

Beacon House

Inspection report

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

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Overall summary

This service is rated as Good overall. (Previous inspection 14 July 2017 was an unrated inspection).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Beacon House as part of our inspection programme, to follow-up on breaches of regulations found at the previous inspection, and to rate the provider.

At the last inspection we issued the provider with requirement notices. We checked all the areas of concern identified at the previous inspection as part of this inspection. We found that the necessary improvements had been made and embedded at the service.

Beacon House Ministries is a Christian charity established to help homeless Patients, those in insecure accommodation and those at high risk of homelessness. Beacon House is operated by Beacon House Ministries. Beacon House offers practical help and a wide range of wellbeing services in Colchester and Essex. The service provides primary healthcare services to adults only. The healthcare clinic provides care and treatment which includes access to health services, physical health, mental health, drugs and alcohol support, vaccination and health screening. Health and well-being assessments are offered to all new clients. The clinic is open from Monday to Friday between the hours of 10am and 2pm.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Beacon House provides a range of services, which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

Our inspection focused on the regulated activities delivered within the health clinic only.

The lead nurse employed at Beacon House is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We received feedback about the service through 20 completed comment cards and spoke with five patients using the service during the inspection.

Our key findings were:

- The service provided care in a way that kept patients safe and protected them from avoidable harm.

Overall summary

- Dignity and respect concerns had been resolved since the last inspection with updated procedures seen during the inspection.
- The provider cared for patients in a kind and respectful manner, involving them in their decisions about their care treatments.
- Patients received care and treatment that met their expectations. They organised and delivered care and treatments to meet patients' needs.
- The risk assessment system seen during this inspection addressed all the concerns previously identified to deliver safe care and treatment and mitigate risks.
- We found appropriate resuscitation equipment and securely and appropriately stored emergency medicines.
- Although the service was for adults only, safeguarding children training was undertaken.
- Complaints and concerns were seen to be acted on appropriately and within a timely manner.
- The registered manager of the service was able to explain how they would inform the CQC of changes to their service delivery.
- The provider had a systematic audit programme to assess, monitor and identify improvements in the service.
- The process to identify and act on significant incidents at Beacon House showed the actions they had taken and the learning to improve.
- Clinical staff supervision was seen in clinical staff records with competency checks. The clinicians had received appropriate training and development.
- There was a duty of candour policy and the statement of purpose for the service had been updated and submitted to the CQC.

We saw the following outstanding practice:

- The service was the winner of the Equalities film competition achieving 'best film' the film has been used in local healthcare settings for those with a learning disability to understand the importance of cervical screening and increased the uptake within the community. The service has seen an increased uptake of screening from 20% of those eligible for screening to 48% in the last year for this hard to reach group. The film has been available on the community 360 website, social media and the Suffolk and North East Essex ICS website.

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

- Continue to record and be clear about the actions taken by the service to resolve issues and the learning gained for all the complaints and significant events in their documentation.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. They spoke with the provider during a site visit and requested information before and after the visit.

Background to Beacon House

Beacon house is registered with the CQC under the inspection category of 'Independent Consulting Doctors Service' and the inspection type of 'Independent Healthcare Organisation'. The services delivered are primary healthcare services to adults only. The healthcare clinic provides care and treatment which includes access to health services, physical health, mental health, drugs and alcohol cessation support, vaccination and health screening.

They are located at:

Beacon House

24 Crouch Street

Colchester

Essex

CO3 3ES

website <http://www.beaconhouseministries.org.uk>

The service is regulated to provide:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

The service is open between 10am to 2pm Monday to Friday.

Beacon House is operated by Beacon House Ministries a Christian charity. Beacon House provides primary healthcare services in Colchester and Essex to homeless patients, those in insecure accommodation and those at high risk of homelessness. The clinic provides care and treatment to adults only which includes access to health services, physical healthcare, mental healthcare, drugs and alcohol support, vaccinations, and health screening. Health and well-being assessments are offered to all new patients using the healthcare service. Over the last year the healthcare service has provided 1,536 appointments to 544 patients. Two registered nurses and a healthcare assistant oversee the clinic. Beacon House also offers patients practical help and a wide range of wellbeing services to meet their needs which includes showering facilities, laundry, a food bank, clothing and toiletry provisions, a café offering hot food/meals and drinks. In addition, life skills classes are offered including computing, support around cooking and budgeting, counselling, a computer suite and an arts and crafts room. The provider works in partnership with other services and organisations to provide support such as specialist services with the local authority, alcohol and drug services. We did not inspect the services that fall outside the scope of regulation.

How we inspected this service

We requested information from the provider and reviewed this prior to the inspection site visit. The methods we used on site, were talking to the provider, a review of documents, policies, risk assessments, and procedures. We received feedback about the service through 20 completed comment cards and spoke with five patients using the service during the inspection.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to patient's needs?

- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

At our last inspection we did not rate the safe key question but found breaches of regulations relating to a lack of risk assessments, processes for managing deteriorating patients or formal training in sepsis recognition. There was minimal resuscitation equipment available at the service, which did not include the recommended items by the Resuscitation Council UK. Emergency medicines were unsecure and unsupervised in the clinic room, no evidence for the administration of emergency medicines for anaphylaxis overdose and out of date medicines. Safeguarding policies and procedures for children were not in place. Staff were unaware of their role in raising concerns, recording and reporting safety incidents or near misses.

We found all these issues had been acted upon.

At this inspection we rated safe as Good because:

Safety systems and processes

The service had clear systems to keep patients safe and safeguarded from abuse.

- The provider conducted audits and safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined who to go to for support and guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken for all staff. (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding children and adults training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The provider carried out and recorded a weekly risk assessment to protect patients from the risk of legionella.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems to safely manage healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of patients using the service and those who may be accompanying them.

Risks to patients

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

- There were arrangements to plan and monitor the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. There were visual aids displayed prominently to support staff members to recognise patients with deteriorating health that needed urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place and the documentation was displayed at the service.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Are services safe?

Information to deliver safe care and treatment

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

- Individual care records were managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they ceased trading.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The service kept blank prescriptions securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave them advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.
- There were effective procedures to verify the identity of patients using the service.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments undertaken in relation to safety issues.
- The service monitored and reviewed activity to understand risks and there was an accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system to record and act on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders supported staff when they did.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes, and took action to improve safety in the service. For example, following an incident at the service, they ensured that patients being given support or advice about housing, was not carried out in an area at the service where others could over hear the details and become upset about the support being received by others.
- The provider was aware of and complied with the requirements of the 'Duty of Candour'. The provider encouraged a culture of openness and honesty.
- The service acted on and learned from external safety events as well as medicine safety alerts. The service had an effective mechanism in place to disseminate and act on safety alerts.

Are services effective?

At our last inspection we did not rate the effective key question but found breaches of regulations relating to; appropriate support, training, professional development, supervision and appraisals. Clinical supervision was not in place, and there was limited evidence of additional training or up-dates.

We found all these concerns had been addressed and acted upon.

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs, mental health, physical wellbeing, and social needs.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat care and treatment. Patients that attended the service were given treatment plans that were followed up, this included visiting them, or accompanying them to external appointments when it was deemed needed.
- The service used a patient record computer system that was linked to local GP practices and the community services. This system confirmed the service was informed about any care or treatment that patients had received outside this service recently, to ensure patients were treated appropriately and effectively.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example;
 - Medicines management – an annual audit was undertaken to determine that the policy was updated with current guidelines, and available at relevant locations at the service. The regular audits of medicines storage requirements showed medicine was stored appropriately and kept patients safe.
 - Infection control and COVID-19 Infection control – an annual audit of; the regular audits of general environment, surfaces, kitchens, showers and toilets, hand hygiene, personal protective equipment (PPE), spillages, laundry management, disposal, handling of sharps, and policies and standards guidelines.
 - Health and Safety - an annual audit of the regular audits of; the policy, organising control, organising communication, organising co-operation, organising competence, planning and implementation, auditing and reviewing performance, and measuring performance.
 - Human resources (HR) - an annual audit of the regular audits of; staff competence, review of performance, and recruitment.
 - Confidentiality - an annual audit of the regular audits of; sharing of client information, and information and communications technology (ICT) data security. This audit showed the actions required and changes made to address any issues.
 - Safeguarding - an annual audit of the regular audits of; implementing policies and procedures, safe practice, and safer recruitment.

Are services effective?

- Prescribing – audit of nurse prescribing against the North East Essex (NEE) Clinical Commissioning Group (CCG)/Beacon House drug formulary. These audits monitored; prescribed medicine was documented on the computer patients record system appropriately, choice of medicine was correct for condition, the dose was correct, the frequency was correct, the duration of the course of medicine was correct, and self-help advice was given. The clinical supervision auditor gave comments for minor improvement and learning.
- Disability Access - an annual audit of the regular audits of; arrival onto premises, access around the building, external ramps and steps, and evacuation.
- These audits showed the actions that had been required and the changes made by the service to address any issues.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council and Nursing and Midwifery Council and were up to date with revalidation.
- The provider 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 seen during the inspection. The nurse practitioner was part of a local group of practitioners that shared learning, development and good practice.
- Staff were encouraged and given opportunities to develop. This was seen in the learning portfolios of the clinical staff.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date. All the patient group directives (PGDs) seen at the service were current and had been reviewed. (PGDs are written instructions to help supply or administer medicines to patients, they provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber).

Coordinating patients care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred patients in vulnerable circumstances and communicated effectively with other services when appropriate. For example; Essex County Council, Community Borough Homes, North East Essex Clinical Commissioning Group, Community 360, The Brook Advisory service, The Community Dental service, Addenbrookes virology team, the Provide smoking cessation service, Crisis café, North East Essex Mental Health team, Improving Access to Psychological Therapies (IAPT), the Drug and Alcohol service, Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups, Breast and Cervical screening services, and the GP Special Allocation Scheme (SAS) (Special Allocation Schemes ensure that patients who have been removed from a practice patient list can continue to access healthcare services at an alternative, primary care provider).
- Before providing treatment, clinicians at the service reviewed the information available to them about patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to suitable sources of treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Where patients did not have a registered GP, the service supported patients to register with a practice. This included accompanying them to GP practices when this was the support they needed.
- The provider had risk assessed the treatments they offered patients at the service.

Are services effective?

- Patients information was shared appropriately (this included when patients moved to other social and clinical services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on patients who had been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave patients advice so they could self-care. When patients were unable keep their own medicines with them due to their vulnerable living circumstances, the service provided a safe space to store and access their medicines when they needed.
- Risk factors were identified, highlighted to patients and where appropriately highlighted to their other care providers for additional support. For example, when patients attending the service needed treatment or care that could not be provided by the service, they supported the person either in person or with prior information about any special needs the person may need.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs. Patients attending the service were provided with yellow cards that explained to GP practices they did not need; a fixed address, identification, and that anyone in England could see a GP.
- The service was the winner of the 'Equalities film' competition with the best film about 'Ageing Well', and the production of a film used in local healthcare settings for those with a learning disability to understand the importance of cervical screening. This has been proven to have increased the uptake of screening for hard to reach groups of people.

Consent to care and treatment

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making. The consent process at the service was applied to every person that attended the service. We saw this process in operation when we visited the service.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately. We found this was part of the record keeping monitoring and audit process.

Are services caring?

At our last inspection we did not rate the caring key question but found breaches of regulations relating to dignity and respect, because the clinic room door was left open during consultations.

We found this issue had been acted upon.

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. The recent January 2022 COVID-19 clinic survey showed 100% of those asked felt the nurse provided a comfortable and relaxed environment.
- Feedback from patients we spoke with at the service were positive about the way staff treated patients.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information that was appropriate and specifically tailored to meet their needs.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. The service utilised an online translator to support patients in clinics.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We received 20 comment cards with positive feedback about the staff and the services available. We spoke with five patients using the service during the inspection, they described how they felt supported and encouraged to improve their lifestyle and health.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected respect patients' privacy and dignity.

- Staff recognised the importance of patient's dignity and respect. At the previous inspection the clinic room door had been left open during consultations which was part of their open-door policy. However, this procedure had been risk assessed for the clinic rooms and an improved procedure put in place.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed were directed immediately to a private safe room to discuss their needs. This behaviour was observed during the inspection visit to the service.

Are services responsive to people's needs?

At our last inspection we did not rate the responsive key question but found breaches of regulations relating to; listening and learning from concerns and complaints.

We found this concern had been addressed and was well managed.

We rated responsive as Good because:

Responding to and meeting patient's needs

The service organised and delivered services to meet patients' needs. It took account of patients' needs and preferences.

- The provider understood the needs of the patients attending the service and improved services in response to those needs. This was seen in the changes of service to meet the needs of patients during the COVID-19 pandemic. For example; lateral flow testing (LFT) at the service door, social distancing procedures, appropriate signposting, floor plan layouts changed to meet the social distancing requirements.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that patients in vulnerable circumstances could access and use services on an equal basis to others. The service gave patients appropriate and specifically tailored assessments to meet their vulnerable circumstances and needs.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Referrals and transfers to other services were undertaken in a timely and supportive manner often accompanying patients to other services, to give patients the confidence to improve their lifestyle.

Listening and learning from concerns and complaints

The service 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 service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaints policy and procedures in place. The service learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, the service had recorded and acted on both verbal, online, and written complaints. Complaints were discussed with staff for learning purposes. We did note that the actions and learning were not always clear in the documentation. However, we were provided clarification during the inspection of the complaints we reviewed.

Are services well-led?

At our last inspection we did not rate the well-led key question but found breaches of regulations relating to; the registered manager not understanding the legal responsibilities of their role. There was no formal auditing of systems and practices to assess, monitor and identify improvements in the service. There was no major incident policy or duty of candour policy, and staff were unaware of what to do in a major incident or the duty of candour.

We rated well-led as Good because:

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood their service challenges and addressed them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of their strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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 told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and leadership.

Are services well-led?

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, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear about their roles and accountabilities at the service.
- Leaders had established effective policies, procedures and activities to ensure safety, and assured themselves that they were operating as intended.
- The service used performance information, which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient's identifiable data, records and data management systems.

Managing risks, issues and performance

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's safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service 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.

Engagement with patients, the public, staff and external partners

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

Are services well-led?

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. For example, throughout the COVID-19 pandemic, the service provided a 24-hour emergency call-line and modified the site to provide overnight emergency shelter to homeless patients during the first few weeks of lock down, until the 'everyone in' legislation (This was a government directive telling councils to house all rough sleepers during the pandemic) that came into effect from April 2020.
- There were systems to support improvement and innovation work. The service measured improvement by assessing and seeking patient's feedback, reviewing and updating policies and procedures, and ongoing auditing to cover the key aspects of the service.
- The provider has been given two awards in the last two years by the High Sheriff of Essex, in recognition of great and valuable services, and for the contribution in enhancing the life of vulnerable people within the community. These awards coupled with the recognition received from numerous examples of positive feedback from local and national sources for example; local GPs, the local clinical commissioning group (CCG), Community 360, Essex Partnership University NHS Foundation Trust (EPUT) vaccination programme, The Queens Nursing Institute, NHS England and NHS Improvement X 24, etc. has evidenced not only the work at the service but also encouraged the service to seek more areas to support vulnerable patients locally with the service .
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make service improvements.
- Leaders encouraged staff to take time out to review individual and team objectives, processes and performance.

The provider has also been awarded the Queen's award for voluntary service. This again evidenced the improvent work provided by the service staff and acknowledged their persistence to reach and help more people.