

The Well Centre

Quality Report

The Well Centre
16 Wellfield Road
Streatham
London
SW16 2BP
Tel: 020 8473 1581
Website: www.thewellcentre.org

Date of inspection visit: 19 January 2017
Date of publication: 13/04/2017

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 service	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	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	9

Detailed findings from this inspection

Our inspection team	10
Background to The Well Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Well Centre on 19 January 2017. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- The Well Centre is a unique GP practice, specifically looking after 11-20 year olds, it does not provide the normal care or range of service that could be found in another practice, for example there is no patient list, and the practice does not provide acute/emergency care.
- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice worked closely with other organisations such as local youth centers, local secondary schools, and the Child and Adolescent Mental Health Service (CAMHS) nurse, to provide counselling to the young population target group (11-20 year olds).
- They received referrals from other GPs, schools, and hospitals which ensured that people living in vulnerable circumstances were able to receive medical care to suit their needs.

Summary of findings

- There was an active young people's panel who had input into the practice service design, layout, use of space and decoration. As a result the environment of the practice was youth friendly. For example, they had a games console, board games, an interactive whiteboard for drawing/expressing feelings, large television on the wall, colouring paper, pens, music playing in the background, all of which helped in making the practice feel like a relaxed warm homely environment.
- The practice was part of the diabetes transition project, which supported 40 young people with Type 1 Diabetes. The Well Centre did a pilot with Kings Health Partners, working with community youth workers and hospital teams to provide individualised support. As a result of this project they had reduced HbA1c (measurement of average blood sugar levels to by 1.5%)
- The practice set up specialist workshops and lessons with youth workers and nurses. For example, an anxiety workshop was set up as they had identified this was a key theme for many young people attending The Well Centre. The workshops helped patients cope with depression and stress. Last year, January 2016 to December 2016, 129 young people attending The Well Centre had issues relating to anxiety. Other workshops were also set up, topics covered included; alcohol, diet, healthy eating, exercises, smoking, drugs and safe sex.

We saw an area of outstanding practice:

- The practice provided emotional support to patients by sending youth workers out to local secondary schools, to promote young people's health. Issues they discussed included healthy relationships, sexual health, substance misuse and stress management. Feedback forms were received from 30 students who were asked to score on a scale of 1 to 10 of how useful they found the session (with 10 being very useful), the average score for the practice was 8.8. The practice delivered drop-in counselling sessions to schools where young people could receive one-to-one youth work support. The sessions took place weekly in term time. From January 2016 to December 2016 a total of 50 drop-in sessions were provided with a total attendances of 558 young people.

The areas where the provider should make improvement are:

- Review the business continuity plan to ensure staff contact details are available.
- Continue to review the risk assessment in relation to the emergency procedures for the 11-20 year old population group, for example patients with diabetes.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- From January 2016 to December 2016 a total of 122 young people accessed the psychiatric nurse for counselling support.
- The practice had devised its own unique assessment template. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice was dedicated to young people, providing a service that enabled 11-20 year olds access to health advice, including counselling, sexual health and mental health.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a GP with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice sent youth workers out to local secondary schools, to promote young people's health and the service the practice provided.
- The practice set up a diabetes transition project with the aim of establishing a strategic role for youth work in supporting 14-21 year olds with Type1Diabetes.
- The practice set up workshops, for example anxiety workshops as they had identified a number of patients with anxiety issues.
- The environment of the practice was specially aimed at young people; they had a games console, interactive whiteboard for drawing/expressing feelings, music, and warm welcoming environment.
- Three afternoons a week, Monday, Wednesday and Friday, young people were offered drop-in clinical consultations with GPs, youth workers and a mental health nurse. Small group work on health issues (run by youth workers) took place on days when there was no-drop-in session.
- The practice had patient feedback cards and ran surveys monthly to improve patient's needs.
- The practice used text messages to send appointment reminders.

Good



Are services well-led?

The practice is rated as good for being well-led.

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The lead GP encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The youth forum group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- A diabetes transition Project was set up with the aim of establishing a strategic role for youth work in supporting 14-21 year olds with Type 1 Diabetes.
- All patients could see a GP and all patients were given a structured “teen health check” to review to their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency (A&E) attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with youth workers and local schools.
- In the last financial year The Well Centre supported over 500 young people, of which over 300 were attending for the first time.
- The practice was piloting a family support service with the aim of improving mental health outcomes for young people.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



Summary of findings

- The practice used alerts to categorise patients according to their circumstance
- The practice offered longer appointments for patients with a learning disability. The practice had four patients on its learning disability register.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Translation services were available by telephone or face to face.
- The Well Centre targeted the most vulnerable and hard to reach young people, including those that are NEET, (NEET is a young person who is not in education, employment or training) looked after or leaving care, and those involved in the YOS (youth offending service).

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs.
- 30% of their patients had a mental health concerns/diagnoses.
- The practice was piloting a family support service with the aim of improving mental health outcomes for young people.
- The practice set up anxiety workshops, as they recognised that this was a key theme for many young people attending The Well Centre. From January 2016 to December 2016, 129 young people had attended The Well Centre who had issues relating to anxiety.
- From January 2016 to December 2016 a total of 122 young people accessed the psychiatric nurse for counselling support.

Good



Summary of findings

What people who use the service say

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. Patients said that staff were caring, kind, friendly and understanding. Patients said they liked the environment.

We spoke with five patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice did their own equivalent of a friends and family test; all patients asked if they would come again said yes, all patients asked if they would recommend the practice said yes.

The Well Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included GP specialist adviser, and an expert by experience.

Background to The Well Centre

The Well Centre has been established for five years. It is located in Streatham in the London Borough of Lambeth. The Well Centre is a youth health centre where young people aged 11-20 can see a youth worker, counsellor, nurse or doctor to discuss any of their health concerns or worries. The Well Centre is a partnership project between Herne Hill Group Practice and Redthread Youth Limited, with Herne Hill overseeing the clinical side. The Well Centre has a highly diverse population with a high proportion of young people experiencing socio-economic deprivation and health inequalities.

Patients can be registered with any GP practice and appointments are available for walk-in or pre-booked patients. The Well Centre exists to provide easy access for young people to address any issues relating to their physical health and mental wellbeing. The practice was not a typical practice that dealt with patients presenting urgent medical conditions. The demography or range of conditions normally encountered in British General Practice.

The practice facilities include three GP consulting rooms. The premises are wheelchair accessible and there are facilities for wheelchair users including an accessible toilet. There is a hearing loop for patients with hearing impairments.

The staff team is comprised of a female lead GP and two female and one male long term locum GPs specialising in adolescent health, providing a total of four sessions per week. Other staff include one female nurse, five youth workers and a service manager.

The practice is open between 3.30pm to 6.30pm Monday, Wednesday and Thursday.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury; diagnostic and screening; family planning; maternity and midwifery services and surgical procedures.

The practice had not been inspected previously by CQC.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 January 2017. During our visit we:

- Spoke with a range of staff (two GPs, two youth workers, and a service manager) and spoke with patients who used the service.
- Observed how patients were being cared for in reception and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.'

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?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, a patient came to practice and was very distressed. The practice's computer system was temporarily not functioning and this prevented staff from being able to review the patients previous notes making them unaware of potential issues around learning difficulties. A review meeting was held and staff were informed if the system was not working again they should always contact the led GP. The practice carried out a thorough analysis of the significant event. There had been one significant event in the last 12 months. The significant event had been handled in line with the organisations policy. A thorough analysis was carried out and learning recorded.

We reviewed safety records, incident reports, safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse.
- These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff.

The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role GPs were trained to child protection or child safeguarding level three. The nurse was trained to level two and the administration staff were trained to level one. All staff we spoke with demonstrated understanding of safeguarding issues.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence of an audit completed in September 2016. Action was taken to address any improvements identified as a result. For example all bins were replaced.
- The arrangements for managing medicines, including emergency medicines (the only emergency medicine kept was Adrenaline), in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed four personnel files and found The practice used long term locum GPs and performed all the required pre-employment checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. There were two appointed fire wardens. Fire alarms and smoke detectors were tested monthly. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Calibration was conducted annually, having last been completed in February 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents. The practice was not a typical practice that dealt with patients presenting urgent medical conditions.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have oxygen or a defibrillator; however, they carried out a risk assessment and had access to a defibrillator and oxygen at a location a few doors away. A first aid kit and accident book were available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan did not include emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice 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) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice informed us that, given the unique demographics of the patients they catered to, care was primarily to support young people with needs around mental health, sexual health and wider social issues. Consequently there was no information collected for the Quality and Outcomes Framework (QOF) and other national benchmarking targets. (QOF is a system intended to improve the quality of general practice and reward good practice).

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits undertaken in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. For example the practice carried out an audit looking at 11 young people aged 14-21 with Type 1 diabetes, with the aim of improving the control of diabetes. As a result of this audit there was a fall in the average mean of HbA1c (measurement of average blood sugar levels) for these patients. In the first cycle the average HbA1c for patients was 11%. As a result of the audit and providing support to these patients, in the second cycle the measurement of blood sugar levels had reduced to the average HbA1c to 9%. All patients involved in the audit had seen a significant improvement in the control of their diabetes reflected in the improvement in levels of Hb1Ac.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

- All staff had received Fraser Competency training.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients, at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice was dedicated to young people, providing a service that enabled 11-20 years olds access to health advice, including counselling, sexual health and mental health, drugs.
- From January 2016 to December 2016 a total of 122 young people accessed the psychiatric nurse for counselling support.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. The practice had devised its own unique assessment template. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the youth forum group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

There were no GP patient survey results for this location. Results from The Well Centre's patient satisfaction in house survey showed patients felt they were treated with compassion, dignity and respect. For example: Patient Satisfaction cards from April 2016-June 2016 included 13 patients

- Did staff make you feel welcome? 100% patients said yes
- Did you get what you needed today? 90% patients said yes
- Would you come again? 100% patients said yes
- Would you recommend the Well Centre to a friend? 100% patients said yes
- One thing I would keep the same about the Well Centre, answers included,

Everything, stay polite, people are really nice and there is a very good atmosphere, staff friendliness & free wifi, staff they are very polite and understanding, kind staff, staff, welcoming, staff friendliness, staff and offering something to drink.

Patient Satisfaction cards from July 2016-December 2016 included 14 patients

- Did staff make you feel welcome? 90% patients said yes
- Did you get what you needed today? 100% patients said yes
- Would you come again? 100% patients said yes
- Would you recommend the Well Centre to a friend? 100% patients said yes
- One thing I would keep the same about the Well Centre, answers included, everything, everything, feel very welcomed in here, the welcoming of the centre, privacy of personal information and discussion, relaxed and open atmosphere attitude of staff, the decor is fab very calming, the people and service, the way staff make you feel welcome and the wide variety of services.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us 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. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 20 patients as carers. Written information was available to direct carers to the various avenues of support available to them.

The practice worked with a Child and Adolescent Mental Health Service nurse, to provide counselling to the young population target group (11-20 year olds).

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had a very good understanding of their unique population.

- The Well Centre delivers the service by running drop-in sessions on three afternoons a week, Monday, Wednesday and Thursday 3:30pm-6:30pm.
- Young people can arrive unannounced or attend for a booked appointment.
- There were longer appointments available for patients with a learning disability.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and a hearing loop available.
- Translation services were available and patients were made aware via a poster in the reception area.
- The practice was dedicated to young people providing a service that enabled 11-20 year olds access to health advice, including counselling, sexual health and mental health.
- The practice sent youth workers out to local secondary schools, to promote young people's health. Issues they discussed included healthy relationships, sexual health, substance misuse and stress management. Feedback forms from 30 students asked to score on a scale of 1 to 10 how useful they found the sessions (with 10 being very useful) the average score was 8.8.
- The practice set up specialist workshops and lessons with the youth workers and nurses, for example an anxiety workshop was set up as they had identified a number of patients with anxiety issues this was a key theme for many young people attending The Well Centre. The workshops helped patients to cope with depression and stress. Last year, from January 2016 to December 2016, 129 young people attended The Well Centre had issues relating to anxiety. Other workshops were also set up topics covered included alcohol, diet, healthy eating, exercise, smoking, drugs and safe sex.
- The practice identified that important information regarding young people health status was not always

being recorded, consequently the practice set up a personalised young person's health check template, which captured, all significant details, for example if the young person was a carer, parent, mental health status, BMI (body mass index), smoking status, safe sex, drugs diet, exercise, alcohol intake, this was a structured assessment tool used for all patients to record current medical problems, this was completed at registration.

- The practice set up a youth panel to aid in the input of the service design of the practice, decoration and use of space.
- The practice delivered drop-in counselling session to schools where young people could receive one-to-one youth work support. They took place weekly in term time and from January 2016 to December 2016 a total of 50 drop-ins were provided with total attendances of 558 young people.

Access to the service

The practice was open between 3:30pm and 6:30pm Monday, Wednesday and Thursday. Appointments were from 3:30pm to 6:30pm Monday, Wednesday and Thursday. Appointments could be booked up to two months in advance and there were urgent appointments available on the day.

- Any young person aged 11-20 could access the service regardless of where they lived

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Staff told us that any patient who called or came in during opening hours would get an appointment on the day if they said they needed to be seen. Patients we spoke with confirmed this.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Are services responsive to people's needs? (for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example there was a poster in reception, it was displayed on the practice website, there were also feedback cards in reception.

We looked at two complaints received in the last 12 months and found they had been responded to within appropriate

time scales and explanations and apologies were given if applicable. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example a patient's parent called as they felt their child had been prescribed medicine without their knowledge. The complaint was investigated by the service manager. The issue was discussed and new instructions were circulated to all GPs to ensure the best possible clinical practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the led GP in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The GP told us she prioritised safe, high quality and compassionate care. Staff told us the lead GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place 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). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings, and the GPs and service manager were very open and honest. Team meetings were held every quarter, peer support meeting and youth meetings were also held every quarter.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the lead GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the lead GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The lead GP won an NHS Innovation Award in 2010 for helping to fund the setting up of the Well Centre.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- There was an active young people's panel who had input into the practice service design, layout, use of space and decoration. As a result the environment of the practice was really youth friendly. For example they had a games console, board games, an interactive whiteboard for drawing/expressing feelings, a large

Are services well-led?

Good 

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

television on the wall, colouring paper, pens, music playing in the background, all of which helped to make the practice feel like a relaxed, warm, homely environment.

- The practice had gathered feedback from staff through annual appraisals, staff meetings and surveys. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

to improve outcomes for patients in the area. The practice was involved in funding bids with the aim of extending the reach of The Well Centre, including Young Lambeth Co-operative 5 to 19 Early Intervention & Prevention Programme. They would provide activities and support for young people in the Streatham locality, delivering health and wellbeing workshop and one-to-one support to young people. The Well Centre was trying to obtain funding for work in relation to drug and alcohol, and to continue with the outreach work in the community. The practice was piloting a family support service with the aim of improving mental health outcomes for young people.