SomDoc Walk-In Clinic Limited

Private Walk-In Clinic

Inspection report

108 Goldhawk Road
Shepherds Bush
London
W12 8HD
Tel: 02087460830
Website: www.privatewalkinclinic.com

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Overall summary

We carried out an announced comprehensive inspection on 13 June 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Private Walk-In Clinic registered with CQC under the provider organisation SomDoc Walk-In Clinic Limited in July 2016.

Private Walk-In Clinic is a private GP service located in Shepherds Bush, South West London. The service provides primary medical services for fee-paying patients. Services include GP consultations, diagnostic tests, health screening, well person health checks, travel vaccines and advice. The clinical team consists of two male GP partners one of whom is the principal GP; both are directors of the provider organisation. Two long-term locum GPs; one male and one female, a practice manager, phlebotomist and three reception/ administration staff, support them. The service operates from 9:30am to 5pm seven days a week.

The principal GP 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.

Summary of findings

As part of our inspection, we asked for CQC comment cards to be completed by patients. All the 23 patient comment cards we received were positive about the service experienced. Staff were described by patients as professional, very caring, courteous, helpful and kind. Some comments referred to the efficiency of making an appointment and unhurried consultations. We spoke with three patients directly at the inspection and their comments also aligned with these views.

Our key findings were:

The service was providing safe, effective, caring, responsive and well led care in accordance with the relevant regulations.

- There were systems in place to keep patients safe and safeguarded from abuse. All staff had undertaken safeguarding training relevant to their role.
- Processes were in place for recording, investigating and learning from significant events and incidents.
- The service assessed risks to patient safety and the premises appeared to be well- maintained.
- The service had adequate arrangements for response to medical emergencies and major incidents.
- Care and treatment was provided in line with evidence-based guidance.
- The service undertook quality improvement activity including clinical audits initiatives.
- Staff worked with other health professionals where appropriate and supported patients to lead healthier lifestyles.
- The service demonstrated a strong commitment to the Somali community and was actively involved in promoting healthier lifestyles.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Patient feedback through CQC comment cards and the provider's own surveys showed patients were happy with the service received and that they felt involved in decisions about their care.
- Services provided were responsive to the needs of the population served. This included timely and flexible access.
- There were clear leadership and governance arrangements to support the running of the service and delivery of high quality care. Staff felt valued and supported.
- The service was aware of and had systems to ensure compliance with the requirements of the duty of candour.

There were areas where the service could make improvements and should:

- Review the arrangements for documenting actions taken in response to safety alerts received.
- Review and embed legionella prevention monitoring tasks in accordance with risk assessment recommendations.
- Review and improve the arrangements for the verification of immunity status and vaccination history for reception staff.
- Review and improve the arrangements for not having a hearing loop to assist patients with impaired hearing and absence of an emergency call alarm in the public toilet facility.
- Review and improve the arrangements in place for instructing patients to seek assistance from alternative services when the practice is closed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

- The service had systems and processes in place to keep patients safe and safeguarded from abuse. This included safeguarding arrangements, management of medicines, staff recruitment, equipment unforeseen events and infection control. The immunity status and immunisation history for administration staff had not been not verified.
- The premises appeared well maintained and risk assessments had been undertaken with the exception of legionella, which the service immediately rectified.
- There were systems in place for recording, reporting and managing significant events and incidents and for sharing learning.
- Safety alerts were reviewed and acted upon to support service improvement, but no log was kept of the actions taken.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- Clinical staff assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE).
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The service undertook quality improvement activity including clinical audit initiatives, but this did not include complete clinical audit cycles.
- The service worked together with other health and social care professionals where required, to deliver effective care and treatment.
- The service was proactive in helping and supporting patients to live healthier lives. They had a strong commitment to raising public health awareness to improve health outcomes for the wider Somali community.
- The service carried out pro-bono work in local mosques, schools and community organisations to promote greater awareness of the importance of diet and exercise in the prevention of long-term conditions.
- The service also carried out pro-bono work to raise awareness of symptoms of diseases and conditions traditionally less prevalent in the Somali community, for example, many types of cancer and vitamin D deficiency.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- Positive feedback was received from patients through the 23 CQC comment cards completed and the providers own in-house patient satisfaction surveys. Patients said they were listened to and were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff were sensitive to patients' personal, social, cultural, and religious needs.
- Staff respected and promoted patients' privacy and dignity.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

Summary of findings

- The service understood the needs of their patient population and tailored services in response to those needs. This included flexibility, longer appointments and consultations seven days a week.
- Access to translator services was available when communication was difficult. The service did not have a hearing to assist patients with hearing impairment.
- Accessible facilities were available but there was no emergency call alarm in the public toilet.
- The service had systems in place for handling complaints and concerns.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

- There were clear leadership and governance arrangements, which supported the running of the service and the delivery of high quality, sustainable care.
- There were effective clinical governance and risk management structures in place.
- Risks to patients and staff were assessed and audit activity was undertaken to assess the quality of services.
- There was a supportive culture and staff felt valued and able to raise suggestions or concerns if needed.
- The service reviewed and monitored feedback from patients to help drive improvement.
- The service had developed positive working relationships with local Somali community groups and used these relationships to promote healthier lifestyles.

Private Walk-In Clinic

Detailed findings

Background to this inspection

Private Walk-In Clinic is a private GP practice co-founded by the GP partners in October 2016. The practice is located in Shepherds Bush, South West London which lies in the London Borough of Hammersmith and Fulham. The service is registered with CQC under the provider organisation SomDoc Walk-In Clinic Limited in July 2016. The provider organisation also operates a separate CQC registered location in the Tottenham area of the London Borough of Haringey.

The service operates from rented premises on the ground floor of a three storey renovated building. The practice premises have been purposely adapted and converted to accommodate two consultation rooms, a reception/ waiting area, administration office and an equipment storage room. There are accessible facilities and portable ramp access for wheelchair users. At the time of inspection renovation work was on going on another floor in the building.

The service provides primary medical services to fee-paying patients on a pay per use basis or through an annual subscription membership scheme, covering unlimited GP consultations per year. Individual and family memberships are available with the latter requiring all family members to live at the same address. At the time of inspection, approximately 1,200 patients from all age groups had registered at the service since January 2017 and around 70 patients were registered in the annual subscription scheme.

Patients attending the service reside across all London Boroughs and many from the Somali community. Services include GP consultations, diagnostic tests, health screening, well person health checks, travel vaccines and advice.

The clinical team consists of two male GP partners one of whom is the principal GP; both are also directors of the provider organisation. Two long-term locum GPs; one male and one female, a practice manager, phlebotomist and three reception/administration staff, support them. Clinical staff required to register with a professional body are registered with a licence to practise. Staff members have multi-lingual skills and all speak Somali, Arabic and English.

The service is open from 9.30am to 5pm Monday to Friday seven days a week. Advance or on the day appointments can be booked in person, by telephone or on-line. Fifteen-minute consultation appointments are available throughout the day with 30-minute appointments allocated for health checks. The practice is not required to offer an out of hours service. Patients who need medical assistance outside operating hours are requested to seek assistance from alternative services such as the NHS 111 telephone service or accident and emergency facilities. Although this information was not recorded in a message for people who may contact the service outside opening hours.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Our inspection team on 13 June 2018 consisted of a CQC Lead Inspector, accompanied by a second CQC Inspector and a GP specialist advisor.

Before visiting, we looked at a range of information that we hold about the service. We reviewed information submitted

Detailed findings

by the service in response to our provider information request. As part of our inspection, we asked for CQC comment cards to be completed by patients and we reviewed all of the 23 responses received.

During our visit, we spoke with the two GP partners, the practice manager, phlebotomist, receptionist and three patients. We reviewed the systems in place for the operation of the service, looked a sample of key policies and protocols, recruitment and training records, incidents and complaints and patient feedback. We also made observations of the environment and infection prevention control measures.

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 people's needs?
- Is it well-led?

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

Are services safe?

Our findings

Safety systems and processes

The service had systems to safeguard children and vulnerable adults from abuse.

- There was a GP lead for safeguarding and there were policies and procedures in place covering adult and child safeguarding to provide support and guidance to staff. The policies contained contact details for the local area safeguarding agencies responsible for investigating safeguarding concerns. An electronic link with contact details of all the local child-safeguarding boards in London was planned to be included after the inspection. Staff demonstrated they understood their responsibilities regarding safeguarding and had received training at a level relevant to their role and responsibilities.
- Notices were displayed which advised patients that chaperones were available if required. There was a chaperone policy in place. Staff who acted as a chaperone were trained to do so and had undergone a 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.
- We reviewed personnel files for two members of staff; one clinical and one non-clinical and saw appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body, indemnity arrangements and DBS checks. It was service policy to request a DBS check for all staff.
- There were systems to manage infection prevention and control. We observed the premises to be visibly clean and tidy. There were cleaning schedules and monitoring systems in place for the cleaning of the premises and for the cleaning of clinical equipment. However, we observed that mops stored in a cupboard did not comply with recommended guidance. We were told that the mops were not used to clean the premises as the cleaning contractor brought their own equipment and that they would be removed.
- There were systems for safely managing healthcare waste and staff had access to personal protective clothing. An infection prevention and control risk assessment had been conducted by the service in February 2018 and had identified two areas for improvement, with one yet to be completed. This was regarding the replacement of lever operated sink taps to elbow operated versions, although no action plan was in place to take this forward.
- The service had not undertaken a legionella risk assessment since commencing the service in January 2017, but this was carried out six days post inspection. We were provided with a copy of the legionella risk assessment report and recommendations. These included tasks that the service did not currently perform and infrastructure water system improvements. All these were preventative measures and did not impact on patient safety. A water sample was not sent for legionella testing as the risk assessment did not detect potential infection presence. The report recommended completion of the action plan in three months.
- We found that the immunity status and vaccination history for reception staff had not been verified and a risk assessment for exclusion had not been undertaken.
- The service had systems in place to assess the safety of facilities and equipment was maintained according to manufacturers' instructions. Health and safety and fire risk assessments had been undertaken for the premises. This included a fire risk assessment conducted by an external fire safety organisation prior to service commencement. Issues that this had identified had been addressed and the service was aware of prevailing risk. For example, the need for the installation of a push bar to the fire exit door at the rear of the premises to strengthen current arrangements. There was a schedule for annual fire-fighting equipment checks, regular fire alarm testing and fire drills. On the day of inspection, the fire detection system sounded and an evacuation of the service was initiated. This was later determined to be a false alarm caused by the detection of smoke from an electrical tool used by builders renovating another part of the building premises.
- There was a protocol requiring patients to provide identification when presenting at the service for the first time, to verify the given name, address and date of birth

provided. The service had arrangements to confirm parental responsibility when registering a child at the service and to check parental authority when an adult accompanied a child at a consultation.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed, including forward planning for known GP absences. Practice staff told us that there was sufficient staff to meet the demands of the service and that they were worked flexibly to cover colleagues during leave. We were told that there was at least one GP on site at during service opening hours. There was an induction system for new staff tailored to their role. Clinical staff had appropriate professional indemnity insurance in place.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians had access to equipment to assess oxygen saturations of patients with urgent conditions, such as suspected sepsis. They also had access to an electronic application screening tool to assist in the identification of patients with suspected **sepsis.**
- The service had an automated external defibrillator (AED) and an oxygen cylinder for use in a medical emergency. Emergency medicines were easily accessible to staff in a secure area of the building and all staff knew of their location. Weekly checks to ensure emergency equipment was in working order and emergency medicines were in date were routinely undertaken. All the emergency medicines we checked were within their use by date.
- A business continuity plan was in place for major incidents such as power failure or building damage. The service had recently had to mobilise the plan because of a burst water pipe flood in the road outside the practice.

Information to deliver safe care and treatment

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

- Information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The service had a web based patient record system with a range of functionalities to meet the service needs. This included a booking system, invoice billing, formulary, coding and reporting functions. The system was backed-up in real-time and access was available to those authorized via password protection.
- Records seen contained appropriate information to support good care and treatment. Additional information to support decisions in patient care was requested if needed from the patients registered NHS GP.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Where appropriate information was shared with the patients NHS GP. The service asked patients whether they consented to details of their treatment being shared with their NHS GP when they initially registered with the service. Clinicians we spoke with were aware of General Medical Council (GMC) guidance around information sharing.
- Where patients were referred for secondary care treatment, information was shared through referral letters. We saw examples of referral letters and found these included all the necessary information.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- Private prescriptions were generated from the electronic patient record system with the name, address of the practice, and were signed by the prescribing GP before issue.
- There was one dedicated large vaccine storage refrigerator with an integral thermometer and independent data logger. This was located in a locked room with restrictive access. At the time of inspection, there were four vaccines stored in the refrigerator and all were within the usage date. There was an arrangement with a local pharmacy for the storage of vaccines in their refrigerators in the event of a power cut.
- Clinicians prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Access to the British National

Are services safe?

Formulary (BNF) and Green Book for information on vaccinations was available to clinicians. No controlled drugs were held or prescribed by the service. The service did not prescribe off label or unlicensed medicines.

- Clinicians were aware and had access to local antimicrobial guidelines.

Track record on safety

The practice had systems for monitoring safety in the practice.

- The service had systems for recording, investigating and learning from incidents and complaints. We saw for example that following complaints received about prescription charges, the service had identified that some patients were unaware that private prescriptions were not covered by the NHS prescription charge scheme. The service in response had prominently displayed posters advising patients of this.
- Staff had access to policies and protocols in place for the management of accidents, injuries and near misses and incidents. These included details of agencies for reporting notifiable incidents.
- The service monitored and reviewed clinical activity to identify and understand risks to inform and direct any safety improvements.

Lessons learned and improvements made

When there were unexpected or unintended safety incidents the service learned and made improvements:

- Staff understood their duty to raise concerns and report incidents and near misses. Records showed that the service had reported and investigated three incidents during the last 12 months, which included the actions taken to improve safety. For example, the service had recorded and reviewed an incident involving a specimen sample that had inadvertently not been sent for pathology testing. As a result, an additional step had been added to the specimen handling process to prevent a repeat of the same mistake. Lessons learnt were shared with staff during team meetings and action was taken to improve safety at the service.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. Alerts received were reviewed by the practice manager and principal GP and where relevant shared with staff. However, a log of actions taken in response to safety alerts was not maintained.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

Clinical staff assessed needs and delivered care in line with relevant and current evidence based guidance and standards including the National Institute for Health and Care Excellence (NICE) and best practice guidelines. The service had systems to keep clinicians up to date with current evidence-based practice guidance.

Patients unknown to the service were required to complete a registration form, which enabled staff to obtain details about patients past medical history, regular medicines and allergies to support care and treatment. There were arrangements for the screening of pathology samples taken and for the receipt of test results.

Monitoring care and treatment

The service undertook quality improvement activity.

- There had been two first cycle clinical audits one of which had compared the management of menorrhagia (heavy menstrual periods) against best practice guidelines. There was a plan to repeat this audit to monitor for improvement against recommendations established first cycle. The other audit was a review of repeat prescribing at the service. The aim of this was to ensure that safe and effective repeat prescribing process were in place. The audit undertaken by the practice support pharmacist resulted in five recommended actions for the service to implement, which we were told had been actioned.
- The service had a peer review process in place to support clinicians around effective consultations. This involved routine reviews of a random selection of patient consultation notes with constructed feedback provided to the relevant clinician.
- Non-clinical audits had also been undertaken to assess and monitor service delivery. These included a patient appointment audit, patient record quality audit and a patient waiting time audit. The latter had been re-audited and improvements were found to have been made.

Effective staffing

Staff had the skills, knowledge and experience to carry out effective care and treatment.

- Both GP partners also worked for the NHS and brought skills and experience from these roles.
- All of the GPs had a current registration with the General Medical Council (GMC) and held a licence to practise. Each GP underwent annual external professional appraisal with the designated body of membership and all had a date for professional revalidation in the next four years. All doctors working in the United Kingdom are required to follow a process of appraisal and revalidation to ensure their fitness to practise.
- All staff had access to a range of on-line training materials. The service had identified core-training requirements and had systems for monitoring that staff were up to date with training. Practice specific training was delivered in house, for example incident reporting.
- The service provided staff with on-going support. This included an induction process, annual appraisals and discussions about learning needs. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

The service worked with other health and social care professionals to deliver effective care and treatment.

- The service shared important information with the patients usual NHS GP as required such as for patients with safeguarding issues and urgent cancer referrals. For the routine sharing of information with patients usual NHS GP, the service obtained consent as part of the registration process.
- We were provided with an example of an occasion when the service had shared information without the consent of the patient. The GP involved had recorded the rationale behind the decision taken and was able to demonstrate that the decision was made in line with General Medical Council (GMC) Guidance on information sharing.
- A GP handover template was used by the service to communicate the detail and outcome of consultation attendance to NHS GPs.

Supporting patients to live healthier lives

The service was proactive in helping and supporting patients to live healthier lives. They had a strong commitment to raising public health awareness to improve health outcomes for the wider Somali community.

Are services effective?

(for example, treatment is effective)

- The service offered physical health checks free of charge to members of the public during Ramadan. Ramadan is the ninth month of the Islamic calendar, and a time when Muslims who are able to do so, fast during the hours of daylight. They also offered free smoking cessation clinics once a year.
- The GP partners had particular knowledge of the Somali community had been recognised by two local authorities who had sought the provider's advice around aspects of the provision of care to that community. For example, one local authority had consulted them about how low uptake rates for certain childhood immunisations amongst the Somali community, could be improved. Another had sought their insight around Female Genital Mutilation (FGM).
- The GP partners were frequent contributors on health related matters to Somali TV, a UK based cable channel broadcasting in the Somali language. They had participated in live question and answer programmes during which viewers contacted the programme to ask health related questions. We were told this had provided the opportunity to address areas of concern to the Somali community, including common misunderstandings or cultural practises that posed particular risks. For example, callers to the programme had asked questions about skin lightening products and smoking of shisha pipes. The GP partners told us they had been able to use the opportunity to explain the risks associated with these products whilst avoiding making cultural judgements. They had also produced a series of internet based video clips providing advice about healthier lifestyles and prevention of ill health. This included topics such as how to avoid acid reflux. The videos were available free of charge to the general-public.
- The GP partners had carried out pro-bono work in local mosques, schools and community organisations to promote greater awareness of the importance of good diet and exercise in the prevention of long-term conditions. They had also carried out pro-bono work to raise awareness of symptoms of diseases and conditions traditionally less prevalent in the Somali community, for example, many types of cancer and vitamin D deficiency.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance including the Mental Capacity Act 2005, when considering consent and decision making for patients who may lack mental capacity and for children and young people.
- There was a system in place to ensure that adults unknown to the service accompanying child patients had the authority to do so and that consent to care and treatment was authorised by the child's parent or guardian.
- Information was provided to patients about the cost of consultations and treatment, including investigations and tests.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff were sensitive to patients' personal, social, cultural, and religious needs. 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.
- Staff we spoke with demonstrated a patient centred approach to their work and this was also reflected in patient feedback.
- As part of the inspection, we asked for CQC comment cards to be completed by patients. We received 23 completed comment cards, all of which were extremely positive about the service experienced. Staff were described by patients as professional, very caring, courteous, helpful and kind. This aligned to feedback from a patient satisfaction survey undertaken by the service across both practice sites and completed by 315 patients. For example, 97% of respondents said that the professionalism of staff was excellent.

Involvement in decisions about care and treatment

The service supported patients to be involved in decisions about their care.

- Feedback received from patients through completed CQC comment cards and patients we spoke with, told us that clinical staff took the time to involve them in decisions about their care. Patients said that they felt listened to and informed about their care options and treatment plans. Results from the patient satisfaction survey undertaken by the service aligned to these views. For example, 94% of respondents said they had been involved in decisions about their treatment and 97% said their GP listened to them carefully.
- Information about consultation costs, membership fees, diagnostic tests, vaccinations and private prescriptions was available on the practice website and at reception.
- Translation services and written information was accessible to support patients where language may be a barrier. Clinical and non-clinical staff had multi-lingual skills and all staff spoke languages commonly used by the patient population.

Privacy and Dignity

The practice respected and promoted patients' privacy and dignity.

- Consultation rooms where arranged in a way to maintain patients' privacy and dignity during examinations, investigations and treatments. Privacy screens where provided in consultation rooms.
- Consulting room doors where closed during consultations and conversations taking place in these rooms could not be overheard.
- A private room was available if patients wanted to discuss sensitive issues or for privacy based on personal requirements.
- The service complied with the Data Protection Act 1998 and was registered with the Information Commissioner's Office (ICO).
- Patient information and records were held securely and were not visible to other patients in the reception/ waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The service understood the needs of their patient population and tailored services in response to those needs. This included flexibility, longer appointments and consultations seven days a week.
- Information about the service, services offered and financial costs was provided on the practice website and at reception. Patients had the option at access services on a pay per use basis or through an annual subscription membership scheme, covering unlimited GP consultations per year. The pay on use consultation fee included two follow-up appointments within a month period. Individual and family memberships were available with the latter requiring all family members to live at the same address.
- Consultation rooms were located on the ground floor of the premises accessed via a short step from the reception area and a portable ramp was available to ease access. Patients had the option to attend the provider's other practice location in Tottenham if required.
- There were accessible facilities although these had scope for improvement, as there was no emergency call alarm in place. A wash jug for personal hygiene was available but there were no sanitary disposal amenities.
- Access to translator services was available in the event of communication difficulties. There was no hearing loop in place to assist patients with hearing impairment.
- A quiet room was available for people that required privacy.

Timely access to the service

Patients were able to access care and treatment from the services in a timely manner.

- The service was open from 9.30am to 5pm seven days a week.
- Patients could avail themselves of a walk-in-service or could book an appointment in advance by telephone, on-line or in person.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. For example, the service performed a range of blood tests, with some results available the same day.
- Patients we spoke with reported that it was easy to get an appointment and that they were seen and treated quickly. These views were reflected in the patient satisfaction survey the service had undertaken across both practice sites. For example, 87% of respondents said they found it extremely easy to schedule an appointment and 85% said that did not have to wait too long to be seen for their appointment.
- The service was committed to providing good customer care. To measure this they had conducted two waiting time audits to assess the number of patients seen within 15 minutes of their appointment time. Analysis of reasons for delays drove changes to practise. For example, implementation of reminder phone calls to patients on the morning of appointment, to avoid late arrivals. The latest audit showed that 94% of patients were seen within the 15-minute target time scale.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and had systems in place for responding to them.

- Information about how to make a complaint or raise concerns was available to advise patients what to do if they wanted to raise a complaint. A copy of the complaints procedure was displayed in the reception area.
- We were told oral communication was often the preferred method for some of the patient population and that verbal complaints were routinely documented as well as those received formally. The service had received two verbal complaints in the last year, which had been investigated and resolved.
- Staff told us that complaints were discussed at team meetings to identify any learning from them, and minutes from meetings we saw confirmed this.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership capacity and capability

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

- The service was led by the principal GP partner supported by another GP partner, both of whom were the directors of the provider organisation. A practice manager completed the leadership team.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They were aware of the challenges and considered the processes and solutions to tackle them.
- The leadership team was visible and approachable. They worked closely with the staff team to ensure they prioritised compassionate and inclusive leadership. This was reflected in the feedback received from staff.
- The GP partners and other clinical staff were proactive in keeping up to date with regards to learning and professional development. Both GP partners also worked for the NHS and brought skills and experience from these roles.

Vision and strategy

The service had a vision for the future to deliver high quality care and promote good outcomes for patients and the wider community.

- There was a clear vision, which aimed to provide the best possible quality, comprehensive and personal healthcare service, to families and individuals.
- The service was committed to continue providing pro-bono services to the Somali community. They were focused to educate and promote greater awareness of healthier lifestyles in the prevention of ill health. The GP partners were motivated and compelled to this effort.

Culture

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

- The service had an open and transparent culture. Staff told us they felt confident to report concerns or incidents and were encouraged to do so.
- Staff we spoke with felt respected, supported and valued.
- There were processes for providing staff with the development they needed. Staff had access to annual appraisals and had access to e-learning training modules.
- The service was aware of and had systems to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The service promoted equality and diversity.

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.
- Staff were clear on their own roles and accountabilities.
- Key targets were identified and staff were aware of these to ensure tasks were carried out in a timely way.
- The service had established proper policies and procedures to ensure safety. These were regularly reviewed to ensure they remained up to date and accessible to all staff via their computers.
- The service held regular staff meetings and all staff were invited to attend. This ensured important information was shared. However, the structure to these meetings required development as there was no clearly defined standing agenda to ensure that important issues were discussed, where relevant and that actions were followed up.

Managing risks, issues and performance

There were processes for managing most risks, issues and performance.

- Risk assessments had been carried out in relation to the premises to identify potential risks to patient safety and to undertake mitigating actions. A legionella risk assessment at the time of inspection had not been undertaken but was carried out post inspection. Recommended actions from this were preventative measures and did not impact on patient safety.
- The service leadership had oversight of safety, alerts and incidents.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- Audit activity had been undertaken to monitor the quality of clinical and non-clinical services and support improvements in the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Records we saw contained appropriate information to support care and treatment. Additional information to support decisions in patient care was requested if needed from the patients usual GP.
- The IT system used supported the monitoring of performance and for data interrogation when for example, new NICE guidelines or patient safety alerts.
- Staff had contact details for reporting notifications to relevant external organisations.
- Patient information was held securely and staff were aware of maintaining patient confidentiality.
- 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 service involved patients, staff and external partners to support high quality sustainable services.

- The service actively sought feedback from a variety of sources about the services provided. Feedback seen was extremely positive.
- The service worked with a range of external stakeholders where appropriate to ensure patients received care they needed.
- The service had established a patient participation group and worked closely with them to ensure that services provided aligned with the perceived needs of the community. Members of the group we spoke with told us they had regular meetings with the service and that they were receptive to their views and suggestions.
- Staff were able to provide feedback through the appraisal process, meetings and informal discussions.

Continuous improvement and innovation

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

- Deficiencies in operational practice were actively identified through audit activity to improve efficiency of service provision.
- The service had developed positive working relationships with local Somali community groups and used these relationships to promote healthier lifestyles.