into the UK were given a welcome pack by their accommodation provider and within this, was an invitation to book an appointment with the practice nurse for assessment and health screening. We were told that if required a patient appointment could be made with the practice GP. In addition to pre-bookable appointments urgent appointments were also available for patients that needed them.</p> <p>To support newly arrived asylum seekers the practice provided information and guidance on how the NHS works, such as the appointment systems and prescriptions. Photographs of buildings were used to signpost patients to shops and pharmacies when medicines were prescribed. The practice had information in different languages, such as health conditions and disability information. The practice provided translated services daily and we saw interpreters and language line would be used regularly to support patients.</p> <p>At the time of inspection, we found there were gaps in the availability of clinical staff to respond to patient's needs. For example, if a prescription might be required or blood results needed reviewing. This was due to nurse holidays but also because of a reduced number of GP hours available as part of the contract with NHS England which is to currently fund six hours of GP sessions. We discussed this with the senior manager team during the inspection and raised concerns for the possible risks this might pose to responding promptly to a patient requiring emergency care.</p>

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	No
If yes, describe how this was done	
Home visits were not undertaken.	

Timely access to the service

Examples of feedback received from patients:

Source	Feedback
Comments cards	Positive feedback was given such as; Staff are always on time. 3 cards with translators – to be added

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	1
Number of complaints we examined	1
Number of complaints we examined that were satisfactorily handled in a timely way	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Nil	

Example of how quality has improved in response to complaints

No evidence shown.

Any additional evidence

Nil

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice

The practice has a full-time manager and the support of a management team at UC24. The manager has worked at the practice for many years, she has the appropriate skills, knowledge and experience to deliver a service to this vulnerable patient population.

Following the practice last inspection actions plans were put in place and changes made by the leadership team to strengthen clinical leadership at the practice. Interviews with key leaders showed they understood the challenges the practice faced following the inspection and what was needed to ensure quality and sustainability was achieved.

The practice now has visible leaders which were approachable. Staff we spoke with told us they felt the changes made provided them with more support than previously.

The practice currently employs three GPs in total each covering a two-hour session each week, as per their NHS England contract. At this inspection we found that some days the practice did not have GP cover. Rotas showed that working alongside the GPs were practice nurses and an advanced nurse prescriber (each of these were agency staff). Staff rotas showed that there were gaps on some days across the week when there would be no clinician available to see patients or review test results. The senior management team were aware of this and the risks this posed to a delay in treatment for patients.

Any additional evidence

Nil

Vision and strategy

Practice Vision and values

The organisation has a vision and strategy which includes the Asylum practice.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

Staff we spoke with told us they felt supported, respected and valued. They told us they enjoyed working at the practice and they felt proud of the work they did. Staff told us the culture of the organisation was an open culture, they did not fear raising concerns and they did this without fear of reprimand.

Actions taken by staff demonstrated that the needs and experience of people who use services was central to the care provided. For example, the support of interpreters, the flexible approach to appointment times and the length of times given and the fund raising and awareness days organised by staff.

Strengthened systems had been put into place since the last inspection to support staff. Staff appraisals and clinical supervision and leadership was now in place. Staff told us it was easy to report incidents and concerns and they felt confident that they were supported to do this.

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff	<p>Staff told us the practice was a good place to work. They told us they felt supported by the new provider and they had been supported when personal circumstances required this. We heard that staff were caring and everyone working here cared about each other.</p> <p>Training and support within the practice was good. The practice had an open culture and staff told us they would not be concerned to raise concerns and issues.</p> <p>Staff told us they were treated as a respected member of the team.</p> <p>Staff told us they enjoyed the new MDT meetings.</p>
Staff records	<p>Staff were offered an annual appraisal to assess learning needs and were given protected time to undertake training.</p>

Any additional evidence

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Full policies and procedures in place.
Other examples	<p>Improvements since the last inspection were;</p> <ul style="list-style-type: none"> • 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. • Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. • A clinical lead was now in place. Practice leaders had oversight of safety alerts, incidents, and complaints. • Clinical audits were carried out now with 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.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Infection control	Infection control audits undertaken annually.
Environmental risk assessments	Environmental risk assessments undertaken annually.

Any additional evidence

- 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 bloods. At the time of inspection there was a three-day gap until another clinician able to treat patients was available. We identified that at these times patients were at risk of delayed treatments when meeting patient's needs. Discussions took place with the senior management team who were aware of this and who commented on the constraints of the service NHSE contract. There was no evidence that the risks associated with this had been fully assessed by the provider.
- The practice had some arrangements to ensure that facilities and equipment were safe and in good working order but improvements were needed. 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.

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

Any additional evidence

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
The practice had a Patient Satisfaction Questionnaire which we were told was given to each patient following their appointment. The questions asked to relate to how patients were treated by staff, and how clean and safe was the environment and how good was the treatment or support was good or not. At the time of inspection this information had not been collected to be used by the practice.

Any additional evidence
Positive feedback from staff included being able to job share, the benefits of flexible working and the development of a Staff Council to support staff.

Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
------------	-------------

Medicines audit	<p>A medicines audit had been undertaken across Jan – March 2018 reviewing the prescribing of medicines at the practice.</p> <p>The reported showed that the prescribing undertaken by clinicians was compared to other services locally and it was reviewed against the local criteria which was the Pan Mersey Area Prescribing Committee.</p> <p>The results were shared with the practice GPs and clinical staff and new guidance was issued where required. This audit activity had only recently been introduced and required further development and implementation.</p>

Any additional evidence
<p>Other improvement actions given included;</p> <p>The appointment of a clinical lead and the development of a monthly MDT meeting.</p> <p>The recent appointment of a medicines management lead for UC24</p> <p>Improved networking with external agencies which promotes greater understanding of support agencies</p> <p>Plans were in place to develop an online resource hub for professionals alongside Liverpool John Moores University to commence in September 2018.</p> <p>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.</p>

DO NOT DELETE THE NOTES BELOW

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

- Significant variation (positive)
- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).