# Inspection Report

***We are the regulator:*** *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

# Health Inclusion Matters C.I.C.

87 Cassio Road, Watford, WD18 0QN

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We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|---|---|
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Management of medicines** | ✓ Met this standard |
| **Supporting workers** | ✓ Met this standard |

## Details about this location

| | |
|---|---|
| Registered Provider | Health Inclusion Matters C.I.C. |
| Registered Manager | Dr. Timothy Robson |
| Overview of the service | Health Inclusion Matters, known as Meadowell Surgery, offers primary medical services, mainly to people who are homeless or are vulnerably housed, for example living in hostels. They currently provide care to about 600 people in the Watford and surrounding area. |
| Type of services | Community healthcare service<br>Doctors consultation service<br>Doctors treatment service |
| Regulated activities | Diagnostic and screening procedures<br>Maternity and midwifery services<br>Treatment of disease, disorder or injury |

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*


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## Summary of this inspection

### Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

### What people told us and what we found

We found the service to be welcoming with friendly staff. Practice information, appropriate to the group of people that the practice served, was displayed for people who used the service. This included health promotion, access to support and other available services.

We spoke with five people who all spoke highly of the services provided to them. We also spoke with staff who said they enjoyed working in the practice.

People's needs were assessed and care and treatment was planned and delivered in line with their individual wishes. One person said, "You won't find anyone complain about what they do for you here. It's really good." Another person said, "I've moved further away, but I still want to keep coming here as everyone knows me and I can trust them all."

We saw that there was a system to ensure repeat prescriptions were available promptly and medicines that were kept at the practice were stored safely.

Staff were supported through appraisal, supervision and regular staff meetings.

You can see our judgements on the front page of this report.

### More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Care and welfare of people who use services** ✓ Met this standard

**People should get safe and appropriate care that meets their needs and supports their rights**

### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

### Reasons for our judgement

The whole premises were bright and airy. The reception was large and welcoming. We spent time in the waiting room and observed people who attended reception. We saw several interactions by telephone and in person. We saw that the receptionist was polite and helpful, putting people at ease. Although the waiting area was within the reception, separated by a glass screen, staff spoke discretely to those people at the front desk. We did not hear any patient sensitive information during our inspection.

Although the practice offered a full range of primary medical services, it focussed on people who predominately were homeless or vulnerably housed, for example living in temporary accommodation or hostels. Therefore the surgery had particular expertise in dealing with people who had medical problems associated with that way of life. For example, the service had employed two nurses who had skills and knowledge supporting those who had misused substances and alcohol. Furthermore, the surgery provided particular support for those with mental health problems and offered housing advocacy support, liaising with a wide range of other services. This meant the people who used the service could be assured that their medical and social needs were met by an expert team who understood their specific needs.

Appointments were scheduled in order to allow people to have the time to discuss their needs and for the team of doctors, nurses and other workers to provide appropriate support. People could book appointments in advance and were reminded by text message the day before. In addition the surgery had a large number of 'on the day' appointments available, which were released twice daily in order that people could get care and support immediately it was required.

When we read five people's medical notes we saw that comprehensive details of their consultations had been recorded. Continuous treatment had been provided where it was necessary and follow up consultation appointments had been planned. It was evident that people's medical notes had captured their domestic circumstances so that the doctors were able to understand their wider health and social care needs and what other support

system were in place. The surgery had a relatively small number of people registered with them, so that the practice staff really got to know and understand the people who attended the surgery. This meant that the GP's and the practice nurses were able to demonstrate that they understood people's holistic needs, which enabled them to plan effective care.

One person told us, "I come here a lot. They really care." Another told us, "I haven't been coming here for long as I've just moved here. I am so happy that I can see a doctor who understands what I'm going through."

We saw that there were arrangements in place to deal with foreseeable emergencies. The nurse explained about the emergency medication and the resuscitation equipment that was available to deal with such situations. There were medicines in the practice to deal with specific emergency situations, for example opiate overdose. The emergency medication was within its use by date and all staff had received cardio pulmonary resuscitation (CPR) training. This meant that people were kept as safe as possible should an emergency occur.

**Management of medicines** ✓ Met this standard

**People should be given the medicines they need when they need them, and in a safe way**

## Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

## Reasons for our judgement

There were effective systems in place for the safe prescribing and storage of medicines. Prescriptions were handled safely.

The practice held very few medicines, mostly vaccinations and some medicines that were required in an emergency situation. We saw the practice policy and procedures for prescribing and repeat prescriptions. However, the practice did not issue repeat prescriptions routinely. Any requirement for repeat medicines required the person to make an appointment to see the doctor and collect the prescription in person.

We saw that medicines were stored safely. Medicines that needed to be stored at a controlled temperature such as vaccines were stored in a locked refrigerator. We saw that refrigerator temperatures were checked and recorded daily. This meant that people were protected against the risks of unsafe medicines as the provider had appropriate arrangements in place to store them.

There were appropriate processes in place for the secure storage of prescribing paperwork. There were clear guidelines and protocols in place for immunisations.

A number of audits were undertaken to ensure that people were prescribed the appropriate medicine in line with local and national guidelines. We saw an audit that had been undertaken to reduce the requirement to prescribe benzodiazepines, night sedation and anti-depressants. The reduction in prescribing these medicines was undertaken slowly and in conjunction with supporting people as required. This meant that people were prescribed a minimal amount of medicine in order to control their symptoms.

There was a system in place to ensure that alerts from the National Patient Safety Agency were communicated to the relevant staff for action.

From our observation during our inspection and of the records we examined, we saw that people were protected against the risks associated with medicines.

**Supporting workers** ✓ Met this standard

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

## Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

## Reasons for our judgement

As part of our inspection we looked at the systems in place to support staff through training, professional development, supervision and appraisal. The training records we saw confirmed that staff received a range of core training and role specific training in order that they were appropriately prepared for their workplace roles.

Most staff had been working at the practice for some time and described how their induction took place by learning from someone else in the practice. Staff who had joined the practice more recently had received a formal induction. We saw a record of this in their personal record.

GPs had their annual appraisals carried out via the NHS revalidation system. The nursing staff underwent regular clinical supervision. We saw that annual appraisals for staff had been carried out in order to review staff member's development. However, some appraisals for non-clinical staff were out of date but were due to be done at the time of our inspection.

Staff were supported through informal one to one supervision with their manager. Furthermore, the practice held a range of staff meetings where updates and practice administration/clinical matters were discussed as appropriate to the group of attendees. This meant that staff attended a range of meetings so that matters relevant to their work could be discussed. One member of staff told us, "It's a lot more rewarding working here. We all help each other." Another said, "I really love my job. You really get to know the people who come here and it's so nice to be able to help them."

We looked at the staff training records. Courses attended included: basic life support and safeguarding vulnerable adults and infection control. The clinical staff had undergone training to support people with long standing conditions, such as respiratory problems. In addition they had undergone training to help them support people with the specific conditions that the surgery specialised in. For example, prescribing for supporting people who were dependant on opiates.

The staff we spoke with were positive about the training opportunities provided to them and were satisfied with the support given by the practice managers and the GPs. This

meant that people could be confident that staff had received regular and suitable training to enable them to deliver care and treatment to an appropriate standard.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

| | |
|---|---|
| ✓ **Met this standard** | This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made. |
| ✖ **Action needed** | This means that the standard was not being met in that the provider was non-compliant with the regulation.<br>We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete. |
| ✖ **Enforcement action taken** | If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people. |

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact -** people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact -** people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact -** people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

| |
|---|
| Respecting and involving people who use services - Outcome 1 (Regulation 17) |
| Consent to care and treatment - Outcome 2 (Regulation 18) |
| Care and welfare of people who use services - Outcome 4 (Regulation 9) |
| Meeting Nutritional Needs - Outcome 5 (Regulation 14) |
| Cooperating with other providers - Outcome 6 (Regulation 24) |
| Safeguarding people who use services from abuse - Outcome 7 (Regulation 11) |
| Cleanliness and infection control - Outcome 8 (Regulation 12) |
| Management of medicines - Outcome 9 (Regulation 13) |
| Safety and suitability of premises - Outcome 10 (Regulation 15) |
| Safety, availability and suitability of equipment - Outcome 11 (Regulation 16) |
| Requirements relating to workers - Outcome 12 (Regulation 21) |
| Staffing - Outcome 13 (Regulation 22) |
| Supporting Staff - Outcome 14 (Regulation 23) |
| Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10) |
| Complaints - Outcome 17 (Regulation 19) |
| Records - Outcome 21 (Regulation 20) |

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

**(Registered) Provider**

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

**Regulations**

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

**Responsive inspection**

This is carried out at any time in relation to identified concerns.

**Routine inspection**

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

**Themed inspection**

This is targeted to look at specific standards, sectors or types of care.

## Contact us

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|---|---|
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