

# Care Quality Commission

## Inspection Evidence Table

### The Doctor Hickey Surgery (1-548202361)

Inspection date: 28 July 2022

## Overall rating: Outstanding

The practice is rated outstanding overall. This is because we rated the practice as outstanding for providing a caring, responsive and well-led service:

- The practice had a clear mission to provide homeless patients with access to a high-quality primary care service.
- Patients were respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.
- The practice worked with other agencies to provide effective care to patients wherever they were located and understood and worked to address the barriers to access faced by homeless patients.
- There was a focus on innovation and improvement, recognising that homeless people were likely to have multiple and complex needs and poor health outcomes without effective support.

## Safe

## Rating: Good

### Safety systems and processes

**The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.**

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> <li>Many of the practice's patients were vulnerable to various forms of abuse by the nature of their circumstances. The practice used consultations and outreach to check that patients were not under undue threat and reviewed all safeguarding cases to identify patients with complex problems or at urgent risk (for example, due to crisis or pregnancy).</li> <li>The practice maintained a separate register of patients at risk of abuse with mental health problems.</li> <li>The practice actively worked with other agencies, including drug and alcohol services and local hostels to protect patients, for example, through the newly established 'enhanced vulnerability forum'.</li> <li>The clinicians were practiced at working through situations to get a safe outcome for patients, such as when statutory agencies might be initially slow to take ownership of safeguarding risks when these were located within the homeless rather than the residential population.</li> <li>Safeguarding reviews were structured and took account of other people (in addition to the registered patient) who might be risk of harm in specific situations, such as related children.</li> </ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 31 March 2022	Y
There was a fire procedure.	Y
Date of fire risk assessment: 16 March 2022 Actions from fire risk assessment were identified and completed.	Y

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 30 June 2022	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
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.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours	Y
Explanation of any answers and additional evidence:  The practice had decided not to stock controlled drugs as part of its stock of emergency medicines due to the risk of theft and misuse. The practice had carried out a risk assessment to underpin this decision and mitigate the risk. Alternative forms of pain relief were stocked.	

## Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y

## Appropriate and safe use of medicines

### The practice had systems for the appropriate and safe use of medicines, including medicines optimisation.

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHS Business Service Authority - NHSBSA)	0.90	0.59	0.82	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2021 to 30/06/2022) (NHSBSA)	8.4%	8.8%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2022 to 30/06/2022) (NHSBSA)	6.11	5.57	5.31	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	168.5‰	57.7‰	128.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHSBSA)	0.18	0.46	0.59	Variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	41.9‰	4.8‰	6.8‰	Significant Variation (negative)

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines. <sup>1</sup>	Y
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.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. <sup>2</sup>	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was a very high incidence of psychosis and related conditions (18% in 2020/21) within the practice population compared to the North West London population (1% in 2020/21) which explained the higher than average prescribing of multiple psychotropic medicines per patient. (Data taken from Quality and Outcomes Framework published prevalence data 2020/21).</p>	

## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	3
Number of events that required action:	3

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Failure to inform patient of confirmed diagnosis in a timely way	Patient was informed of the diagnosis when the error was identified. The practice provided full disclosure of the circumstances leading to the incident along with an apology. The patient was invited to make a complaint but declined and so the incident was logged as a significant event for further investigation. The practice identified areas for improvement as a result of this incident including raising staff awareness of how to access contact details for street outreach teams and to use the 'high priority' reminder system to ensure that important information was communicated.
Patient aggression	Patient became abusive and threatening following a fire alarm, requiring police to be called and the patient to leave the service without being seen. The practice evaluated the potential triggers leading to increased tension in this case. Learning points included the importance of informing patients about the impact of unexpected events on service delivery, for example, letting them know there would be a short delay before the service resumed.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: We saw examples of actions taken on recent alerts, for example, in relation to medicines that should not be taken during pregnancy as they can cause birth defects.	

## Effective

## Rating: Good

. QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care and treatment were delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Y

### Effective care for the practice population

Findings
<ul style="list-style-type: none"><li>• Patients typically presented to the practice with multiple health problems, exacerbated by other factors, including safeguarding issues. The practice worked closely with other agencies and professionals to provide effective care to meet patients' specific needs.</li><li>• Patients received a full assessment of their physical, mental and social needs.</li><li>• The practice had fewer than thirty patients over 75. The practice provided individualised and multidisciplinary care to this group depending on their needs.</li><li>• Flu, shingles and pneumonia vaccinations were offered to eligible patients.</li></ul>

- Patients had access to appropriate health assessments and checks including NHS checks for people aged 40 to 74. The practice had offered health checks to approximately half of registered patients although take-up was low. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check. Thirteen of fifteen contactable patients had attended for a check in the last 12 months.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice had four patients on the palliative care register at the time of the inspection.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice worked closely with local drug and alcohol services and provided a substance misuse service including methadone maintenance therapy. This service was provided with the aim of reducing dependence and promoting recovery. Patients we spoke with told us about the positive impact that successful treatment for addiction had had on their quality of life.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services.

## Management of people with long-term conditions

### Findings

- We carried out a search of the practice electronic records system to assess how the practice was managing aspects of care for patients with asthma, chronic kidney disease, hypothyroidism and diabetic retinopathy. We found that the practice was managing patients in line with guidelines.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GPs worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. Clinicians were given opportunities to specialise in areas of clinical interest including long-term conditions.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- Patients with asthma were offered an asthma management plan. GPs followed up patients who had received treatment in hospital or through out-of-hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. We conducted a search of the practice records system to check if the practice was potentially missing diagnoses of chronic kidney disease (stages 3 to 5) and did not find any issues.
- Adults with newly diagnosed cardio-vascular disease were offered statins.

- The practice provided a hepatitis C treatment service on the premises in partnership with the local acute trust.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/03/2022) (UK Health and Security Agency)	19.5%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	16.9%	48.9%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	14.9%	57.1%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	16.7%	55.9%	55.4%	No statistical variation

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

#### Any additional evidence or comments

- The practice had a small and transient registered female population with around 300 patients being eligible for the national cervical screening programme in 2020/21.
- The practice was aware of its lower than average performance in relation to cancer screening and the barriers that homeless patients faced to participation.
- The practice was able to demonstrate how they encouraged eligible patients to attend screening, for example as part of the registration process; through opportunistic discussion when patients were in contact with the practice; and during outreach visits. The practice clinicians provided information about the benefits of screening and the screening process. The practice nurse had protected time to review the screening lists and invite patients who were contactable. The practice was aware of the need to improve.
- The practice had systems in place to support and follow-up patients who attended cancer screening programmes and were referred for further treatment.

## Monitoring care and treatment

**The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.**

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

- The practice carried out an annual mortality survey to assess the extent to which the practice added to patients' life expectancy by comparing the average age of death of registered patients against the average life expectancy in the general homeless population (45.9 years for men and 43.3 years for women). The survey showed a general increasing trend over time in relative life expectancy in the practice population with the last three years' results being 50.5 years in 2020, 52.9 years in 2021 and 54 years in 2022.
- The practice carried out a programme of audit. For example, it regularly audited its prescribing of oral vitamins to patients with alcohol dependency. This is recommended in national guidelines to reduce the risk of irreversible brain damage. Around a quarter of registered patients have a diagnosed alcohol dependency. The practice set itself a target that 90% of these patients should have evidence that oral vitamin B1 is being prescribed in their medical notes. The audit has been carried out annually since 2015 and has shown steady improvement over the last three years, with evidence of this prescribing reaching 86% in 2020, 89% in 2021, and 92% (the target) in 2022.
- The clinicians carried out reflective reviews following unexpected patient deaths (for example, following overdose) to identify any learning that could have prevented the death or potentially influenced the outcome. Submitted reviews included detailed reflection on patients' interactions with the practice and other services. Learning points of one recent review included the quality of communication between the practice and local drug services. In this case, the practice had agreed how it might better advocate for more flexibility in its prescribing in certain, extreme cases, to enable patients' substance misuse to stabilise, allowing them to access recovery services.

## Any additional evidence or comments

The practice had continued its quality improvement and audit activity throughout the COVID-19 pandemic.

## Effective staffing

**The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.**

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

## Coordinating care and treatment

**Staff worked together and with other organisations to deliver effective care and treatment.**

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice was part of a project alongside another general practice and the Groundswell charity to identify people who were rough sleeping with potentially serious but treatable health problems; provide temporary respite accommodation; medical care; and care navigator support. Initial findings suggested that the project was successful in reducing A&amp;E attendance.</p> <p>The practice had produced a report of its own impact which included an analysis of secondary care activity as a broad correlator of morbidity. The analysis was based on data it had gathered from official sources (Office of National Statistics) and peer-reviewed academic papers since 2010. The datasets were not directly comparable so the results are indicative but suggestive of positive outcomes:</p> <p>A&amp;E Attendances: (per 1000 people per annum)</p> <ul style="list-style-type: none"> <li>• INWL average (Kensington and Chelsea, Hammersmith and Fulham and Westminster): 522</li> <li>• Homeless population average: 3304</li> <li>• The Doctor Hickey Surgery: 1034</li> </ul> <p>Non-Elective Admissions: (per 1000 people per annum)</p> <ul style="list-style-type: none"> <li>• Homed People: 235</li> <li>• Homeless people: 471</li> <li>• The Doctor Hickey Surgery: 229</li> </ul>	

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y
<p>Explanation of any answers and additional evidence</p> <p>Our clinical review identified one recent case where a DNACPR decision had been recorded. The records showed that a capacity assessment had been undertaken. The patient had been represented by an Independent Mental Capacity Advocate and their views taken into account. The key information in the DNACPR had been shared with relevant agencies.</p>	

## Caring

## Rating: Outstanding

We rated the practice as outstanding for providing a caring service because patients were respected and valued as individuals and were empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.

### Kindness, respect and compassion

**Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.**

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The practice team aimed to positively welcome every patient to the practice and encouraged people to stay for a hot or cold drink, sandwich and a chat if they wanted. (Sandwiches were donated by a local business daily).</li><li>The reception team, clinicians and manager were on first name terms with many patients and could recognise when patients were struggling or seemed unwell and needed additional support.</li><li>The team actively took opportunities to engage patients when they visited the practice, find out how they were, and discuss local services, developments and activities that might be of interest.</li></ul>	

Patient feedback	
Source	Feedback
Patient interviews	Patients told us that the service had been invaluable. One patient who had been with the practice for several years, said that the practice team never give up and described the practice team's efforts to support them through addiction as 'above and beyond' any normal primary care service.
Patient interviews	Patients described the practice as a 'safe' space and somewhere they could speak openly without being judged, for example about relapse. One patient said that however bad they felt when they arrived at the practice, they were always treated like an equal and left feeling better.
Patient interviews	One patient told us that the practice handled 'transitions' between services well which was something that the NHS was often not good at in their experience.
Patient interviews	Patients told us they felt fully involved in their care. They said there was enough time to talk through any problems and treatment options. One patient told us that the clinicians had been able to dispel their fears prior to a hospital admission.

	Another said that there was always a useful discussion about any medicines being prescribed and potential side effects.
Patient interviews	Several patients told us they believed that the practice had saved their lives through timely and effective intervention.
Patient interviews	All the patients we spoke with said they were treated with care and compassion by staff and their views respected. People described the service as 'unique', 'outstanding' and 'amazing'.

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

Any additional evidence
<ul style="list-style-type: none"> <li>The practice welcomed patient feedback (for example, Friends and family comments) but had found that written surveys were of limited use because response rates tended to be low and excluded patients who had difficulty reading and writing.</li> <li>They also found that their patients tended to be reluctant to provide critical feedback for various reasons. The practice had a patient participation group who could be contacted for feedback but it also used more opportunistic methods to talk with patients as they attended the practice about possible service developments, feedback about their experience and ideas for improvement.</li> </ul>

## Involvement in decisions about care and treatment

### Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Staff consistently told us they were fully committed to working in partnership with people and finding ways to make this a reality for each person. Patients we spoke with told us they were full partners in their care and this was vital, for example, in making a full and long-term recovery from addiction.</li> <li>Easy read and pictorial materials were available.</li> <li>There was no restriction on consultation times enabling the clinicians to cover multiple issues in one appointment and take as much time as necessary to explain and involve patients in decisions.</li> <li>The practice participated in a local Homeless Health Peer Advocacy project. This involved voluntary sector-trained peer advocates offering one to one support to help people access services, for example by accompanying people to appointments. Advocates all had personal experience of homelessness and two advocates were based at the practice.</li> </ul>	

- We saw evidence that the practice facilitated patients potentially without the capacity to make important decisions about their care, and who did not have close family or carers, to have representation from an Independent Mental Capacity Advocate.
- The practice had a focus on working to achieve patients' longer term goals by supporting and signposting patients to resources to help maintaining independence, find employment, suitable housing and ultimately to transition to the care of mainstream general practice. The practice offered volunteering opportunities, for example, in fundraising for, redesigning and building an outdoor area adjacent to the practice as a memorial garden to commemorate the lives of patients who had died.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: One of the practice administrators could communicate in Makaton. Makaton is a communication system particularly aimed at people with learning disability which uses a mix of signs, symbols and speech.	

Carers	Narrative
Percentage and number of carers identified.	0
How the practice supported carers (including young carers).	N/A
How the practice supported recently bereaved patients.	The practice had an in-house counsellor who could provide bereavement support and could signpost patients to relevant local services.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: The practice kept a small stock of spare clothes for patients to use if necessary. Patients told us this might seem a small thing, but in practice it was greatly appreciated as it enabled people to maintain their dignity and comfort if their own clothing was damaged, stolen or soiled.	

## Responsive

## Rating: Outstanding

We rated the practice as outstanding for providing a responsive service because services were:

- Delivered in a way to ensure flexibility, choice and continuity of care.
- The practice worked with other agencies to provide effective care to patients wherever they were located and understood and worked to address the barriers to access faced by homeless patients.
- There were innovative approaches to providing integrated person-centred pathways of care, particularly for people with multiple and complex needs.

### Responding to and meeting people's needs

#### The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: The practice was responsive to the changing trends of homelessness in Westminster including cultural needs and barriers faced by certain groups of patients. For example, Roma people were increasing in number within the homeless population. These patients were more likely to be fearful of statutory agencies; apprehensive about registering with a GP and more likely to be street homeless.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	9.30-12.30; 13:45-16.00
Tuesday	9.30-12.30; 13:45-16.00
Wednesday	9.30-12.30
Thursday	9.30-12.30; 13:45-16.00
Friday	9.30-12.30; 13:45-16.00
Appointments available:	
Monday - Friday	During opening hours
Consultations also available at hostels/day centres during outreach sessions each week	

### Further information about how the practice is responding to the needs of their population

- The practice had a small older population predominantly housed in two hostels. Additionally, there was a small group of housebound older patients with whom the practice had a longstanding relationship after long periods of homelessness. The practice provided clinics at the hostels and regular home visits by one practice partner to provide continuity to the housebound group.
- COVID-19, influenza and shingles vaccination were offered at the practice premises, on an opportunistic basis and during hostel and other community based visits.
- The practice provides six weekly outreach sessions to hostels (three medical and three nursing sessions). These sessions provide in-reach services and additional face-to-face consultation opportunities for those who are unable or unwilling to visit the practice.
- The practice also provided one session per week of both medical and administration time to street outreach, usually in conjunction with statutory homeless services in Westminster. One of the GPs carried out this evening session going out to talk to people on the streets, in order to build trust over time with people who tend to be more fearful of engaging with formal services.
- Since 2019, the practice has provided day centre outreach to patients attending centres in Westminster for substance misuse and drug and alcohol services. This has provided the team with opportunities to work in a more multidisciplinary way with these services and alongside the Homeless Health Service which is a nurse led outreach service. The initial project was so successful it was expanded to a second day centre in the borough.
- Pre-bookable appointments were available to all patients in at additional locations within the area through the local primary care networks. Appointments were available at weekends and weekday evenings by appointment.
- The practice participated in a local project to provide peer advocates to support patients, for example by accompanying them to health appointments. All peer advocates had direct experience of homelessness.
- The practice held a register of patients living in particularly vulnerable circumstances including Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice. The practice was specifically commissioned to provide services for homeless people.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability, for example one of the team was able to communicate in Makaton.
- The practice provided a clinic for Roma people led by a female GP. The practice told us that these people make up a growing number of street homeless people (particularly women) in London. We were told that this community is wary of formal services having frequently been subject to discrimination in their original country and the UK; typically, without recourse to public funds and with limited knowledge of English. The practice works with Roma- speaking outreach workers to identify and encourage these people to attend the clinic. Over 70 homeless Roma people had registered with the practice since the start of the initiative.
- The practice provided an integrated hepatology service on the premises in partnership with a local acute trust. The service had been evaluated and had been shown to have prevented deaths and had successfully treated over 200 patients with hepatitis C since its introduction. As a result of this success, the service had been extended to other patients across the primary

care network and the results disseminated in research publications and at conferences on healthcare quality.

- The practice had successfully raised funds for and started work on a memorial garden following suggestions from patients for ideas for improvement. The design and work involved patients and former patients (volunteering their skills). The aim was to develop an attractive and peaceful area for people to spend time and to commemorate the lives of patients of the practice who had died.

## Access to the service

### People were able to access care and treatment in a timely way.

*The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England and Improvement to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.*

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice provided both pre-bookable and walk-in appointments which were accessible by telephone or in person or electronic request. Patients were free to request face to face appointments if they would prefer. The practice was able to provide continuity of care to patients for whom this was important.</li><li>• Patients attending for a walk-in appointment were usually seen the same day. If a patient attended with an urgent problem or the team were concerned about them, they were seen immediately.</li><li>• The practice offered e-consultations and video consultations although take up of these services remained relatively low and the practice was conscious of the risk of digitally excluding their patients by over-relying on technology and app-driven services.</li><li>• With the onset of the COVID-19 pandemic the practice invested in mobile telephones to lend to patients who did not have their own and tablet computers for the hostels, in order to facilitate telephone access to the service. We were told that this had worked really well.</li><li>• The practice reported that many patients adapted quickly and positively to the new appointment system, something that staff had not anticipated. Some patients continued to choose telephone consultations beyond the initial phase of the pandemic as these fit with their lifestyle. The practice told us a key learning point from the COVID-19 pandemic was that they should not limit the service based on their own expectations of patients' preferences and abilities but continue to expand access options while ensuring that patients were not unintentionally excluded.</li></ul>	

Source	Feedback
Patient interviews	All the patients we interviewed described access to the service as very good both during the early phase of the COVID-19 pandemic and currently. Patients said they appreciated the reasons for limiting access to the waiting room inside the building and the current system of booking appointments and checking in at the reception window before entering the building was working well. Patients we spoke with were confident that they could access care when they needed it, including out of hours.

## Listening and learning from concerns and complaints

### Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	4
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice actively encouraged patients to make a complaint if they had any concerns so that the practice could investigate and learn.</li> <li>The patients we interviewed said they would feel comfortable raising any concerns or complaints (and were able to give us examples). They were confident that any issues would be dealt with.</li> </ul>	

Examples of learning from complaints.

Complaint	Specific action taken
Patient complained that they were left distressed after having been asked to register with a local practice after being rehoused.	The practice is commissioned to provide a service to homeless people only. In investigating the complaint, the practice recognised that when people find somewhere permanent to live, the request to register with a local GP can be worrying. The practice reviewed its procedures and agreed that this discussion was to be initiated by staff and clinicians familiar to the patient and the whole team should provide consistent messaging to patients about the policy and process.
Patient arrived for a booked COVID-19 vaccination but had to be turned away due to late delivery.	The practice apologised to the patient and rebooked the appointment and administered the vaccine. The patient was happy with the outcome. The practice reviewed its procedures and agreed that patients should not be booked for vaccination the same day that the vaccines were due for delivery as these were sometimes delayed and that was outside the practice's control.

## Well-led

## Rating: Outstanding

We rated the practice as outstanding for providing a well-led service because:

- The leaders inspired staff to provide patients with the highest quality, evidence-based, multidisciplinary primary care.
- The practice demonstrably acted on its vision, goals and values, including tackling the health inequalities and exclusion experienced by homeless people.
- The practice had designed the organisation of clinical care to provide a holistic service to patients with complex needs.
- There was strong collaboration across the team and with external stakeholders to tailor the service to individual needs.
- Staff at all levels expressed an enthusiasm and joy for their work.
- There were opportunities for staff to develop specialist knowledge and skills.
- There was a focus on learning, evaluation and impact and a willingness to try new ideas for the benefit of patients. Relevant results were shared widely, for example, through research meetings and publications.

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"><li>• The founding partner of the practice had retired since our previous inspection. The practice had effective succession planning in place to manage this change and had taken on new GP partners to become a four-partner practice. The leaders were confident in their ability to provide a sustainable service and meet any challenges.</li><li>• Leaders and staff told us they were ambitious to provide their patients with the highest quality care. We interviewed clinicians and non-clinicians. Everyone we spoke with described the leadership positively, for example, the GP partners were described as 'inspirational' by colleagues. Staff said that the leadership motivated them to provide the highest quality care for the local population including patients with complex needs.</li><li>• The practice had a positive reputation as a key local stakeholder for the health needs and rights of homeless people in Westminster.</li><li>• We were told that the leaders led by example, for example by the commitment of one of the GP partners to carry out weekly, evening street walking rounds to identify street homeless people with urgent and chronic health needs; to build trust; and to encourage people to register with the practice. The practice had been involved (along with many other organisations) in the government's Rough Sleepers initiative and pointed to the overall success of that scheme in</li></ul>	

reducing the proportion of rough sleepers who were sleeping on the streets in Westminster (from 24% in 2017 to 8% in 2021 as recorded by Local Authority Street Count statistics) as a significant, positive outcome.

- There were opportunities for staff to develop specialist knowledge and skills.

## Vision and strategy

### The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice vision was set out in mission statement which was displayed in the waiting areas. The practice vision was that 'homeless people, whose health needs are so immense, should receive a standard of general practice at least equitable with that which the rest of the nation takes for granted'.</li> <li>• The practice strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population, for example, developing its services to treat substance misuse and trust in the team.</li> <li>• The practice set itself 'stretch' targets for clinical audits and performance, for example monitoring patient mortality with the aim of continuously closing the gap in life expectancy between homeless and homed people in the area.</li> <li>• The practice had designed the organisation of clinical care to provide a holistic service to patients with complex needs.</li> <li>• The practice monitored progress against delivery of the strategy. It evaluated its impact and could show that practice patients had longer life expectancy (by around ten years) than patients in the general homeless population. They were keen to do better.</li> </ul>	

## Culture

### The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y

When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice staff consistently described the working culture as positive, reflective, welcoming and supportive. Patients could be very challenging but the team supported each other to find solutions. There were regular clinical meetings and the clinicians on site met daily to discuss complex or challenging cases and provide peer support.</li> </ul>	

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

Source	Feedback
Staff interviews	Staff at all levels expressed an enthusiasm and joy for their work and the positive impact they saw the service having for patients.

## Governance arrangements

**There were clear responsibilities, roles and systems of accountability to support good governance and management.**

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: <p>There was strong leadership, collaboration and support across the team, a focus on multidisciplinary working and a shared focus on improving the quality of care, inequality and people's experiences.</p>	

## Managing risks, issues and performance

### There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:  The partnership maintained clinical risk registers which were monitored at senior level. The partnership was able to use its resources flexibly to manage risks, for example to cover staff vacancies with minimum reliance on agency locums who might be unfamiliar with local systems and processes.	

### The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic.

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice had continued to offer face-to-face appointments throughout the pandemic.</li><li>• However, it had introduced 'total triage' for a period and offered more online and telephone appointments during the COVID-19 pandemic. The practice had been positively surprised by the</li></ul>	

take up of booked appointment by their patients. They had found that different means of access suited some patients, for example patients who were mobile and comfortable in using mobile telephones and the practice had continued with the appointment system.

- The practice had purchased mobile phones to loan to patients who did not have their own to facilitate access. The practice had also distributed some tablet computers to local hostels which could be used by patients or staff.
- Take up of online and video consultations remained low but the practice continued to support and offer these as options.
- The practice GPs had continued to carry out hostel visits and other forms of outreach to street homeless patients throughout the COVID-19 pandemic.

## Appropriate and accurate information

**There was a demonstrated commitment to using data and information proactively to drive and support decision making.**

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• There was a focus on evaluating new services and pilot projects to assess their effectiveness and secure longer-term funding if appropriate.</li> <li>• The service was transparent, collaborative and open with stakeholders about performance. The practice provided regular reports to the commissioners which included the stories of ten consecutive patients attending on a particular day to provide richer evidence about the way the service worked with individual patients.</li> </ul>	

## Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y

Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y

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

### The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Partial
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Services were developed with the participation of patients, staff and external partners. For example, the practice had a patient participation group and consulted members although the group had not met face to face since the onset of the COVID-19 pandemic.</li> <li>The practice included staff in service and strategic development, recently carrying out a group 'SWOT' analysis (that is, consideration of strengths, weaknesses, opportunities and threats).</li> <li>The practice found that an effective way to get patient feedback was to ask a series of patients individually at the end of their consultations for their views about aspects of the service. This was the process the practice used to consult patients about its response to the emerging coronavirus crisis.</li> </ul>	

## Feedback from Patient Participation Group.

Feedback
At the time of our inspection, the patient participation group had been through a period of inactivity due to the COVID-19 pandemic. However, the practice manager was in the process of re-establishing the group.

## Continuous improvement and innovation

**There were systems and processes for learning, continuous improvement and innovation.**

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: There was a focus on learning, evaluation and impact and a willingness to try new ideas for the benefit of patients.	

### Examples of continuous learning and improvement

Since our previous inspection the practice had continued to develop its services. There were many examples, including:

- The practice was providing more outreach services to include street homeless people, hostel and day centres and working closely with other homeless support services and teams to provide 'wrap around' care when required.
- The practice was a partner in an 'in reach' pilot project with a major London acute trust, that is, supporting homeless patients during hospital admission. The project had supported 345 patients in the first six months and hospital staff working with these patients.

## 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" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique, we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases, at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

## Glossary of terms used in the data.

- COPD:** Chronic Obstructive Pulmonary Disease.
- UKHSA:** UK Health and Security Agency.
- QOF:** Quality and Outcomes Framework.
- 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.
- $\%$  = per thousand.