

London Lane Clinic

Quality Report

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

Ratings

Overall rating for this 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at London Lane Clinic on 2 November 2016. Overall the practice is rated as good.

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

- 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.
- Urgent consultations were available the same day for patients who needed them. However patients said they found it difficult to book a routine appointment less than two weeks in advance.
- 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 had identified only 37 patients as carers (0.2% of the practice list). However, in an attempt to increase the identification and support for carers the Health Care Assistant had been nominated a Carer's Champion for the surgery and had undergone a carers support induction programme provided by the local carers support service.

There was one area where the provider should make improvements:

Summary of findings

- The provider should continue to review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to all carers registered with the practice.

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 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.

- Data from the Quality and Outcomes Framework (QOF) showed that patient outcomes were above or comparable to the local and national averages. Exception reporting for most indicators was comparable to the local and national average.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice as comparable to others for several aspects of care.
- 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 to them was easy to understand and accessible.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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 sometimes found it difficult to make a routine appointment with a GP but urgent consultations were available via the daily open access clinic. The provider was aware of the current difficulties experienced by patients when booking appointments and was making efforts to address this.
- 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.

Good



Are services well-led?

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

- 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 partners encouraged a culture of openness and honesty.
- The practice had systems in place for the reporting and investigation of incidents and 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.

Good



Summary of findings

- The patient participation group was active and contributed to the development of the practice improvement programme.
- 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.

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Quality and Outcomes Framework (QOF) performance indicators for conditions found in older people were comparable to local and national averages.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- The practice had Visiting Medical Officer (VMO) agreements with several local nursing and residential care homes. Partners held lead responsibility for one location each.

Good



People with long term conditions

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

- Nursing staff worked closely with GPs and community specialist nurses in the management of patients with long-term conditions.
- Patients at risk of hospital admission were identified as a priority.
- The practice performance rate for the Quality and Outcomes Framework (QOF) diabetes related indicators was comparable to the local and national average.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. These patients were discussed at the multi-disciplinary team meetings held every two months.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of Accident and Emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- The percentage of women aged 25 to 64 years who had received a cervical screening test in the preceding five years was comparable to the local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, who held an antenatal clinic at the surgery every week. Health visitors were based in the clinic and attended safeguarding meetings at the practice as required.

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, those recently retired 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.
- Extended hours evening and Saturday appointments were available at the surgery for patients who could not attend during normal working hours.
- The practice was proactive in offering online services. The practice Patient & Data Support Worker held promotional sessions in reception to encourage uptake of the service.
- A full range of health promotion and screening services were provided 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 and those with a learning disability.
- The practice offered longer appointments and annual reviews for patients with a learning disability.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients 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.

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).

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months. This was comparable to the local average of 83% and national average of 84%.
- 97% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months. This was higher than the local average of 84% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia. The practice carried out advance care planning for patients with dementia.
- The practice told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- A counsellor provided a weekly clinic at the surgery.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing in line with local clinical commissioning group (CCG) and national averages. Of the 258 survey forms distributed 106 were returned. This represented a response rate of 41% (0.7% of the practice's patient list):

- 78% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 74% and national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.
- 72% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 77% and national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We received 39 comment cards which were all positive about the standard of care received. However, five cards also included negative comments regarding the waiting time

for booking routine appointments and the long wait during the open access clinic. Patients described the care received as excellent and commented that staff were friendly and patients were always treated with courtesy and respect.

We spoke with 12 patients during the inspection. Most patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However some patients commented that they would be unlikely to recommend the practice due to the delay of more than two weeks in obtaining a booked appointment and the long wait to be seen in the daily open access clinic.

Results of the monthly Friends and Family survey were reviewed regularly. Recent survey results showed that the majority of patients would recommend the practice to friends and family:

- September 2016 (22 responses) – 81% of patients were likely to recommend the practice.
- August 2016 (21 responses) – 95% of patients were likely to recommend the practice.
- July 2016 (30 responses) – 83% of patients were likely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

There was one area where the provider should make improvements:

- The provider should continue to review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to all carers registered with the practice.

London Lane Clinic

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP Specialist Adviser and an Expert by Experience.

Background to London Lane Clinic

London Lane Clinic is based in a large two storey, purpose-built property built in 1994 in the London Borough of Bromley. It is located within a predominantly residential area of Bromley with a large shopping centre nearby. Bromley Clinical Commissioning Group (CCG) are responsible for commissioning health services for the locality.

The property includes nine consulting rooms and one treatment room on the ground floor with a further two treatment rooms on the first floor. The first floor also includes two large meeting/teaching rooms, five administration rooms, a counsellor's room and several rooms used by the local health visiting team. There is also a large reception area on the ground floor and several waiting areas throughout the building.

Services are delivered under a Personal Medical Services (PMS) contract. (PMS contracts are local agreements between NHS England and a GP practice. They offer local flexibility, compared to the nationally negotiated General Medical Services (GMS) contracts, by offering variation in the range of services which may be provided by the practice; the financial arrangements for those services and the provider structure, ie who can hold a contract).

The practice is registered with the CQC as a Partnership, providing the regulated activities of family planning; maternity and midwifery services; treatment of disease, disorder and injury and diagnostic and screening procedures.

The practice has 15194 registered patients. The practice age distribution is similar to the national average. The surgery is based in an area with a deprivation score of 8 out of 10 (with 1 being the most deprived and 10 being the least deprived).

London Lane Clinic is a training practice offering placements to GP Registrars (GP Registrars are qualified doctors undergoing specialist GP training). The practice usually provides a placement for one GP Registrar each year.

GP services are provided by the five GP partners (male and female) providing 40 sessions per week; three part-time salaried GPs providing 14 sessions per week; one Registrar providing 7 sessions per week and a sexual health doctor providing 1 session per week. In addition to this the GPs cover the Saturday surgery (1 session per week).

Clinical services are also provided by two part-time Practice Nurses (1.8 wte) and three part-time Health Care Assistants (1.3 wte).

The reception is open from 8am to 8.20pm on Monday and Wednesday; from 8am to 6.30pm on Tuesday, Thursday and Friday and from 8.15am to midday on Saturday. The surgery is closed on Sunday. Telephone lines are open from 8am to 6.30pm Monday to Friday.

Pre-booked appointments are available with a GP from 8.10am to 9.30am and 1.30pm to 8.15pm on Monday; from 8.10am to 9.30am and 2pm to 6pm on Tuesday; from

Detailed findings

8.10am to 9.30am and 2pm to 8.15pm on Wednesday; from 8.10am to 9.30am and 1.30pm to 6pm on Thursday; from 8.10am to 9.30am and 3pm to 6pm on Friday and from 8.15am to 11.45am on Saturday.

Urgent consultations with a GP are available through the daily open access surgery between 8.10am and 10.30am Monday to Friday.

Extended hours GP appointments are also provided by the local GP Alliance Hub service. These appointments are available between 6.30pm and 8pm Monday to Friday and from 9am to 1pm Saturday and Sunday. Appointments must be booked through the surgery. The service is staffed by GPs from the practices who are members of the alliance and full access to GP electronic records is available for all consultations.

Pre-booked appointments are available with the Practice Nurse from 8.30am to 12.30pm and 2pm to 6pm Monday to Friday.

Pre-booked appointments are available with the Health Care Assistant from 9am to 1pm on Monday; from 8.30am to 12.30pm and 2pm to 5.45pm on Tuesday, Wednesday and Thursday and from 8.30am to 11am on Friday.

When the surgery is closed urgent GP services are available via NHS 111.

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.

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 2 November 2016.

During our visit we:

- Spoke with a range of staff including GP Partners, salaried GPs, Practice Nurse, Practice Manager, Health Care Assistant and reception/administrative staff.
- Spoke with a representative of the patient participation group (PPG) and patients who used the service.
- Reviewed an anonymised sample of patient records.
- 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:

- Older people
- 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 (QOF) data, this relates to the most recent information available to the CQC inspection team 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 an incident recording form available on the practice computer system. The incident reporting procedure 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.
- The practice carried out a thorough analysis of the significant events and an evaluation of the incident was discussed at bi-monthly management meetings attended by the Practice Manager and GP partners. Learning was shared with staff at practice meetings. Sharing of learning and implementation of changes that required urgent action was disseminated immediately.

We reviewed safety records, incident reports, patient 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. For example, a member of staff had given a distressed patient the address of a women's refuge. This was a confidential service requiring the patient to be referred to the service co-ordinator and not direct to the refuge. As a result of this incident the practice procedure for the management and signposting of patients suffering domestic abuse was reviewed. The practice Safeguarding Vulnerable Adults policy was revised to include instruction not to disclose a refuge address and the policy was circulated to all staff. Posters providing the contact details for the domestic violence support service were displayed in the waiting areas and also in the ladies toilet so that patients could note down the contact number without their partner observing. Training for staff was arranged to raise awareness of domestic violence issues.

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.

- 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 required and 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 and Nurses were trained to Child Safeguarding level 3.
- 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 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. A Practice Nurse and GP were the infection control leads for the practice. They 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 that action was taken to address all improvements identified.
- The arrangements for managing medicines, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice carried out regular medicines audits with the support of the local clinical commissioning group (CCG) pharmacy team to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

Are services safe?

Each GP was allocated a separate box of blank prescriptions. These were stored in a locked cupboard and batch numbers were recorded when placed in printers.

- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer some medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- Patient Specific Directions (PSDs) had also been adopted by the practice to allow Health Care Assistants to administer vaccines and medicines. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. Appropriate checks through the Disclosure and Barring Service were undertaken for staff that required them.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a Health and Safety Executive poster, outlining British health and safety law, in the reception office.
- The practice had up to date fire risk assessments and carried out annual fire drills.
- All electrical equipment was checked annually to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.

- 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, 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 staffing groups to ensure sufficient staff were on duty. GP, nursing and administrative staff provided annual leave cover for colleagues. The rota ensured that there was a GP partner present for all sessions.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computer system in all the consultation and treatment rooms which alerted staff to an emergency. There were also panic buttons in consulting rooms.
- Staff received annual basic life support training and staff administering injections had received anaphylaxis training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- A first aid kit was available in reception. An accident book was available in the practice manager's office.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a copy was kept off-site with the Practice Manager.

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 checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of GP services and reward good practice). The most recent results used by the CQC (2014/15) showed that the practice achieved 98% of the total number of points available compared to a Clinical Commissioning Group (CCG) average of 94% and national average of 95%.

The practice exception reporting rate was 7% which was similar to the CCG average of 8% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF clinical targets. Data from (2014/15) showed:

- Performance for diabetes related indicators of 91% was comparable to the CCG average of 87% and national average of 89%.
- Performance for mental health related indicators of 99% was comparable to the CCG average of 91% and national average of 93%.

The practice participated in local audits, national benchmarking, accreditation and peer review. There was evidence that information about patients' outcomes and clinical audit was used to make quality improvements.

There had been five clinical audits completed in the last two years. Two of these were two-cycle completed audits where the improvements were implemented and monitored. Findings were used by the practice to improve services. For example, an audit was carried out to ensure that patients with heart failure were prescribed the maximum tolerated dose of specific medicines. (This is because these medicines have been proven to reduce the early mortality rate in this group of patients). An initial audit identified that of the 51 patients with diagnosed heart failure 38 patients required a possible change to be made to their medicines. All 38 patients were invited into the surgery for a medicines review. Nine months later the second cycle of the audit was carried out which identified that the practice had adjusted the medicines to the maximum tolerated dose for 72% of the eligible patients which was above the target set for the practice.

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, practice nurses reviewing patients with long-term conditions received appropriate training and updates for the disease areas they reviewed.
- 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 through discussion and support from colleagues.
- 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.

Are services effective?

(for example, treatment is effective)

- Staff received mandatory training that included: safeguarding, fire safety awareness, annual basic life support, information governance, Mental Capacity Act and infection control. Staff had access to and made use of e-learning training modules and in-house training.

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 internal shared drive 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.

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 to, or after they were discharged from, hospital. Meetings took place with other health care professionals every two months 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.

- Written consent was obtained and retained in patient records where appropriate.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were offered support by practice staff and signposted to the relevant support and advice services where appropriate.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 84% and the national average of 82%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 96% and five year olds from 95% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years. These were carried out by the HCA. The practice had a high response rate to invitations for the NHS health checks (over 50%). 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 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.
- Consultation and treatment room doors were closed during consultations and 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 39 patient Care Quality Commission comment cards we received were positive about the care received. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and they felt valued and listened to by the practice management.

Results from the most recently published national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to the clinical commissioning group (CCG) and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with the local clinical commissioning group CCG and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

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

- Staff told us that interpreting services were available for patients who did not have English as a first language. A notice was displayed in the waiting area informing patients that this service was available. This was translated into the two most commonly spoken minority languages of the practice population (Hindi and Polish).
- Information leaflets were available in the waiting room on a variety of health related subjects.

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.

The practice computer system alerted GPs if a patient was also a carer. The practice had identified 37 patients as carers (0.2% of the practice list). The Health Care Assistant (HCA) was the nominated Carer's Champion for the surgery

and had undergone a carers support induction programme provided by the local carers support service. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered a bereavement a sympathy card produced by the practice was sent which expressed their condolence and invited them to contact the surgery. A consultation would be offered at a flexible time and location to meet the family's needs or advice given on how to access support services.

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 the local Clinical Commissioning Group (CCG) to secure improvements to services.

- For patients who could not attend during normal opening hours the practice offered extended hours at the surgery on a Monday and Wednesday evening between 6.30pm and 8.20pm and between 8.15am and midday on Saturday.
- There were longer appointments available for patients with a learning disability and patients who requested them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day consultations were available for children and those patients with medical problems that required them.
- Text-messaging services were used to remind patients of their appointments.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities such as toilets accessible for patients in a wheelchair, a hearing loop and a lift to access the upper floor.
- Interpreting services were available for patients who required it. A poster was on display in the waiting area informing patients that interpreting services were available. This was translated in the two most common languages spoken by practice patients (Hindi and Polish).

Access to the service

The reception was open from 8am to 8.20pm on Monday and Wednesday; from 8am to 6.30pm on Tuesday, Thursday and Friday and from 8.15am to midday on Saturday. Telephone lines were open from 8am to 6.30pm Monday to Friday.

Pre-booked appointments were available with a GP from 8.10am to 9.30am and 1.30pm to 8.15pm on Monday; from 8.10am to 9.30am and 2pm to 6pm on Tuesday; from

8.10am to 9.30am and 2pm to 8.15pm on Wednesday; from 8.10am to 9.30am and 1.30pm to 6pm on Thursday; from 8.10am to 9.30am and 3pm to 6pm on Friday and from 8.15am to 11.45am on Saturday.

Urgent consultations with a GP were available through the daily open access clinic between 8.10am and 10.30am Monday to Friday.

Pre-booked appointments were available with the Practice Nurse from 8.30am to 12.30pm and 2pm to 6pm Monday to Friday.

Pre-booked appointments were available with the Health Care Assistant from 9am to 1pm on Monday; from 8.30am to 12.30pm and 2pm to 5.45pm on Tuesday, Wednesday and Thursday and from 8.30am to 11am on Friday.

Telephone consultations were also available to patients if requested.

Extended hours GP appointments were also provided by the local GP Alliance Hub service. These appointments were available between 6.30pm and 8pm Monday to Friday and from 9am to 1pm Saturday and Sunday. Appointments had to be booked through the surgery. The service was staffed by GPs from the practices who are members of the alliance and full access to GP electronic records was available for all consultations.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to the CCG and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 79%.
- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and national average of 73%.

Most people told us on the day of the inspection that they were usually able to get appointments when they needed them. Some patients said there was often a delay of more than two weeks to book an available routine appointment. Urgent consultations were available through the daily open access clinic. Five of the 39 patient Care Quality Commission comment cards we received included negative comments regarding the waiting time for booking routine appointments and the long wait during the open access clinic.

Are services responsive to people's needs?

(for example, to feedback?)

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice had a system in place to assess the urgency of the need for medical attention and whether a home visit was clinically necessary. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP visit, alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

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

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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 on the waiting room notice board and in the London Lane Clinic Guide to Services leaflet for patients.

We looked at 19 complaints received in the last 12 months and found that these were satisfactorily handled, in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from an analysis of trends undertaken at the practice annual complaints review meeting. Action was taken as a result to improve the quality of care provided. For example, a patient had complained to the Out of Hours service that they had been trying to contact the Out of Hours service from 6pm as instructed on the telephone message at the surgery. As the Out of Hours service does not start until 6.30pm the complaint was passed to the surgery to respond. An investigation identified that unless the patient waited until the end of the message the instruction could be misunderstood. The message was therefore changed and staff instructed to consider this in any future patient communication.

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 robust strategy which reflected the vision and values and was regularly monitored.

Governance arrangements

The practice had an overarching governance framework which outlined the structures and procedures in place to support the delivery of their strategy for the provision of good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and those of colleagues.
- Practice specific policies were implemented and were available to all staff both in hard copy and via the practice intranet.
- 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 partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were 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 for all staff when 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 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 by the partners in the practice. All staff were involved in discussions about how to develop the practice and the partners encouraged all members of staff to identify opportunities to improve the services delivered.

The practice held regular meetings and we saw evidence to support this:

- Weekly management meetings and six-weekly partners meetings were held to discuss current issues affecting the management of the practice and patient care.
- Practice team meetings were held every four months and were attended by all available staff.
- Multidisciplinary team meetings were held every two months. These were attended by GPs, practice nurses, district nurses, school nurses and health visitors. Safeguarding issues were discussed at these meetings.
- Gold Standard Framework (palliative care) meetings were held every six weeks attended by the multidisciplinary team.

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.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

The PPG was introduced in 2012. They assisted with patient surveys and submitted proposals for improvements to the practice management team. The PPG consisted of a membership of twelve patients and met every three months. They told us that they felt the practice were keen

Are services well-led?

Good 

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

to improve the services it provided and acted on the suggestions of the PPG. Examples of changes that had been implemented following feedback from the PPG included improving lighting in the practice car park and improvements to the telephone system.

The practice had gathered feedback from staff through annual staff appraisals and discussion at staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. 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. For example, the practice were part of the Kings College University Hospital 'Move it' pilot providing motivational training for all patients identified as having a high cardiovascular disease (CVD) risk when undergoing their NHS Health Check. The practice were also in the process of implementing an ECG service for patients in the locality.