

# SomDoc Walk-In Clinic Limited

# Private Walk-In Clinic

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 30 January 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

### **Our findings were:**

#### **Are services safe?**

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

#### **Are services effective?**

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

#### **Are services caring?**

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

#### **Are services responsive?**

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

#### **Are services well-led?**

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

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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

Private Walk-In Clinic provides a private medical service to adults and children. The majority of patients attending the service are from the Somali community. Services include a private general medical service, immunisations such as child immunisations and travel vaccinations, health screening and lifestyle management. The service team consists of a principal GP, a second GP who is also a director of the provider organisation and two long term locum GPs, one male and one female, a full-time practice manager, a phlebotomist who also undertakes administrative duties and a full-time reception and administration staff member. All members of staff speak English and Somali.

### **Our key findings were:**

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

- There were systems in place to keep patients safe and safeguarded from abuse.

# Summary of findings

- The provider had a protocol in place to ensure that identity checks were undertaken when a patient presented at the service for the first time. This included a step to check that persons accompanying paediatric patients had parental authority for the child.
- The practice assessed risks to patient safety and we found the premises appeared well maintained.
- There were effective systems in place for recording, investigating and learning from significant events.
- Care and treatment was provided in line with evidence based guidance.
- Staff worked with other health professionals where appropriate and supported patients to lead healthier lifestyles.
- The provider participated in improvement activity such as non-clinical audit to support service improvements.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Patient feedback through CQC comment cards and the provider's own surveys showed patients were happy with the service received and that they felt involved in decisions about their care.
- Services were provided that were responsive to the needs of the population served. This included timely and flexible services.
- There was clear leadership and governance arrangements to support the running of the service and delivery of high quality care. Staff felt supported.
- The provider was proactive in identifying challenges and responsive to feedback received to support service improvements.
- The provider demonstrated a strong commitment to the Somali community and was involved in promoting healthier lifestyles and health screening programmes.

The areas where the provider should make improvements are:

- Put steps in place so that storage containers for used sharps are clearly marked to indicate the date on which the container is installed.
- Consider undertaking improvements to the sink and taps in the consulting room so these are in line with best practice.
- Consider undertaking clinical audits to identify areas where patient care could be improved.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

- The provider had systems and processes in place to keep patients safe and safeguarded from abuse. This included safeguarding arrangements, management of infection control, medicines, staff recruitment, equipment and for unforeseen events.
- The premises appeared well maintained and risk assessments had been undertaken.
- There were effective systems in place for recording, reporting and managing significant events and incidents and for sharing learning.
- Safety alerts were reviewed and acted on to support service improvement.
- Systems were in place for managing complaints and patients were made aware of these. The provider was aware that oral communication was often the preferred method for members of the Somali community and ensured that all verbal complaints and as well as compliments, were recorded.
- The principal GP was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training.

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### **Are services effective?**

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

- Clinical staff carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE).
- The provider had systems for supporting improved outcomes for patients. Patients received timely care and treatment.
- The provider participated in quality improvement activity including clinical audits which demonstrated service improvements.
- The provider worked with other health and social care professionals where required to ensure patients received the care and treatment they needed.
- Services were provided to promote health and support patients in leading healthier lives, this included health checks and screening services. These services had been tailored to meet particular needs of the Somali community.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The service carried out pro-bono work in local mosques, schools and community organisations to promote greater awareness of the importance of good diet and exercise in the prevention of long term conditions.
- The service also carried out pro-bono work to raise awareness of symptoms of diseases and conditions which were traditionally less prevalent in the Somali community, for instance, many types of cancer and vitamin D deficiency.

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### **Are services caring?**

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

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# Summary of findings

- Positive feedback was received from patients through the CQC comment cards and the providers own in-house patient satisfaction survey. Patients said they were treated with dignity and respect and were involved in decisions about their care and treatment.
- The provider had established a Patient Participation Group and had sought out and invited representatives of different Somali community groups to join the group. Members of the group told us they met regularly and found the service to be caring, insightful into the needs of the community and highly responsive to suggestions for improvement.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff respected and promoted patients' privacy and dignity.

## Are services responsive to people's needs?

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

- The provider understood the needs of its patients, services were organised and delivered to meet those needs and took account of patient preferences.
- The provider was proactive in identifying people whose lifestyle may make it difficult to see a GP and provided primary medical care that was convenient for this group of patients.
- The provider offered flexibility in the provision of care. Patients could access appointments within 24 hours and at a time that suited them. Appointments were available seven days per week.
- The practice had systems in place for handling complaints and concerns.

## Are services well-led?

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

- There was clear leadership and governance arrangements which supported the running of the service and the delivery of high quality, sustainable care.
- The provider was proactive in identifying areas for improvement and addressing those.
- The provider had a clear vision for the future and staff were aware of this.
- There was a supportive culture and staff felt valued and able to raise issues or concerns if needed.
- The provider had developed positive working relationships with local Somali community groups and used these relationships to promote healthier living, for instance by raising awareness of national health screening programmes and by supporting educational events intended to help people to integrate into the local health economy.
- Staff were supported by a range of policies and procedures that were reviewed regularly.
- Feedback from patients was sought to help drive improvement.

# Private Walk-In Clinic

## Detailed findings

### Background to this inspection

Private Walk-In Clinic provides a private medical service to adults and children. The majority of patients attending the service are from the Somali community. Services include a private general medical service, immunisations such as child immunisations and travel vaccinations, health screening and lifestyle management. The service team consists of a principal GP who is a director of the provider organisation, a second GP who is also a director of the provider organisation and two long term locum GPs, one male and one female, a full-time practice manager, a phlebotomist who also undertakes administrative duties and four reception and administration staff member. All members of staff speak English and Somali.

The service is located in a property previously arranged as a ground floor retail premises with residential accommodation above. The building has been converted and adapted to provide medical services in the Tottenham area of the London Borough of Haringey. The provider also operates a separately registered location in the Shepherd's Bush area of the London Borough of Hammersmith and Fulham.

The practice is open for appointments seven days per week between 9:30am and 5pm. Appointments can be booked in person, by telephone or by email. The service offers patients the option of a pay as you go service or membership through an annual subscription. Individual and family memberships are available, a family membership consisting of up to two adults and up to four children. The service undertook approximately 2,500 consultations in the previous twelve months.

The practice is not required to offer an out of hours service. Patients who need medical assistance out of corporate operating hours are requested to seek assistance from alternative services such as the NHS 111 telephone service or accident and emergency facilities.

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

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 completed comment cards where patients and members of the public shared their views and experiences of the service. Patients spoke highly of the service, they described staff as professional, helpful and friendly. They told us that they felt listened to and would be happy to recommend the service to others.

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

Our inspection team consisted of a CQC Lead Inspector, a GP Specialist Advisor and a practice manager specialist adviser.

The inspection team:-

- Carried out an announced inspection at Private Walk-In Clinic on 30 January 2018.
- Spoke with staff.
- Reviewed patient feedback from the completed CQC comment cards and the provider's own survey.

# Detailed findings

- Spoke with members of the Patient Participation Group.
- Reviewed the practices policies and procedures and other documentation made available by the provider in relation to the running 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?

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

# Are services safe?

## Our findings

### Safety systems and processes

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

- The provider had policies and procedures in place covering adult and child safeguarding to provide support and guidance to staff. The policies contained contact details for relevant agencies responsible for investigating safeguarding concerns. We also saw information relating to Female Genital Mutilation (FGM) and pathways for reporting. GPs had established links with specialist NHS providers who were able to provide appropriate support to victims of FGM or those who had had the procedure in countries where this was not illegal. All GPs working at the practice were trained to safeguarding level 3 and non-clinical staff to level 1. Staff demonstrated they understood their responsibilities and were able to give an example of a safeguarding concern they had appropriately identified and raised.
- The provider had a protocol in place to ensure that identity checks were undertaken when a patient presented at the service for the first time. This included a step to check that persons accompanying paediatric patients had parental authority for the child. We noted that this had been introduced following an investigation of a significant event identified and recorded by the principal GP. On that occasion, the review found that although the person accompanying the child did have parental authority, the process in place at the time had not included this check as a mandatory step which meant that important information could have been missed.
- Notices were displayed which advised patients that chaperones were available if required. There was a chaperone policy in place. Staff who acted as a chaperone were trained to do so and had undergone a DBS check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The provider carried out staff checks, including checks of professional registration where relevant. We reviewed the personnel files for five members of staff (three clinical and two non-clinical). We found appropriate recruitment checks had been undertaken prior to

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service.

- We looked at the systems to manage infection prevention and control. We observed the premises to be visibly clean and tidy. The principal GP was the infection control lead for the service. Staff had access to a range of infection control policies and procedures. There were cleaning schedules and monitoring systems in place for the cleaning of the premises. We also noted that there were separate cleaning logs for each item of clinical equipment and these were completed each time the equipment was cleaned. Equipment seen appeared visibly clean. Staff had access to personal protective equipment such as disposable gloves and aprons. The practice had undertaken a recent in-house infection control risk assessment to identify any issues. None were identified.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw evidence that electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. We found the premises appeared well maintained and arrangements were in place for the safe removal of healthcare waste. We saw records in relation to fire alarm testing and fire drills carried out and for the servicing of fire equipment. Maintenance issues were logged and monitored and general health and safety risk assessments were undertaken in relation to the premises which included aspects of fire safety and infection control, legionella and the control of substances hazardous to health (COSHH).

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. Practice staff told us that there were sufficient staff to enable them to provide appointments within 24 hours. They also worked flexibility to cover for each other during leave.



# Are services safe?

- There was an induction system for temporary staff tailored to their role. A staff handbook was available for all staff which included policies and procedures staff needed to be made aware of and training staff were expected to complete.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Emergency medicines and equipment including a defibrillator and oxygen were available. These were monitored to ensure they were in date and ready for use.
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## Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The practice had recently procured a web based patient record system used widely in private practice with greater functionalities to better meet the service need. These included a booking system, billing system, formulary, coding and reporting system. The system was backed up in real time and access was available to those authorized via password protection. The practice mainly used electronic records but any paper records held were also stored securely in locked facilities.
- Records seen contained appropriate information to support care and treatment. Additional information to support decisions in patient care was requested if needed from the patients usual GP.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Where appropriate information was shared with the patients NHS GP for example if a patient needed an urgent referral. Clinicians we spoke with were able to explain that confidential information could be shared without consent if it was required by law, or directed by a court, or if the benefits to a child or young

person that would arise from sharing the information outweighed both the public and the individual's interest in keeping the information confidential. This was in line with GMC guidance around information sharing.

- We saw examples of when the service had appropriately shared information about children. This included an occasion when abuse was suspected. The service had followed up on this report and we saw evidence that the principal GP had attended several child protection meetings.
- Where patients wished to be referred privately for secondary care treatment, information was shared through referral letters. The provider had recently undertaken an audit to identify where improvements could be made to the system used to manage referrals. As a result of this audit, a suite of referral letter templates had been designed and made available to clinicians. We saw examples of referral letters and found these contained information such as past medical history, medicines and allergies.

## Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The provider had carried out an assessment to ensure that emergency medicines held at the service reflected the area in which it was located, the community it aimed to serve and the type of regulated activities undertaken and we noted that this schedule was in line with best practice. The practice could provide records showing that medicines were checked regularly and these notes showed that when a medicine had reached its expiry date, it was removed and replaced and the batch number of the expired medicine was recorded. All the medicines we checked were in date and stored securely.
- The service employed only GPs who prescribed and there was clear guidance as to what medicines the provider did not prescribe to patients. For example, the provider did not prescribe unlicensed medicines and controlled drugs. A notice in the waiting area advised patients that the service could only provide private prescriptions.
- Patients' health was monitored to ensure medicines were being used safely and followed up on



# Are services safe?

appropriately. The practice had a prescribing policy which stated that it would not undertake routine repeat prescribing and we were told that patients with long term conditions were encouraged to visit their regular NHS GP to ensure their conditions were managed appropriately. The service liaised with the patients NHS GP for requests for certain medicines.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Access to the British National Formulary and Green Book for information on vaccinations was available to staff. The patient record system included a formulary which alerted clinicians to any drug interactions.
- There was evidence of actions taken to support antimicrobial stewardship. Clinical staff had access to the local antimicrobial guidelines and microbiology contacts for further advice and guidance through the laboratory they regularly used.
- The practice had systems for monitoring the temperature of the medicine fridge used for storing vaccinations. We saw that detailed weekly downloads of the fridge temperatures were checked. We were also advised that the fridge would alarm if temperatures fell outside the set range which would prompt an earlier download. There was a fridge failure protocol which detailed action staff should take if fridge temperatures fell out of range.

## Track record on safety

The practice had embedded systems for monitoring safety in the practice.

- The service had systems for recording, investigating and learning from incidents and complaints. For instance, we saw that the practice had reviewed complaints

received and had identified that a number of patients said they had not realised that private GPs did not issue NHS prescriptions. As a result of these complaints, the service had placed a poster in a prominent position in the waiting area, which advised patients that the service would only issue private prescriptions which were not covered by the NHS prescription charge scheme.

- Staff had access to policies and protocols in place for the management of accidents, injuries and near misses and incidents. These included details of agencies for reporting notifiable incidents to.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. There was a standard reporting form for this and systems for reviewing and investigating when things went wrong.
- We saw that three significant events had been reported and investigated in the last two years. Lessons learnt were shared across the staff team at practice meetings and action was taken to improve safety in the service. We saw one example where a pathology sample had not been sent to the laboratory. The incident had been investigated promptly and actions taken to prevent a repeat of the mistake. The patient had been contacted and had received an apology and the test had been repeated. No harm had come to the patient as a result of this incident.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. Alerts received were reviewed by the practice manager and principal GP and where relevant shared with staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.

There was a registration form which was completed by patients unknown to the service which enabled staff to obtain details about patients past medical history, medicines and allergies to support care and treatment.

The practice made use of local private hospitals for investigations to be made to support diagnosis as required. We looked at the process used to manage pathology and diagnostic tests and found that these were received securely, reviewed in a timely manner, patients were informed of the results in an appropriate way and that details of the test were added to the patient record.

Staff knew how to make an urgent referral depending on the patient's preference to be seen privately or through the NHS. Where the need for an urgent referral was identified the service would notify the patients usual NHS GP by fax and a follow up call to check the fax had been received. In 2016, the provider had undertaken an audit of referral letters to check whether referral requests were acted on in a timely manner. The results showed that out of 30 referral letters reviewed, none of which was for an urgent cancer referral, 75% had been sent within the target time of 3 days of the consultation with the patient. As a result of this audit, the provider had developed a suite of referral letters to make the process more efficient and to reduce delays. When the audit was repeated in 2017, the provider found that 100% of referral letters had been sent within the service target time.

### Monitoring care and treatment

The provider undertook quality improvement activity. Audits had been carried out although none of these were clinical audits. For instance the provider had undertaken audits around patient waiting time, appointment availability and time taken to review pathology and diagnostic results. This had demonstrated that of 30 pathology results received in a three month period in 2017, 100% of test results had been reviewed and added to the patient record within three days of receipt.

The provider had a peer review process in place to support clinicians around effective consultations and the provider had recently invited a community pharmacist to assist in carrying out a prescribing review at the service.

### Effective staffing

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

- Both directors of the provider organisation were GPs who also worked for the NHS and were able to bring skills and experience from this.
- Clinical staff had undertaken training in immunisations and had access to on-line resources to support them and keep up to date.
- There was an induction process for new staff including clinicians new to the service. The induction process included a training programme and a range of competency checks which included use of equipment, tests and systems used by the service. The induction process for clinicians was supervised by the principal GP.
- All staff had access to a range of on-line training. The provider had clearly identified core training requirements and had effective systems for monitoring that staff were up to date with training.
- The practice provided staff with ongoing support. This included an induction processes and appraisals. This included discussions about learning needs.
- Staff were encouraged and given opportunities to develop.

### Coordinating patient care and information sharing

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

- The provider had clear protocols for referring patients to specialists or other services. These were available to staff from their computers.
- The provider shared important information with the patients usual NHS GP as required such as for patients with poor mental health, safeguarding issues and urgent cancer referrals. For the routine sharing of information with a patients usual NHS GP the provider obtained consent as part of the registration process. We were also shown an example of an occasion when the service had shared information without the consent of the patient. The GP who had shared this information had recorded the rationale behind the decision and was able to

# Are services effective?

## (for example, treatment is effective)

demonstrate that this decision was in line with GMC guidance as the benefit to the person that arose from sharing the information outweighed both the public and the individual's interest in keeping the information confidential. .

- The provider was aware that they were not routinely receiving information from private consultants or from the NHS GP following referrals. The provider told us they were currently working on developing a system to monitor this.
- The practice had arrangements in place for managing samples taken. The provider told us that they had daily sample collections and that the pathology laboratory used had a 24 hour turn around for returning results from samples sent. There were systems in place for ensuring test results were fed back to patients in a timely way.

### Supporting patients to live healthier lives

The provider offered in-house services which included phlebotomy, childhood immunisations and travel vaccinations. Patients who had signed up for the membership scheme were also offered unlimited GP consultations and an annual health review.

The provider had procured a computer system which included the capacity to easily identify patients with specific conditions due and staff were able to use this system effectively.

The provider told us they had a vision to be a proactive agent in improving health outcomes for the wider Somali community.

- We were told that service was involved in providing education sessions around healthy eating at a local primary school which had a significant Somali cohort.
- The service offered health checks free of charge to members of the public during Ramadan. (Ramadan is the ninth month of the Islamic calendar, and a time when Muslims who are able to do so, fast during the hours of daylight). Staff also told us that GPs at the practice encouraged patients who were in poor health or were receiving certain treatments to discuss their conditions with clinicians prior to fasting in order to prevent harm.
- The provider's particular knowledge of the Somali community had been recognised by two local authorities who had sought the provider's advice

around aspects of the provision of care to that community. For instance, in 2016, one local authority had consulted with the provider about how to improve the low uptake rate for certain childhood immunisations amongst the Somali community, whilst another local authority had sought the provider's insight around FGM.

- The provider was a frequent contributor on health related matters to Somali TV, a UK based cable channel broadcasting in the Somali language. The provider participated in live Question and Answer programmes during which viewers telephoned the programme to ask health related questions. We were told that the provider was able to use this opportunity to address areas of concern to the Somali community, including common misunderstandings or cultural practices which posed particular risks. For instance, we were told that callers to the programme had asked questions about skin lightening products and the smoking of shisha pipes. Clinicians told us they had been able to use the opportunity to explain the risks associated with these products whilst avoiding making cultural judgements.
- The provider had produced a series of internet based video clips providing advice about healthier lifestyles and preventing ill-health and these were available free of charge to the general public. This included topics such as how to avoid acid reflux. We saw that some of these video clips had been viewed more than one thousand times.
- The service carried out pro-bono work in local mosques, schools and community organisations to promote greater awareness of the importance of good diet and exercise in the prevention of long term conditions.
- The service also carried out pro-bono work to raise awareness of symptoms of diseases and conditions which were traditionally less prevalent in the Somali community, for instance, many types of cancer and vitamin D deficiency

### Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making for patients who may lack mental capacity and for children and young people.

## Are services effective?

(for example, treatment is effective)

- The practice had systems for seeking consent for procedures carried out at the practice, for example joint injections. We saw examples of those.
- Information was clearly provided in advance to patients about the cost of consultations and treatment, including investigations and tests.

# Are services caring?

## Our findings

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff were sensitive to patients' personal, cultural, social and religious needs. We discussed positive examples of care provided to patients with specific needs, for instance, patients who were unable to read or write and people recently arrived from overseas.
- The practice gave patients timely support and information.

As part of the inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 completed comment cards, all were positive about the service experienced. Patients said they found staff professional and told us that they were treated with care, dignity and respect.

The provider carried out an ongoing survey based on the NHS Friends and Family Test which asks patients whether they would recommend the service to others. The service told us they received approximately six responses each month. Results from this survey based on the last 12 months showed that 100% of patients who responded said they would be likely or extremely likely to recommend the service to others.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care.

- Feedback received from the patients through the completed CQC patient comment cards told us that clinical staff took the time to involve them in their care. Patients said that they did not feel rushed during their consultations and felt listened to.
- We saw examples from patient records of evidence of discussions with patients about their needs, wishes and preferences.
- We asked staff about facilities available to help patients be involved in decisions about their care where they may otherwise experience difficulties. Staff were aware of advocacy services available if needed. They also told us that they would arrange for an interpreter if requested but had not had a situation where language had been a barrier.
- Staff were aware of how they could obtain accessible information for example, easy read or information for patients who were visually impaired although we were told that oral communication was preferred over written communication by most of the patients who attended the service.

### Privacy and Dignity

Staff respected and promoted patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Privacy screens were provided in the treatment room to maintain patients' privacy and dignity during examinations, investigations and treatments.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The provider understood the needs of their population and tailored services in response to those needs. This included flexibility and longer appointments. Appointments were usually 30 minutes but could be extended, subject to additional costs which patients were made aware of.
- Information was clearly provided in advance to patients about the cost of consultations and treatment, including investigations and tests. Patients who wished to use the service had the option of a 'pay as you go' service or through an annual subscription in which they received a members package of care. A family membership was available which catered for two adults and up to four children which we were told reflected the average family size amongst the service's target population group
- The provider improved services where possible in response to unmet needs. For example, the provider had been proactive in identifying and responding to the needs of people who may otherwise not go to see a GP due to difficulties in communication.
- Where services were not provided patients were made aware and signposted to their usual GP. For example, management of long-term conditions, substance misuse services or antenatal care.
- The provider made reasonable adjustments when patients found it hard to access services. For example, the premises were accessible to patients with mobility difficulties. A member of staff opened the front door in person and would assist any patients who required support to access the premises. There was a portable

ramp for ease of entrance into the premises and a designated parking space for patients with a disability. Although the main consulting room was situated on the first floor, the service had ensured that another room on the ground floor was properly equipped and suitable to be used as an alternative consulting room.

### Timely access to the service

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

- The practice was open for appointments seven days per week between 9:30am and 5pm.
- Patients could avail themselves of a walk-in service or could book an appointment in advance. Appointments could be booked in person, by telephone or by email.
- The provider aimed to keep the number of patients who did not attend to a minimum by using text messages to remind patients of their appointments.

### Listening and learning from concerns and complaints

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

- Staff told us that they recorded all complaints, including written and verbal. The service explained that oral communication was often the preferred method for their patient group and for this reason they were keen to ensure that any such complaints were captured. The service had received and recorded two verbal complaints in the last 12 months.
- Information about how to make a complaint or raise concerns was available. A copy of the complaints procedure was displayed in the reception area which advised patients what to do if they wanted to raise a complaint.
- Staff told us that if there were any complaints these would be discussed at team meetings to identify any learning.



# Are services well-led?

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

## Our findings

### Leadership capacity and capability;

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

- The service was led by the principal GP supported by another GP who was also a director of the provider organisation and the practice manager and administrative team.
- The principal GP was knowledgeable about issues and priorities relating to the quality and future of the service. We found the principal GP proactive in identifying challenges faced by the service and taking action to address those challenges. For example, the need to develop a programme of clinical audit to identify areas where patient care could be improved.
- The leadership team was visible and approachable. They worked closely with the staff team to provide compassionate and high quality care. This was reflected in the feedback received from patients.
- The principal GP and all other clinical staff were proactive in keeping up to date with regards to learning and development. All clinicians providing services at the service also worked in the NHS and benefitted from learning opportunities available in that organisation.

### Vision and strategy

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

- The provider discussed with us their vision for the future. Now that they were established they told us that they wanted to grow. A second location had been opened in another part of London with a significant Somali population which mean that patients who wished to visit the service were able to choose between two locations.
- The provider told us they intended to continue providing pro-bono services around education and promotion of healthier lifestyle amongst the Somali community and saw this as part of their duty to the wider community as well reducing unnecessary interactions with NHS emergency services.

### Culture

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

- Staff we spoke with felt respected, supported and valued.
- Staff were able to raise concerns and were encouraged to do so.
- The provider held regular staff meetings and all staff were invited to attend. This ensured important information was shared. However, there was a lack of structure to the meetings seen for example, no standing agenda items were listed to ensure important issues were always discussed and matters arising were followed up or for staff to raise issues.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The service had a whistleblowing policy for staff to refer to if needed.
- There were processes for providing staff with the development they needed. Staff had access to annual appraisals and could access e-learning modules.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out. For example, staff had job descriptions which set out their roles and responsibilities and there were formal contractual arrangements in place with the laboratory used so expectations were clear.
- Key targets were identified and staff were aware of these to ensure tasks were carried out in a timely way.
- The provider had established proper policies and procedures to ensure safety. These were regularly reviewed to ensure they remained up to date and accessible to all staff via their computers.

### Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- Risk assessments had been carried out in relation to the premises to identify potential risks to patient safety and to undertake mitigating actions. Although we found the premises appeared well maintained, we noted that the fire risk assessment was now overdue for review.



# Are services well-led?

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

- The service leadership had oversight of safety, alerts, incidents and complaints.
- Audit activity had been undertaken to support improvements in the quality of care.

## **Appropriate and accurate information**

The practice acted on appropriate and accurate information.

- Records seen contained appropriate information to support care and treatment. Additional information to support decisions in patient care was requested if needed from the patients usual GP.
- The IT system used supported the monitoring of performance and patient audits, for instance when the service received new NICE guidelines or patient safety alerts.
- Staff had contact details for reporting notifications to relevant external organisations.
- Patient information was held securely and staff were aware of maintaining patient confidentiality.

## **Engagement with patients, the public, staff and external partners**

The practice involved patients, staff and external partners to support high quality sustainable services.

- The provider sought ongoing feedback from patients about the service provided. Feedback seen was positive and examples were given by staff about changes made as a result of feedback for example, the provision of a water dispenser in the waiting room.
- The service worked with a range of external stakeholders where appropriate to ensure patients received care they needed.
- The service had established a patient participation group and worked closely with this group to ensure that services provided were aligned with the perceived needs of the community. Members of the group we spoke with told us they saw part of their role to be that of ensuring that services being provided to their community were of a high standard.
- Staff were able to provide feedback through the appraisal process.

## **Continuous improvement and innovation**

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

- The provider was proactive in reaching out to patients who felt unable to access information about living a healthy lifestyle in an unfamiliar environment by producing video clips with narration in the Somali language.