

# New Cross GP Walk-in Centre

## Quality Report

Suite 3 Waldron Health Centre  
Amersham Vale  
Lewisham  
SE14 6LD  
Tel: 020 3049 2370  
Website:

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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?

Requires improvement 

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 New Cross GP Walk-in Centre on 13 December 2016. This centre provides care for both registered and unregistered (walk-in) patients. Overall the service 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 in place 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.
- The service had a system in place for walk-in patients where reception staff would get walk-in patients to complete a short registration form, they would enter details onto a patient management system and identify priority patients with potential life threatening conditions or other conditions that required an urgent

response; if any of these conditions were presented, the patient management system sent automatic notifications to clinicians and the reception team called for further assistance.

- Patients on the day 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The service 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 service 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.

# Summary of findings

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

- Review how patients with caring responsibilities are identified to ensure information, advice and support can be made available to them.

**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 service 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 service.
- 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 service 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 service is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to or above the local and national average for diabetes and mental health.
- 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 service is rated as requires improvement for providing caring services.

- Data from the national GP patient survey showed patients rated the service average for many aspects of care.
- Patients we spoke to on the day said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients from the walk in centre who completed the monthly patient survey said clinicians listened to their needs, 50 patients strongly agreed, 36 patients agreed, two disagreed.

Requires improvement



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The service is rated as good for providing responsive services.

Good



- Service 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 named GP and there was continuity of care, with urgent appointments available the same day.
- The service 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 service responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The service had an in-house dietician who attended one day a month.
- The service had a system in place for walk-in patients where reception staff would get walk-in patients to complete a short registration form, they would enter details onto a patient management system and identify priority patients with potential life threatening conditions or other conditions that required an urgent response; if any of these conditions were presented, the patient management system sent automatic notifications to clinicians and the reception team called for further assistance.

## Are services well-led?

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

Good



- The service 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 service had a number of policies and procedures to govern activity and held regular governance meetings.

# Summary of findings

- 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 service had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The service proactively sought feedback from staff and patients, which it acted on. The Patient Participation 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.

### Older people

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

- The service offered proactive, personalised care to meet the needs of the older people in its population.
- The service was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The service was proactive in offering the influenza vaccination for older people.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 74% of patients diagnosed with asthma had an asthma review in the last 12 months; this was comparable to the local average of 75% and national average of 75%. The exception reporting rate for the service was 2%, local 5% and national 8%.
- 83% of patients with diabetes on the register had a recorded foot examination and risk classification this was comparable to the local average of 81% and national average of 88%. The exception reporting rate for the service was 6%, local 5% and national 8%.
- 71% of patients with diabetes on the register had their cholesterol measured as well controlled this was comparable to the local average of 71% lower than the national average 80%. The exception reporting rate for the service was 10%, local 9% and national 12%.
- Longer appointments and home visits were available when needed.
- All these 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.
- The service worked closely with community diabetic, respiratory and cardiovascular teams to help patients manage their conditions.

Good



# Summary of findings

## Families, children and young people

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

Good



- 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 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 were recognised as individuals, and we saw evidence to confirm this.
- 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 were recognised as individuals, and we saw evidence to confirm this.
- 79% of women aged 25-64 had it recorded on their notes that a cervical screening test has been performed in the preceding five years; this was comparable to the local average of 79% and national average of 82%.
- 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, health visitors.

## Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the service had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The service 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.
- The service patients had access to online appointment booking and repeat prescription ordering.
- Electronic consultations were offered, this service enable registered patients to complete an online form to get advice and treatment within one working day.
- The service was also a walk-in centre, which opened 365 days a year and had appointments from 8am-8pm.



# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The service held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The service offered longer appointments for patients with a learning disability.
- The service regularly worked with other health care professionals in the case management of vulnerable patients.
- The service 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.

## People experiencing poor mental health (including people with dementia)

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

Good



- The number of patients with dementia who had received annual reviews was 100% which was above the local average of 97% and national average of 96%.
- 95% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months local average 85%, national average 84%. The exception reporting rate for the service was 0%, local 5% and national 7%.
- 84% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months local average 86%, national average 89%. The exception reporting rate for the service was 8%, local 6% and national 10%.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months local average 88%, national average 89%. The exception reporting rate for the service was 7%, local 8% and national 12%.
- The service regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The service carried out advance care planning for patients with dementia.

## Summary of findings

- The service had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The service 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 and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the service was performing in line with local and national averages. Three hundred and seventy two survey forms were distributed and 102 were returned. This represented 2% of the service's patient list.

- 55% of patients found it easy to get through to this service by phone, (local average 67%, national 73%).
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried, (local average 82%, national average 85%).
- 82% of patients described the overall experience of this GP service as good, (local average 84%, national average 85%).
- 72% of patients said they would recommend this GP service to someone who has just moved to the local area, (local average 76%, and national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards 29 were positive about the standard of care received two were negative, one in relation to the walk-in centre, a patient felt that reception staff were rude, unhelpful, and nurses needed training in wound care. In relation to the GP service, a patient said there was a lack of consistency in seeing the same GP, and also felt that reception staff were rude.

We spoke with 11 patients (six registered patients and five patients using the walk-in centre who were not registered at the service) during the inspection. The patients said they were happy with the care they received and thought staff were approachable, committed and caring.

# New Cross GP Walk-in 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 a GP specialist adviser, a second CQC inspector, a practice nurse specialist adviser and an Expert by Experience.

## Background to New Cross GP Walk-in Centre

New Cross GP Walk-in Centre is a medium sized service based in Lewisham. It is part of the Hurley Group. They also hold a contract to provide a walk-in service to the general population. The GP side of the service has a service list size of approximately 5500 patients. The service sees on average 2300 walk-in patients per month. The service population is very diverse 7.1% mixed, 12.9% Asian, 31.0% black, 3.0% other non-white ethnic groups. The service population is in the third more deprived decile in England.

The service operates from one site. The surgery is a purpose built property over one floor, on the first floor. The building is fully accessible for patients with mobility issues; the service has automated doors with step free access. There are facilities for wheelchair users including a lift accessible toilets and a hearing loop. Other facilities include baby changing facilities. There are lowered reception desks to enable wheelchair users to speak with staff at the reception. The service has seven consulting rooms, and a patient waiting/reception area.

The service clinical team is made up of three GPs two male (one permanent) who sees registered patients, one female, (the other GPs see both registered and unregistered patients) four nurse practitioners (all female). All nurses see

registered and unregistered patients. The non-clinical service team consists of a practice manager and six administrative and reception staff members. The service offers 16 GP sessions per week for registered patients and 8 GP sessions for unregistered (walk-in) patients.

When the service is, closed patients can call NHS 111 in an emergency or a local out of hour's service.

The service operates under an Alternative Provider Medical Services (APMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The provider runs two services from this location: a GP service for registered patients and a walk-in centre for patients with a minor injury or a medical condition that is not life-threatening. The service reception and telephone lines are open from 8:00am to 8:00pm seven days a week. Appointments for registered patients are available from 8:10am to 6:20pm Mondays to Fridays and appointments for unregistered (walk-in) patients are available from 8:00am to 8:00pm all seven days a week including bank holidays

The service is registered with the Care Quality Commission to provide the regulated activity of treatment of disease, disorder or injury, diagnostic and screening, surgical procedures, family planning, maternity and midwifery.

## 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

# Detailed findings

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 service and asked other organisations to share what they knew. We carried out an announced visit on 13 December 2016. During our visit we:

- Spoke with a range of staff (GPs, nurse practitioners, the practice manager and reception and administration staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed 31 comment cards where patients and members of the public 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 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 service's shared computer system. The service used special web-based software to report and analyse incidents and significant events; after each incident was reported, depending on the type of incident it was immediately allocated to relevant staff for review. The service had an effective incident reporting policy and all incidents and significant events across the organisation were categorised and reviewed by their weekly clinical meeting and monthly governance meeting attended by the clinical lead and practice manager; learning from these meetings were passed on to all relevant staff.
- 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 we saw paperwork relating to an incident that had occurred with the oxygen cylinder. We saw that the incident was investigated appropriately and action taken to minimise the possibility of it occurring again.
- The service carried out a thorough analysis of the significant events. There had been 12 significant events in the last 12 months. All of the events had been investigated in line with the organisations policy. We saw evidence that significant events were discussed within the service and within the wider service group via a newsletter that was published periodically.

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 service. For example, a safety alert came in from the Medicines and Healthcare Products Regulatory Agency (MHRA) on the 13 October 2016 in relation to a defibrillator, the practice manager sent an email the day he received the alert to all staff and checked the service defibrillator.

### Overview of safety systems and processes

The service 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 through a shared drive on the computer system. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead member of staff for safeguarding. The GPs 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 3, nurses practitioners were also trained to level 3 and administration staff were trained to the appropriate levels for their roles.
- A notice in the waiting room and all the clinical rooms 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 service maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The service was contained within a health centre and general domestic cleaning was carried out by the facilities management services team. We saw copies of the cleaning schedules which included areas of the service.
- One of the nurse practitioners was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken by the nurse and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the service kept patients safe (including obtaining, prescribing,

## Are services safe?

recording, handling, storing, security and disposal). Fridge temperatures were being monitored appropriately. Processes were in place for handling repeat prescriptions.

- The service carried out regular medicines audits 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. Serial numbers of prescriptions were kept to monitor use of prescriptions. The practice did not stock controlled drugs.
- Three of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the service to allow nurses to administer 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). We reviewed the PGDs and saw that they were signed and in date.
- The service had a clinical patient management system from which patient consultation notes for walk-in patients were sent to their registered GP immediately on discharge; the service was required to send these within 24 hours of discharge. Over the last six months the service had a 100% target rate of sending out discharge letters within 24 hours.
- We reviewed nine 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 and the appropriate checks through the Disclosure and Barring Service.

### 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 poster in the reception office which identified local health and safety

representatives. The service had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice service 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 service had adequate arrangements in place to respond to emergencies and major incidents.

- 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 service had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The emergency medicines and equipment were checked regularly. All the medicines we checked were in date and stored securely.

The service 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. The service had an alternative system for accessing staff contact details.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The service 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 service 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 service monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The service had a system in place for walk-in patients where reception staff were trained to identify priority patients, for example a child under five with a rash and high fever. They followed prompts on the patient management system and identified any potential life threatening conditions or other conditions that required an urgent response. If any of these conditions were presented, the patient management system sent automatic notifications to clinicians and the reception team called for further assistance. The reception team also observed patients in the waiting area and notified a clinician if patients looked unwell. There was also a notice in the waiting area which advised patients what to do if they felt they were deteriorating or needed to be seen sooner. This notice was also in Spanish, as the service had a high number of Spanish patients.
- The provider conducted a one per cent random quality audit of clinical consultations every quarter (for all clinical staff) for unregistered patients. The results of these were regularly discussed at their clinical governance meetings to ensure the quality of patient consultations were maintained.

### 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 general practice and reward good practice). The most recent published results were 97% of the total number of

points available which was above the local average of 94% and national average of 95% with an exception reporting rate of 7% compared to local average of 8% and national average of 10%. (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 service was not an outlier for any QOF (or other national) clinical targets. Data from 2015 - 2016 showed:

- Performance for diabetes related indicators was comparable to the local and national average:
- 70% of patients with diabetes on the register had their blood sugar recorded as well controlled local average 71%, national average 78%. The exception reporting rate for the service was 9%, local 8% and national 13%.
- 71% of patients with diabetes on the register had their cholesterol measured as well controlled local 71%, national average 80%. The exception reporting rate for the service was 10%, local 10% and national 13%.
- 83% of patients with diabetes on the register had a recorded foot examination and risk classification local average 81%, national average 88%. The exception reporting rate for the practice service was 6%, local 5% and national 8%.
- Performance for mental health related indicators was comparable to the local and national average:
- 95% of patients diagnosed with dementia had a recorded review in a face to face meeting in the last 12 months local average 85%, national average 84%. The exception reporting rate for the service was 0%, local 5% and national 7%.
- 84% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months local average 87%, national average 89%. The exception reporting rate for the service was 8%, local 10% and national 13%.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months local average 89%, national average 89%. The exception reporting rate for the service was 7%, local 8% and national 13%.



# Are services effective?

## (for example, treatment is effective)

For walk-in patients they were meeting or exceeding targets. For example:

- The service had a target that >85% of patients had to be seen within 120 minutes of arrival. We saw evidence that the service had met this target for the past six months.
- The service had a target that >75% of patients had to be seen within 150 minutes of arrival. We saw evidence that the service had met this target for the past six months.
- The service had a target of 100% of patient records to be appropriately coded to establish presenting condition. We saw evidence that the service had met this target for the last six months.

There was evidence of quality improvement including clinical audit.

There had been four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example, an audit was undertaken to monitor the safe prescribing of an oral anticoagulant Warfarin. (Warfarin is an oral anticoagulant therapy which reduces the natural ability of the blood to form clots). When prescribing oral Warfarin it is essential to monitor INR (International normalised ratio) regularly in order to ensure that the patient's INR is within a safe range. In the first cycle five patients had been issued warfarin of whom only 10% had all their data recorded, such as having a computer alert, INR recorded within three months and INR recorded with three months prior to last Warfarin prescription. In the second cycle, after a review of monitoring procedures the service identified 5 patients issued warfarin, 100% were now compliant with monitoring and recording. The re-audit showed an improvement in recording data for the safe prescribing of warfarin.

- The service worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing.

### Effective staffing

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

- The service 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 service 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 online resources and discussion at service meetings.
- 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 service meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of service 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.

### 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 service's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The service shared relevant information with other services in a timely way, for example when referring patients to other services. The service had a clinical patient management system from which patient consultation notes for walk-in patients were sent to their

# Are services effective?

## (for example, treatment is effective)

registered GP immediately on discharge; the service was required to send these within 24 hours of discharge. They had achieved 100% target for sending these within the last 12 months.

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.

### Supporting patients to live healthier lives

The service 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 alcohol cessation were signposted to the relevant service.

- The service had an in-house dietician who attended monthly for one day. Patients were referred by the GP or nurse.
- Smoking cessation advice was available within the building so the service would refer patients.

The service's uptake for the cervical screening programme was 79%, which was comparable to the local average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the service followed up women who were referred as a result of abnormal results. The service also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, for example:

- 51% of female patients at the service aged 50-70 had been screened for breast cancer in last 36 months local average 63% and national average 72%.
- 28% of patients at the service aged 60-69 had been screened for bowel cancer within the past 30 months local average 46% and 58% national average.

Childhood immunisation rates for the vaccinations given were comparable to local/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 100% and five year olds from 71% to 93%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. 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.

29 out of 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the service offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the service and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The service was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them (local average 87%, national average 89%).
- 87% of patients said the GP gave them enough time (local average 84%, national average 87%).
- 95% of patients said they had confidence and trust in the last GP they saw (local average 95%, national average 95%).
- 77% of patients said the last GP they spoke to was good at treating them with care and concern (local average 83%, national average 85%).

- 85% of patients said the last nurse they spoke to was good at treating them with care and concern (local average 87%, national average 91%).
- 87% of patients said they found the receptionists at the service helpful (local average 87%, national average 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. We also saw that care plans were personalised.

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 comparable to local and national averages. For example:

- 82% said the last GP they saw was good at explaining tests and treatments, (local average 83%, national average 86%).
- 81% said the last GP they saw was good at involving them in decisions about their care (local average 79%, national average 82%).
- 82% said the last nurse they saw was good at explaining tests and treatments (local average 87%, national average 90%).

The service was aware of the low results; consequently action taken was to provide weekend sessions bookable appointments with the practice nurse to help manage long term conditions. The service had recruited a new female GP, and was in the process of recruiting another GP.

The service 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.

# Are services caring?

## Patient and carer support to cope emotionally with care and treatment

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 service's computer system alerted GPs if a patient was also a carer. The service had identified 25 patients as carers (0.4% of the service list). The service was trying to build up their register to improve care for carers, for example carers were offered flexible appointment times, they had a carers pack, and they had leaflets and posters in reception. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

The service undertook a patient satisfaction survey monthly for unregistered patients. Over a four month period from November 2016, they received 96 responses. The results indicated:

When asked about the statements:

- Clinicians listened to their needs, 50 patients strongly agreed, 36 patients agreed, two disagreed and none strongly disagreed.
- They were given a full and understandable explanation of their treatment, and were involved in decisions about their case, 47 patients strongly agreed, 33 agreed, two disagreed and none strongly disagreed.
- They were treated with respect and dignity, and had confidence in the clinician they saw, 53 patients strongly agreed, 33 agreed, none disagreed and none strongly disagreed.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The service 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 service had a very good understanding of their local population. They had a higher than average number of young patients (higher than England averages of female and male patients aged 20 to 39 years). The GPs were aware of their patient base and services were reflective of this. Staff in the service worked with the local clinical commissioning group to enhance their understanding of the local population. For example staff attended practice nurse forums, CCG locality meetings and they also worked very close with the nurse prescribing team.

- The service held a contract where they offered appointments from 8.00am to 8.00pm seven days a week, on a walk-in basis for the general population (which included their own patients).
- There were longer appointments available for patients with a learning disability, patients whose first language was not English and the elderly.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the service.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, lowered reception desk for wheelchair users, lift access for patients who could not manage stairs and a hearing loop.
- Translation services were available. The service had a high number of Spanish speaking patients so they had information available in Spanish and this was displayed on the patient notice boards.
- The service had an in-house dietician who attended monthly for one day.

### Access to the service

The GP service was open between 8.00am to 6.30pm Monday to Friday and the walk-in centre was open from

8.00am to 8.00pm seven days a week. Appointments for registered patients were available from 8:10am to 6:20pm Mondays to Fridays and appointments for unregistered (walk-in) patients were available from 8:00am to 8:00pm all seven days a week including bank holidays. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

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

- 80% of patients were satisfied with the service's opening hours (local average 76%, national average 76%).
- 55% of patients said they could get through easily to the service by phone (local average 67%, national average 73%).
- 31% patients said they always or almost always see or speak to the GP they prefer (local average 50%, national average 59%).

People told us on the day of the inspection that they were generally able to get appointments when they needed them. Staff confirmed this, stating that if appointments slots were not available patients were referred to the walk-in service and seen by a GP on this side.

The service undertook a patient satisfaction survey monthly for unregistered patients. Over a four month period, they received 96 responses. The results indicated:

When asked about the statements:

- Would you recommend the walk in centre to friends and family  
44 patients were extremely likely to recommend, 45 patients were likely, four patients were neither likely nor unlikely, one patient was extremely unlikely, one patient said they didn't know.
- 71 patients found the receptionist very helpful, 21 patients found the receptionist fairly helpful, zero patients found the receptionist not very helpful.

Staff told us that any patient who called during opening hours would get an appointment on the same day if they stated that they needed to be seen. If a patient could not be seen by the GP service they were referred to the walk-in

# Are services responsive to people's needs?

(for example, to feedback?)

centre. Two emergency appointment slots were reserved every day with the GPs. Home visits were available for housebound and very sick patients. Alternatively home visits were arranged by GPs speaking with patients via a telephone consultation and the GP assessing whether a home visit was required or not. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The service 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.
- There was a designated responsible person (the practice manager) who handled all complaints in the service.

- We saw that information was available to help patients understand the complaints system. There was information outlining how patients could complain. Posters were displayed in the reception area with information about how to make a complaint. Information was also available via leaflet. A poster advising patients of the lead person for complaints was displayed in each consultation room.

The service had received eight written complaints in the past 12 months and eight verbal complaints. We looked at all eight of the written complaints received in the last 12 months. We found that they had been responded to within appropriate timescales and explanations and apologies had been given where appropriate. We reviewed meeting minutes and saw that complaints were discussed and lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care.



# 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 service had a clear vision to deliver high quality care and promote good outcomes for patients. The GP partner and senior manager we spoke with explained the vision for the service and this aligned with the wider group objectives. The group was well developed and structured. GPs working in the group had responsibility for key areas of the business. They held regular meetings across the group to discuss their progression and any issues. They also used these meetings as a forum to keep staff updated.

- The service had a mission statement and staff knew and understood the values.
- The service had an effective strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Senior managers were clear about what improvements were required in the service to enable them to improve the service. This included the potential for recruiting two additional GP posts.

### Governance arrangements

The service 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.
- Service specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the service 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.

- The service was well developed with lots of structures and GPs responsible in key areas. They had regular meetings and discussions that ensured that all staff were kept updated about things that were happening.
- The service held monthly meetings: service staff meetings, multi-disciplinary team meetings (health visitor and palliative care), neighbourhood meetings with other Lewisham services, and weekly clinicians meetings.

### Leadership and culture

The GPs were visible in the service and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by management.

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 service had systems in place to ensure that when things went wrong with care and treatment:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- The service 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 service held regular team meetings.
- Staff told us there was an open culture within the service and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every six months.
- Staff said they felt respected, valued and supported, particularly by the partners in the service. All staff were involved in discussions about how to run and develop the service, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the service.

# Are services well-led?

Good 

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

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

The service 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 service had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the service management team. For example, they had made suggestions about the layout of the reception area and condition of the chairs. The service responded and made the required changes. Members of the group told us that they felt listened to and involved in decisions made at the service.
- The service had gathered feedback from staff through quarterly surveys. The results were collected by the provider and shared amongst all the services within the group. We were given examples of where staff had been involved. Examples included a spreadsheet being set up

to monitor referrals on the suggestion of staff, to make managing and tracking referrals easier. 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 service was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service. We saw examples of where staff had been sent on various developmental courses. For example reception staff were being supported to attend courses that would allow them to take on supervisory roles. The provider also had a budget allocated for awarding training grants to staff. All staff within the organisation were eligible to apply for the grant to further their careers.

Senior managers explained that they took time out to look at their QOF results and performance indicators for the walk-in centre. This was to ensure that they were continuously improving the quality of care and outcomes for patients.