York Street Health Practice

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This practice is rated as Good overall. This was the first inspection of this service under the current provider.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection programme, we carried out an announced comprehensive inspection at York Street Health Practice on 26 September 2018.

At this inspection we found:

- The practice had systems in place to manage risk so that safety incidents were less likely to happen.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. There was shared learning across the provider's locations.
- There were comprehensive safeguarding processes in place. Patients who were most at risk were easily identifiable and staff were supported to keep safe.
- There was evidence of good record keeping showing how patients were supported, the care and treatment provided, and what liaison with other services had taken place.
- There was an effective electronic system in place to support staff to identify sepsis.
- Staff were trained in conflict resolution. We saw that the team had developed a range of skills and strategies to assist patients who may be distressed or agitated.
- The practice identified patients who were a carer for another person and support was provided at an individual level. In addition, the practice also identified those patients who had a support worker and liaised with them accordingly.
- The practice had a register of extremely high-risk patients. These patients would be seen opportunistically and "fitted in" without necessarily having an appointment. This list was reviewed in the monthly multidisciplinary meetings. All patients were seen as needed; irrespective of whether they were on the register.
- Outreach work was undertaken with asylum seekers and the homeless to support them to register with the practice.
- Collaborative working was undertaken with another agency to support sex workers to access healthcare.
- The practice had undertaken an analysis of patient deaths to identify if any lessons could be learned. As a result, they had improved the use of the end of life template to record a patients' wishes and their next of kin.
- There was governance at a local and provider level to support safe and effective management of the practice.
- There was a focus on continuous learning and improvement.

We saw areas of outstanding practice:

- There was evidence to show the practice were one of the lowest prescribers of opioids within the local CCG. Clinicians had worked with patients to support them in reducing their reliance on opioid medication, which had resulted in an overall 40% reduction in prescribing these medicines within a 12-month period.
- The provider operated a 'street medicine bus', which was used within Leeds city centre two evenings per week. Staff provided advice, support and signposting for people who accessed the bus. We were given examples where patients had received clinical interventions and urgent referrals to secondary care services.

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

- Check that all appropriate equipment is calibrated or removed from use until calibration has been completed.
- Review and improve the storage and the accessibility for staff of policies, procedures or any documents/records needed to support safe and effective service delivery.
- Review and improve how prescriptions are recorded when coming into the practice to include serial numbers, in line with their standard operating procedures.

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

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

Population group ratings

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

Our inspection team

Out inspection was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor (spa), a shadow GP spa, a second CQC inspector and a shadow CQC inspector.

Background to York Street Health Practice

York Street Health Practice is a GP practice. The provider of the practice is Bevan Healthcare CIC, who are a social enterprise, which also provides a GP practice and well-being centre in Bradford. (A social enterprise is a business whose profits are reinvested into their service.) The local team are supported by the organisational structure, which includes Managing, Operations, Finance and Clinical Directors.

York Street Health Practice offers services to people who are homeless or in unstable accommodation and those who have come to the UK as a refugee or to seek asylum. The practice operates from leased premises located at 68 York Street, Leeds LS9 8AA; near to the centre of Leeds. The service website is: www.bevanhealthcare.co.uk

The provider is contracted to provide Alternative Provider Medical Services (APMS) to the registered practice population of approximately 1,515 patients. Patients consisted of 1,224 (81%) male and 291 (19%) female, with 1,278 (84%) of patients being aged 25 to 64 years. There were 20 patients who were aged 65 years and over and 85 patients aged 17 years and under. Due to the nature of the patient population they have an ongoing turnover of patients and register approximately ten new patients per week. At 49%, almost half the patients were classed as homeless; 25% were refugee/asylum seekers; 24% had substance dependency and 19% were alcohol dependent. However, some of the patients were classed as being in more than one of those categories.

The practice clinical team is made up of two male GPs, five female GPs, a male clinical lead nurse/advanced nurse practitioner and two female practice nurses. They are supported by a care navigator, a practice manager and a team of reception/administration staff. Staff at a local level are also supported by a range of staff from an organisational level; such as the quality and development manager and the managing director.

The practice is open from 8am to 6pm Monday to Friday. Face-to-face and telephone consultations are available with a range of clinical staff. When the practice is closed, out-of-hours services can be accessed by calling the NHS 111 service.

The provider is registered with the Care Quality Commission (CQC) to provide regulated activities; treatment of disease, disorder or injury. At the time of inspection, the provider had applied to add diagnostic and screening procedures as a regulated activity.

Bevan Healthcare CIC had taken over as the provider of York Street Health Practice in April 2017. On the day of

inspection, they informed us of the challenges they had initially encountered regarding staffing (the majority of reception/administration and managerial staff employed under the previous provider had left the practice). Issues also included computer systems and incorporating new ways of working to provide service delivery.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Due to the nature of the practice population, safeguarding awareness was paramount. All staff had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns.
- Records of children and patients who were of most concern were checked on a quarterly basis, to ensure all safeguarding information was up to date. Staff gave us several examples where they had addressed safeguarding concerns. Safeguarding was discussed across the provider's locations to ensure a consistent approach and to share any learning.
- All staff who acted in the capacity of a chaperone had been trained and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- An alert was placed in the patient's record if there were deemed to be any safety issues, such as not to be seen alone. The provider had processes in place to support staff if they felt unsafe.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was a system in place to manage infection prevention and control (IPC).
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. However, on the day of inspection, we saw that the calibration of a set of baby-weighing scales was out of date. The practice informed us they would take steps to address this.
- There were safe arrangements for managing waste and clinical specimens.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. We were informed that some staff worked across both the provider's locations and that there was always someone available as backfill at York Street Health Practice, should then need arise.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. A fire evacuation drill had taken place the week previous to the inspection.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Staff knew how to identify and manage patients with severe infections including sepsis. We saw a protocol on the clinical electronic system which flagged up symptoms which had the potential to develop into sepsis by key words, such as temperature, rash, headache. This enabled staff to identify any potential issues where they may need to act on sepsis urgently.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. We reviewed a sample of care records. There was good evidence of how patients were supported and what liaison with other services had taken place.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.

Good

Are services safe?

- The practice worked collaboratively with the local Clinical Commissioning Group (CCG) Medicines Optimisation Pharmacy team to ensure safe and effective prescribing overall. There was evidence of effective and appropriate antibiotic prescribing in line with local and national guidance.
- Those patients who were prescribed high risk medicines received regular reviews in line with national guidance.
- Due to the potentially complex and high-risk nature of the patient population the practice had reviewed how they prescribed medicines. We were informed of how they liaised with other services, such as the prison service, to ensure the appropriate medicines were prescribed and that care had a structured approach to support the safety of the patient and staff.
- There was evidence to show the practice were one of the lowest prescribers of opioids within the local CCG. Clinicians had worked with patients to support them in reducing their reliance on opioid medication, which had resulted in an overall 40% reduction in prescribing these medicines within a 12-month period.
- There were protocols in place to ensure patients could not be over-prescribed medicines and would only be given a prescription by engaging with the service.
- On the day of inspection, it was noted that the practice did not record the serial numbers of the blank prescriptions which came into the practice. We were informed they would review the arrangements in line with their handling of prescription stationery standard operating procedure.

Track record on safety

The had a good track record on safety.

- There were risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.
- There was a system in place to manage patient safety alerts. However, on the day of inspection, it was not easy to locate retrospective Medicines and Healthcare Products Regulatory Agency (MHRA) drug safety alerts to show whether they had been actioned. However, when we spoke with some clinical staff they could evidence what actions had been taken at that time. We also saw four audits which related to different Medicines and Healthcare Products Regulatory Agency (MHRA) alerts which evidenced that actions had been taken.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for reporting and recording any areas of concerns. Staff were encouraged to raise concerns, report incidents and near misses.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We saw several examples where lessons had been learned from incidents. For example, as a result of an analysis of incidents relating to prescription issues, the provider had reviewed the processes regarding opioid prescribing.
- Learning was shared across the provider's locations to support safer service delivery.

Please refer to the evidence table for further information.

Good

Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall.

The provider had only participated in the Quality and Outcomes Framework (QOF) since April 2018. Therefore, there was no verified or published data available to us on the day of inspection. (The previous provider had not participated in QOF.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice.

- Patients' immediate and ongoing needs, including their physical and mental wellbeing, were fully assessed by clinicians. Care and treatment were delivered in line with current legislation, standards and guidance, supported by clear clinical pathways and protocols. There was no evidence of discrimination when clinicians made care and treatment decisions.
- Clinical templates were used, where appropriate, to support decision making and ensure best practice guidance was followed.
- Practice staff were aware of professional support networks, social prescribing and signposted patients to other avenues of support as appropriate or if their condition should deteriorate.

Older people:

- There were approximately 20 patients who were aged 65 years and over. Many of these patients had other areas of concern where their care and treatment would be reviewed and monitored.
- Patients who had memory problems or signs of dementia were managed appropriately.
- Patients' care plans and prescriptions were updated to reflect any extra or changed needs, as a result of a hospital attendance or admission.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Seasonal influenza and shingles vaccinations were offered.

People with long-term conditions:

- Patients with long-term conditions had structured reviews to check their physical health and mental wellbeing needs were being met. There was also a review of the patient's medication to ensure they were receiving optimal treatment.
- Patients at the practice presented with high levels of lung, liver and kidney disease. These could be attributed to issues such as poor diet, alcohol and substance dependencies. Staff had specific competencies in these areas and could support patients accordingly.
- Nursing staff had received specific training to treat long-term, complex wounds, which was relevant to the patient population.

Families, children and young people:

- Children who were registered with the practice were immunised in line with national guidance. However, the number of children aged two years and under were minimal.
- There were approximately 95 children under the age of 18 years registered with the practice; nine of which were unaccompanied asylum seekers. Care and support was provided to these children as appropriate.
- The practice had access to, and liaised regularly with, a named health visitor.
- A quarterly review of all children's records was undertaken to follow-up any concerns and to ensure their immunisations were up to date.

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

- The majority of the patients fell into this category, however, there was a high unemployment rate. This group included patients who were homeless, asylum seekers and refugees.
- The practice promoted cancer screening programmes with patients. Information was provided in a language befitting their origin.
- Opportunistic cervical cancer screening was undertaken with female patients. The practice data showed an increased uptake of 50% since April 2017.
- The practice worked with other agencies to support patients regarding housing, debt, lifestyle addictions or advocacy.

People whose circumstances make them vulnerable:

Good

Are services effective?

- It was deemed that the majority of patients fell into this category due to their circumstances, such as homeless, asylum seeker and dependencies on alcohol or drugs.
- The practice worked in conjunction with other agencies, such as substance misuse, to support patients to access treatments and care as befitted their needs.
- The practice held a register of patients with a learning disability. Longer appointments were allocated to enable annual reviews to be completed.
- Staff knew how to recognise signs of abuse and neglect in vulnerable patients. They had a good understanding of their responsibilities regarding information sharing, documentation and contacting other agencies both in and out of hours.

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

- The practice had a prescribing policy that all patients received a mental health assessment before commencing on any antidepressants or antipsychotics.
- Those patients who were on long-term or high-risk medicines were reviewed in line with guidance. The practice had comprehensive prescribing and monitoring processes in place relating to high-risk medicines.
- We were informed of the high rate of mental ill health amongst homeless and asylum seeker patients. The practice worked closely with other agencies to support these patients.
- Patients were offered access to psychological therapies and counselling.
- Mental and psychological well-being were treated with equal importance to patients' physical health status.

Monitoring care and treatment

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

- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives, such as medicines optimisation and, most recently, the Quality and Outcomes Framework (QOF).
- The provider explained there had been a requirement for them to develop appropriate recall and reporting systems to support the review of patients and the collection of data for QOF. We were shown the data collected between April and September 2018. We discussed how the practice was performing but felt it was inappropriate, at the time of inspection, to make any local and national comparisons due to the fact the practice had only commenced QOF in April 2018. We saw that QOF was discussed at clinical meetings.
- Outcomes of patients were reviewed using various audits and analysis. The practice had implemented a process to conduct the initial reviews of those patients with long-term conditions who were at greatest risk, as per national guidance.

Effective staffing

Clinical and management staff had the skills, knowledge and experience to carry out their roles.

- All staff had appropriate knowledge for their role. Staff were trained in conflict resolution. We saw that the team had developed a range of skills and strategies to assist patients who may be distressed or agitated.
- Those staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people. Records we saw on the day, evidenced this.
- Care was coordinated between services and patients who received person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.

Good

Are services effective?

- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.
- We saw that thematic analysis had been undertaken relating to deaths of patients, including those who were expected and those who had died through a drug or alcohol overdose. This was used to enable the practice to ensure that end of life care was appropriate to the individual patient. There was also evidence of shared caring across several services, including palliative and secondary care. Deaths through overdose had been analysed to assess whether any further intervention could have been provided in those cases. Lessons learned included better use of the end of life template to record a patients' wishes and their next of kin.

Helping patients to live healthier lives

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

- The practice had identified a number of patients were not always in a position to manage their health adequately, due to their complex and chaotic lifestyles.
- The practice identified those patients, including sex workers, who may be in need of extra support.
- Healthy lifestyle information and interventions, such as alcohol misuse, smoking cessation and social prescribing, were available for patients.
- Patients were signposted to other services to access additional support as needed, such as refugee specialist services.
- Outreach services were available for patients to access, via the street medicine team. Advice and information was provided as appropriate. Those patients who required clinical interventions were referred accordingly.
- The provider was working with local organisations to improve services for the homeless and support provision of specialist therapies for asylum seekers and refugees.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence table for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Feedback from patients we received via CQC comment cards was positive about the way they were treated.
- It was noted that patient satisfaction levels as indicated in the national patient survey had improved from previous years' results.
- On the day of inspection, we saw several instances where staff treated patients with kindness, compassion, respect and patience; some of which were in challenging circumstances.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand and had access to communication aids such as easy read materials. We were informed that there were translation and interpretation services for any patients who did not have English as a first language.
- The practice identified patients who were a carer for another person and support was provided at an individual level. In addition, the practice also identified those patients who had a support worker and liaised with them accordingly.
- Patients and carers were signposted to advocacy services that could support them in making decisions about their care and treatment if needed.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Patients' comments we received and observations on the day supported this.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Please refer to the evidence table for further information.

Good

Are services responsive to people's needs?

We rated the practice, and five of the six population groups, as good for providing responsive services. We rated the population group of people whose circumstances make them vulnerable as outstanding for providing responsive services.

Responding to and meeting people's needs

The practice understood the needs of its population and organised and delivered services to meet those needs.

- The facilities and premises were appropriate for the services delivered. The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice engaged with other local providers of health and social care to respond to patients' needs. For example, therapy and substance misuse services.
- Outreach work was undertaken with asylum seekers and the homeless to support them to register with the practice.
- Collaborative working was undertaken with another agency to support sex workers to access healthcare.

Older people:

- The practice responded to the needs of older patients as appropriate. Many of these patients had a long-term condition and received support as appropriate.
- The practice worked with other agencies, such as outreach services, to support patients.
- Staff liaised with palliative care services to support end of life care.

People with long-term conditions:

- A Hepatitis C clinic was hosted at the practice to support patients in accessing Hepatitis C treatment, without the need for attending a secondary care service.
- Blood borne virus and tuberculosis screening, along with Hepatitis B vaccination, was offered to patients at the point of registration with the practice.

Families, children and young people:

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, unaccompanied asylum seekers.
- There was dedicated time and registration process for asylum seeker families, allowing the whole family to register together.
- There was a separate area in the practice for families with young children.

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

- The practice worked with other agencies to support patients regarding housing, debt, lifestyle addictions or advocacy.
- We were informed that some patients accessed the service online, such as booking an appointment or ordering a prescription.

People whose circumstances make them vulnerable:

We rated this population group as outstanding for providing responsive services because:

- The practice had identified approximately 20 patients who were extremely high risk and vulnerable who they 'did not turn away', in line with their protocol. This list was reviewed in the monthly multidisciplinary meetings. If any of those patients presented at a time when there were no available appointments, a message was sent to the clinician on duty who would "fit them in".
- The provider operated a 'street medicine bus', which was available for York Street Health Practice to be used two evenings per week in Leeds city centre. It currently was located outside two food provision centres for the homeless. Staff who manned the bus provided advice, support and signposting for people who accessed the bus. We were given examples where patients had received clinical interventions and urgent referrals to secondary care.

In addition:

- It was noted that the majority of patients were classed as high risk due to the complexity of their circumstances.
- Longer appointments were available for those patients who had extremely complex needs.
- Carers were identified and supported as needed.
- The practice also recorded those patients who had an allocated support worker.

Good

Are services responsive to people's needs?

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held registers of patients who were high risk and had complex needs.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- The clear majority of appointments were book on the day which allowed for patients to be seen the same day as requested.
- Fifteen-minute appointments were available for patients as standard. Longer appointments were also available as needed.
- There was flexibility in the appointment system to allow for the delivery of person-centred, holistic care for patients.
- There were some pre-bookable slots available to fit in with the availability of a patient's care or support worker.
- The practice regularly reviewed demand and capacity regarding the appointment system.
- Patients reported that they could access care when they needed it.

Listening and learning from concerns and complaints

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

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

Please refer to the evidence table for further information.

Good

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Leaders were knowledgeable about issues, challenges and priorities relating to the quality and future of services.
- Bevan Healthcare CIC had taken over as the provider of York Street Health Practice in April 2017. On the day of inspection, they informed us of the challenges they had initially encountered regarding staffing (the majority of reception/administration and managerial staff employed under the previous provider had left), computer systems and incorporating new ways of working to provide service delivery.

Vision and strategy

The practice had a clear vision, a realistic strategy and supporting business plans to deliver high quality, sustainable care.

- All staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice promoted a culture of high-quality sustainable care, focusing on the needs of patients.

- The provider also had a practice in the Bradford area which had previously been inspected and rated highly by the CQC. We were informed of the aims and objectives of the provider to support York Street Health Practice to achieve a similar rating. However, they acknowledged that since they had taken over the practice, there had been challenges that had prevented them developing the service as much as they had planned.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. Staff we spoke with told us they were able to raise concerns and were encouraged to do so.
- There were processes for providing all staff with the development they need. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Any behaviour and performance issues were acted upon.
- Clinicians had formal planned clinical supervision. Staff reported they felt supported by the practice team. There were opportunities to allow staff to "offload" after difficult and complex consultations.
- There was a strong emphasis on the safety and well-being of all staff and patients.

Governance arrangements

There were 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. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- We saw evidence of a 'task board' in place to support administration staff in understanding what was required to be done. For example, scanning records and organising prescriptions. This provided a clear and easy picture of what tasks had been completed and what was outstanding.
- The practice had initially had held daily 'huddles' but felt these were not working effectively. After a staff discussion, it was agreed there would be a range of clinical and governance meetings taking place where any issues or concerns can be raised. Staff reported positively about the more structured approach.

Managing risks, issues and performance

Good

Are services well-led?

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

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. There was an oversight of safety alerts, incidents, and complaints.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.
- The provider of the practice also operated from another local practice and learning and areas for improvement were shared across both sites.
- A 'handover form' had been developed for the reception/administration team to ensure that nothing was missed during a shift handover. This had been well received by staff.
- Clinicians had protected time to undertaken administration duties. Administration staff had dedicated time away from the reception area to deal with prescriptions.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The practice used information technology systems to monitor and improve the quality of care. We were informed of the developments in place to have one central electronic system where all policies, procedures and protocols could be accessed by all the provider's locations.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to support high-quality sustainable services.

- The service was transparent, collaborative and open with stakeholders about performance.
- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was a patient participation group, however, we were informed of the difficulties of engagement due to the nature of the patient population. There was a plan to facilitate a session where food would also be available to the patients.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The provider was currently analysing and reviewing the utilisation of a vacant mental health nurse role before advertising the post.
- The provider demonstrated a clear awareness of any improvements needed. They were working with the local CCG to improve the premises and services.
- Staff had recently attended a conference to look at the work involved to improve services at the practice and how they could support other local areas in relation to the type of patients they have.

Please refer to the evidence table for further information.