Dr Prasad's Practice

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This is the report from our inspection of Dr Prasad's practice. Dr Prasad's practice is registered with the Care Quality Commission to provide primary care services.

We undertook a planned, comprehensive inspection on the 7 October 2014 at the practice location Dr Prasad's practice (also known as St James' Health Centre). We reviewed information we held about the practice and spoke with patients, GPs, staff and community and health care professionals involved with the practice.

The practice was rated as Good overall. There were some elements of the practice that could be improved but the practice provided good care to the population it served.

Our key findings were as follows:

- There were systems in place to mitigate safety risks. The premises were clean and tidy. Systems were in place to ensure medication including vaccines were appropriately stored and in date.
- The practice was effective. Patients had their needs assessed in line with current guidance and the practice promoted health education to empower patients to live healthier lives.
- The practice was caring. Feedback from patients and observations throughout our inspection highlighted the practice staff were kind, caring and helpful.
- The practice was responsive. The practice served a diverse community and had worked towards ensuring people from all backgrounds had access to the health education and treatment by involving other local support teams. Translation services were available and some of the GPs spoke a variety of languages such as Chinese and Hindi. The practice acknowledged that patients may sometimes have had difficulty in making appointments due to high demand and had introduced ways of combating this such as an online appointment booking service.
- The practice was well led. The practice management team placed a strong emphasis on the training of the staff.

Summary of findings

However, there were also areas of practice where the provider needs to make improvements.

The provider should consider the following:

- The practice had a complaints policy however; this did not contain information regarding a time frame in which patients would be responded to. Information regarding how to make a complaint was available in the practice leaflet but could be readily on display in the waiting room.
- Staff received annual appraisals, however the appraisal for the practice manager was overdue and the practice should ensure this is undertaken.
- Have a system in place for checking clinician's annual professional registration status.
- Update the practice's website to ensure all information is up to date, in particular with reference to the services and staff available.

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?

Good

The practice is rated as good for safety. Information from NHS England and the local commissioning group indicated that the practice had a good track record for maintaining patient safety. The practice had systems in place for monitoring safety and learning from incidents and safety alerts to prevent reoccurrences. For example the practice carried out significant event audits to help GP's individual and practice based learning.

All staff were aware of the safeguarding vulnerable adults and children policies in place and who to contact for further guidance. The practice had a GP lead for safeguarding who liaised with other agencies when necessary.

There were systems in place to ensure medication including vaccines, were safely stored and in date.

The practice was clean and tidy. All equipment was regularly maintained to ensure it was safe to use.

The practice had emergency medication available but no oxygen or defibrillator equipment. However the practice was close to the main A&E department. After the inspection, the practice sent us confirmation that emergency equipment had been ordered. All staff had received training in basic life support. The practice had business contingency plans for other emergencies which could disrupt the running of the practice.

Are services effective?

Good

The practice is rated as good for effective. Data showed that the practice was performing reasonably in line with other local practices and took the National Institute of Clinical Excellence (NICE) guidelines into consideration. This included assessments of capacity and had systems in place to promote good health. All staff had received comprehensive training suitable for their role and some had received appraisals. The practice worked with other local multidisciplinary teams including mental health and pharmacy teams.

Are services caring?

Good

The practice is rated as good for caring. Information from surveys and comment cards and patients we spoke with indicated that staff were helpful and caring. The practice provided accessible information to ensure patients understood treatment. We observed that patients were treated with kindness and respect.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. We found that the practice had sought ways to improve their service for their local population. The practice used interpreter services and worked closely with link workers from the Chinese community to strive to improve equal access to health care and health promotion services in the area.

The practice offered pre-bookable appointments and patients could contact the practice early in the morning to arrange urgent same day appointments. Children and elderly patients were always offered same day appointments for urgent care. The practice had implemented telephone consultations and also carried out home visits and care home visits.

Are services well-led?

Good

The practice is rated as good for well led. The practice had a clear vision and strategy which was outlined in their statement of purpose. The practice management team were efficient in ensuring all staff understood their roles by providing comprehensive training and appraisals. Staff reported that they felt supported by management and could openly raise any concerns. There were regular staff meetings which involved the whole staff team.

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

Good

The practice offered a named GP for those patients who were 75 years and older in line with the new GP regulations. The practice also had a system for ensuring elderly patients requiring urgent care were seen on the same day.

Immunisations such as the flu vaccine were offered to patients both at the practice and at home for those patients who were housebound or living in care homes.

People with long term conditions

Good

Information was available on the practice's web site for certain long term conditions for example asthma and epilepsy. There were registers of patients with long term conditions which enabled the practice to monitor and arrange appropriate medication reviews.

One of the GPs was a lead for diabetes and the practice was working with pharmacy support from the local Clinical Commissioning Group to ensure medication reviews of all diabetic patients.

Families, children and young people

Good

The practice had a general baby clinic run by Health Visitors. Mothers and babies between 6-8 weeks old were routinely checked by the Health Visitor and GP. The practice had a system for ensuring that children requiring prompt care were seen as a priority.

The practice worked with the local Clinical Commissioning Group to develop a practice development plan which had identified that the rates of childhood vaccination uptakes were lower than expected. This was possibly due to English not being the first language for many patients. The practice had a system in place for flagging up those children who had not received their vaccinations and the practice encouraged follow up visits.

Working age people (including those recently retired and students)

Good

Patients could take a health check with a Well Woman or Man service which was operated throughout the practice by all clinicians. The practice had a designated Health Advisor who could spend more time with patients to discuss their current lifestyles and to promote healthy living.

The practice had initiated a system for reserving early morning and late appointments for patients who worked during the day. The

Summary of findings

practice had just started an online booking system but had experienced occasional technical problems with this. All patients were offered referrals to hospitals of their choice by operating a 'Patient Choose and Book' service.

The NHS Health Check programme aims to prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74 are invited once every 5 years to have a check to assess their risk of acquiring these conditions. The practice had access to the results of these checks and would invite patients for further advice or treatment if necessary.

People whose circumstances may make them vulnerable

Good

The practice catered for the immediate population of Chinese patients who in many cases could not speak English and may find it difficult to access health services. The practice had the support of translators and links with the community to ensure the needs of the population were met and that they had access to the full range of health care services available to them.

The practice kept a list of patients with learning disabilities and arranged support and an annual health check. The practice would signpost patients with no fixed abode to any relevant service. The practice monitored patients with drug or alcohol addictions and provided GP services at a local rehabilitation accommodation service. There was signposting on the practice's web site to support sexual health assessments including HIV testing.

People experiencing poor mental health (including people with dementia)

Good

The practice maintained a register of patients who experienced mental health problems. The register was used by clinical staff to offer patients an annual health check and medication review.

The practice was supported by a Primary Care Mental Health Liaison Practitioner who provided advice and support to improve the mental and physical health of patients.

There was an awareness that some patients with mental health issues were at greater risk of suicide. Alert and monitoring systems were in place and these patients were supported to access emergency care if appropriate. Suicide awareness training had been scheduled for staff. The practice also had links with local counselling services.

Summary of findings

What people who use the service say

As part of our inspection process, we asked for comment cards for patients to be completed prior to our inspection. We received 24 Care Quality Commission (CQC) comment cards and spoke to two patients. All comments received were overwhelmingly supportive about the staff being helpful and caring and that the practice was clean. The only criticism we received was from patients in the working group population who found difficulty in making appointments.

Our findings were in line with results received from the national GP patient survey and the practice's in-house survey. For example, the latest national GP patient survey results showed that in July 2014 76.6% describe their overall experience of this surgery as good (from 90 responses) and 80% were able to get an appointment to see or speak to someone the last time they tried but only 60% found it easy to get through to practice by phone.

The practice's in-house survey results for 2012-2013 (from 29 responses) indicated that 86.7% felt the practice to be good, very good or excellent overall and 96.5% rated the customer service provided by receptionists as good or fairly good. The national GP patient survey showed that 80% found the receptionists helpful.

Results from the national GP patient survey also showed that 74% said the last GP they saw or spoke to was good at explaining tests and treatments and 73% said the last GP they saw or spoke to was good at involving them in decisions about their care.

Areas for improvement

Action the service SHOULD take to improve

- The practice had a complaints policy however; this did not contain information regarding a time frame in which patients would be responded to. Information regarding how to make a complaint was available in the practice leaflet but could be readily on display in the waiting room.
- Staff received annual appraisals, however the appraisal for the practice manager was overdue and the practice should ensure this is undertaken.
- Have a system in place for checking clinician's annual professional registration status.
- Update the practice's website to ensure all information is up to date, in particular with reference to the services and staff available.

Dr Prasad's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and the team included a GP and Practice Manager.

Background to Dr Prasad's Practice

Dr Prasad's Practice (also known as St James Medical Centre) is located in Chinatown in Liverpool City centre. The practice has three GP partners (two male, one female) and a salaried GP, one temporary part time nurse, a Health Care Assistant and administration staff. The practice is open 8.00am to 6.30pm Monday to Friday. Patients requiring a GP outside of normal working hours are advised to contact an external out of hours provider (Urgent Care 24). The practice had a PMS contract which also included provision for services to provide various vaccinations and support for people with alcohol and dementia related problems.

There were approximately 4,400 patients registered at the practice at the time of our inspection. The practice treated all age groups but the majority of the patients seen at the practice were between 15-64 years of age.

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 practice had not been previously inspected and was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We looked at NHS choices information and the practice's web site. There were no areas of risk identified across the five key question areas. We carried out an announced visit on 7 October 2014 and spent nine and a half hours at the practice.

Detailed findings

We reviewed all areas of the practice. We spoke with a range of staff including two of the GPs, the Health Care Assistant and all administration staff available on the day. We also spoke to the pharmacy lead for the local Clinical Commissioning Group, the Primary Care Mental Health Liaison Practitioner, community workers for the Chinese community and translators. We sought views from patients both face to face and via comment cards and reviewed survey information.

Good

Are services safe?

Our findings

Safe Track Record

Information from NHS England and the local Clinical Commissioning Group indicated that the practice had a good track record for maintaining patient safety. We had received no information of concern from other sources.

The practice had a system in place for reporting, recording and monitoring significant events and information from complaints. The practice had an incident management procedure and an incident recording form which was accessible to all staff via the practice's computers. All staff had received training on accident reporting and significant event procedures. The practice carried out an analysis of these events (SEA analysis) and this also formed part of the GP'S individual revalidation process.

Learning and improvement from safety incidents

We looked at the minutes from the practice's significant event annual review. There were written reports of the events, details of the investigations and learning outcomes. There was a clear framework for actions to be taken by designated staff within set time frames with a date for the review of the effectiveness of any action taken. Information had been cascaded to all staff via staff meetings and appropriate actions had been taken to reduce the risk of incidents happening again.

In addition to the GPs receiving patient safety alerts, the deputy practice manager collected any information with regards to national patient safety alerts or from the Medicines and Healthcare products Regulatory Agency (MHRA) and this was cascaded to the appropriate staff members. For example the alert regarding the discontinuation of long term therapy of the medicine Domperidone for adults with gastric reflux conditions.

Reliable safety systems and processes including safeguarding

The practice had safeguarding vulnerable adults and children policies in place which were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. In addition there were contact numbers displayed both in reception and treatment areas. All staff had received training at a level suitable to their role, for example the GPs had level three training. The practice had a computer system for patients' notes and there were alerts on a patient's record if they were at risk or subject to protection.

A chaperone policy was available on the practice's computer system and staff had received training. However, there was nothing on display in the waiting area to inform patients about the availability of this service.

Medicines Management

The practice had three fridges for the storage of vaccines available in treatment rooms. One fridge only contained children's vaccinations. We found all vaccinations to be in date. There was a cold chain policy in place and fridge temperatures were checked daily. Regular stock checks were carried out to ensure that medications were in date and there were enough available for use.

No controlled drugs were stored on the premises. Emergency medicines were available and stored securely such as adrenalin for anaphylaxis and staff knew were this was located. All the emergency medication was in date. The practice however did not have any stocks of benzyl penicillin (or other antibiotic) for meningitis. We were assured this was an oversight by the practice and this would be ordered. There was no oxygen stored by the practice although it had been previously when the practice had carried out surgical procedures. The practice sent us confirmation that oxygen and benzyl penicillin had been ordered after our inspection.

The practice had an electronic prescribing system in place. Where the practice did use paper prescriptions, these were securely stored. The electronic prescribing system helped the oversight of repeat medications.

The practice worked with pharmacy support from the local Clinical Commissioning Group. A pharmacy lead worker visited the practice and carried out medicine audits and helped with clinics for reviews of medication for diabetic patients.

Cleanliness & Infection Control

The practice did not own the building and the owners had carried out their own Legionella testing and infection control audit to ensure the safety of the building. The last audit carried out in September 2013 was very comprehensive and showed a high compliance level.

Good

Are services safe?

The practice had just appointed a new infection control lead who had undergone training. All staff had received training on infection control at induction and were up to date on their mandatory training. There were policies and procedures in place which were easily accessible for all staff.

The practice contracted an external cleaning company and was clean and tidy. Treatment rooms had the necessary hand washing facilities and personal protective equipment such as gloves was available. Sharps bins were appropriately stored and information clearly displayed in each treatment room about sharps injuries. The practice had a spillage kit containing guidance for use.

Equipment

All electrical equipment had received a portable appliance check to ensure the equipment was safe to use. The practice had a record of all the clinical equipment in use which was routinely checked to ensure it was working properly and manufacturer's instructions were available to refer to if necessary.

Staffing & Recruitment

The practice used the services of an external agency for all its HR policies and employment contracts. The practice had a recruitment policy in place which took into account the Equality Act 2010. We looked at staff recruitment documentation and spoke with the latest member of staff to be recruited to the practice. They confirmed that relevant references and pre-employment checks were carried out and that they had received induction training and an appraisal to ensure their suitability for the role.

The practice had had the same GPs working at the practice for several years and there was no system in place for annually checking their professional registration.

One GP had been off sick and contingency plans to employ locums were being made.

Monitoring Safety & Responding to Risk

There were procedures in place for monitoring and managing risks to patient safety and the practice employed an outside consultancy service to deal with all its health and safety policies. There were regular checks and assessments of the building carried out by the premises management company. There was a fire procedures policy and the practice had recently completed a fire evacuation drill.

Staffing levels were reviewed to ensure patients were kept safe and their needs were met. In the event of unplanned absences staff covered from within the service.

Arrangements to deal with emergencies and major incidents

There were suitably stocked first aid boxes available in the practice and an accident book which was available on the practice's computer system. Panic buttons were installed throughout the surgery for emergency situations.

All staff received basic life support training and there were emergency drugs available such as adrenalin. There was no oxygen or defibrillator available on the premises. The practice protocol was to call 999. We discussed this with one of the GP partners who told us that the response time of an ambulance would be prompt as they were very close to the A&E department. The practice had not had any medical emergencies and there was no way of testing this. The GP partner told us (and sent us details of correspondence the day after our inspection) they had previously been in discussions with the Local Clinical Commissioning group to look at funding future emergency equipment. The practice sent us confirmation that a defibrillator and oxygen had been ordered after our inspection.

The practice had a 'Disaster Recovery and Business Continuity Plan' in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Once patients were registered with the practice, the Health Care Assistant carried out a full health check and referred the patient to the GP or other clinic within the practice when necessary.

The practice had a system of registers for patients who had greater needs for example learning disabilities register. This helped the practice identify patients who required specific appointments such as annual health checks or medication reviews.

We spoke with two GPs who were aware of their professional responsibilities for keeping up to date with guidance for best practice such as National Institute for Health and Care Excellence guidance.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system for the performance management of GPs intended to improve the quality of general practice and reward good practice in surgeries. This was one system used to monitor the quality of services within the practice. The practice had also been involved in pilot schemes with the National Institute for Health and Care Excellence for future QOF frameworks. Practice performance was discussed at staff meetings held on a monthly basis.

The practice was also supported by the local Clinical Commissioning Group (CCG) and was taking part in the Primary Care Quality Framework designed to help support practices deliver high quality primary care services. GPs and practice managers met with other practices in the area (Neighbourhood meetings) to regularly discuss improvements.

The practice had systems in place to monitor and improve outcomes for people with long term conditions such as diabetes. The practice was supported by the pharmacy lead for the CCG and was currently monitoring prescriptions for diabetic patients. The practice had a GP who was the lead for diabetes and QOF data (2012-2013) for blood pressure and cholesterol levels for diabetic patients was better than average England scores.

The practice also carried out clinical audits. Medicines management audits and work focusing on prescribing trends for antibiotics were carried out in conjunction with the CCG.

Effective staffing

All staff received regular training. There was a list of mandatory training such as safeguarding children and infection control procedures but in addition the practice sought an impressive array of additional training. The training was broken down into key areas such as knowledge, tasks, external knowledge (e.g. information about local support services) and patient services.

The practice proactively sought training that would benefit patients. For example, the Primary Care Mental Health Liaison Practitioner we spoke with confirmed they had arranged to give a presentation at a staff meeting. Minutes from staff meetings indicated that staff were asked to contribute their ideas for any training they required to ensure they could carry out their role effectively.

Non clinical staff were supported by appraisals from the practice managers; however the practice manager's appraisal was overdue.

Working with colleagues and other services

The practice had access to patients' blood tests and X-ray results from local hospitals and had a system in place for recording information onto patients' medical records. Cases which required immediate follow up were flagged up on the practice's computer system for the GP to action. Each GP could access their patients' follow up requirements and we saw that allocated time throughout the day was given to GPs to deal with hospital letters and test results so that actions were taken in a timely manner. The practice sent text messages to patients to confirm when test results were received and that they were normal. Patients were contacted as soon as possible if they required further treatment or tests.

The practice worked closely with the out of hours care provider (Urgent Care 24) for example; the practice would fax any relevant information for patients who were on end of life care who may require attention over a weekend.

Information sharing

Systems were in place to ensure information regarding patients was shared with the appropriate members of staff.

Good

Are services effective?

(for example, treatment is effective)

For example, the deputy practice manager showed us a system in place using a whiteboard behind the reception which they called the 'angel board'. This was used to identify urgent issues for patients. Written on the board were headings for vulnerable adults and children, carers, learning disabilities and palliative care. We observed how reception staff and the manager identified an issue with a patient who had attended with dementia who required extra support. This was flagged up on the white board to ensure all staff were aware of the issue and could act accordingly.

The practice held three monthly multidisciplinary Gold Standard Framework meetings for patients who were receiving palliative care and minutes of these meetings were available to all staff. Two GPs we spoke with gave examples of when they contacted their out of hours service to discuss arrangements for patients who were severely ill to ensure continuity of care when the practice was closed.

Consent to care and treatment

Mental Capacity Act (2005) summary information was available to staff at reception. We spoke with one GP about mental capacity who provided us with an example of their understanding around consent and mental capacity issues. In this case consent for treatment had not been given and the patient's choice had been accepted. The GP was aware of Gillick guidelines for children. Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Surgical procedures were not carried out at the practice but consent was recorded for treatments such as joint injections.

Health Promotion & Prevention of ill health

The practice had a Health Trainer who spent longer with patients to discuss current lifestyles, improvements that could be made and helped patients access other services for example local gyms and counselling services.

There were plenty of health promotion and prevention advice leaflets available in the waiting room including information on bowel cancer screening programme. Information from the CCG in September 2014 for the practice development framework indicated that the practice had improved bowel cancer screening rates to beyond expected (45.83%) along with breast cancer screening rates (62%).

We observed there were plenty of adverts to patients to ensure they received their flu jabs and when patients contacted the surgery they were being asked if they had made their appointment. Information from our intelligence monitoring systems identified the practice performed better than the average score for practices in England regarding the uptake of the flu vaccination for those patients identified at risk between the ages of six months to 65 years old.

The practice worked with the Primary Care Mental Health Liaison Practitioner to ensure that all those patients listed on their register with mental health issues received an annual physical health check.

Information from the CCG indicated that targets for childhood immunisations fell slightly below the expected 95% target in September 2014. This was accounted for as the practice is in an area where English is not always the first language. The practice worked with links from the Chinese community to try and improve access to support services available.

The practice had begun to support patients to use the NHS health check programme to make patients more aware of disease prevention.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Reception staff had received extra support in the form of customer training for example training around dealing with aggressive patients and difficult patient situations. The practice's in house patient survey for 2012-2013 found that 96.5% of patients found the customer service at reception to be very good or fairly good which was an improvement on 2011-2012 figure of 76%. Results from the National GP Survey in July 2014 indicated 80% of patients found the receptionists helpful.

Results from the National GP Survey in July 2014 indicated 60% of patients were satisfied with the level of privacy when speaking to receptionists at the surgery. The in house patient survey did highlight that some patients were not aware that they could discuss matters with reception staff in private.

Care planning and involvement in decisions about care and treatment

According to the latest GP patient national survey 73% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care. The in-house survey for 2012-2013 showed 77% of patients felt the practice helped them understand their health problems.

We spoke with a link from the community who acted as an advocate to help support members of the Chinese community understand their diagnosis and treatment options.

Patient/carer support to cope emotionally with care and treatment

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed that they would offer them a private room to discuss their needs. The practice had advertised the services of an in-house counsellor on their website. However the counsellor no longer attended and the practice website should be updated to reflect this. The practice did signpost patients to counselling services if needed.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The needs of the practice population were understood and systems were in place to address identified needs. For example, the practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and reviews for patients with long term conditions. The practice was proactive in contacting patients who failed to attend vaccination and screening programmes.

The practice had previously had a virtual patient participation group (PPG) but this had been difficult to sustain and attract patients from a diverse background. The deputy practice manager and one of the GPs told us they were considering new ways of advertising and promoting the use of the PPG.

Tackling inequity and promoting equality

The practice was the main GP practice in the area serving the Chinese community. The practice specifically employed a part time GP who could speak Mandarin and Cantonese and much of the information and signage for patients in the waiting room and reception areas were also available in Chinese.

The practice used interpreter services and worked closely with link workers from the Chinese community to strive to improve equal access to health care and health promotion services in the area. The practice's website was also available in Chinese. Other languages were also catered for and one GP could speak Hindi. Staff were aware of the interpreter services available and how to access them.

Access to the service

The practice is situated in modern premises with disabled and pushchair access and disabled toilet facilities. The waiting room was spacious with enough chairs.

The practice offered pre-bookable appointments and patients could contact the practice early in the morning to arrange urgent same day appointments. Children and elderly patients were always offered appointments the same day for urgent care. The practice had implemented telephone consultations and also carried out home visits and care home visits.

The practice acknowledged that patients may sometimes have had difficulty in making appointments especially first thing in the morning when telephone lines were busy due to high demand and had introduced ways of combating this such as an online appointment booking service and having more reception staff dealing with incoming calls at peak times. The online system was in its infancy and there had been some technical issues. Difficulty in making appointments had recently been increased due to one of the GPs being off sick but the practice had contingency plans in place to employ a locum GP and recruit a permanent nurse to alleviate the pressure.

Listening and learning from concerns & complaints

The practice had a complaints policy in place. However, the policy was not easily accessible to patients in the waiting room. Reference to the complaints policy was made in the practice information leaflet but patients would have to ask at reception if they wanted to make a formal complaint. We reviewed the complaints policy and noted that it did not contain specific time frames to inform patients when to expect a response from the practice. We discussed this with the GP lead for the practice who told us this would be reviewed.

There was a meeting to discuss the annual summary of complaints received by the practice and what learning points were needed. There was a detailed analysis of the complaints so that any trends could be identified. Complaints were dealt with appropriately along with apologies for patients. Complaints both written and verbal were also discussed at staff meetings. However minutes from staff meetings did not always identify what actions would be taken and by whom.

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

Practice website information highlighted that 'Our NHS GP Practice aims to provide the highest quality of medical care possible to the Liverpool community'. The practice's statement of purpose also provided this information but included further detail about wanting to 'provide health care in a flexible and innovative way to meet patient choice'. We saw the practice had previously been awarded the 'Most Innovative Practice' award from the local commissioning group in 2012.

All staff were engaged in producing a high quality service and each member of staff had a clear role within the structure of the practice. For example, there were leads for safeguarding, mental health and infection control. In addition, staff were given responsibilities to monitor specific scores for the Quality and Outcomes Framework. The practice management team were efficient in ensuring there were clear lines of communications between staff to ensure the staff were supported.

The practice was engaged with the local Clinical Commissioning Group (CCG) and had completed a practice development plan. We also saw proposals for funding for 'winter pressure' planning to ensure the practice could cope with the possible extra seasonal demand.

Governance Arrangements

The practice had a clear governance policy and one of the GPs was a designated Clinical Governance lead for the practice. The practice policy covered key areas such as patient involvement, clinical audit, evidence based medical treatment, staff development and information systems.

The practice had policies and procedures to support governance arrangements which were available to all staff on the practice's computer system. The policies included a 'Whistleblowing' policy and 'Being Open' policy. All policies were in date and identified when they were to be reviewed.

Leadership, openness and transparency

The practice governance policy outlined that the practice would encourage team working across the practice to establish a 'no blame learning culture.'

Staff we spoke with told us they could raise any concerns they had openly at staff meetings. Minutes of staff meetings were cascaded via e-mail to all staff to give transparency in the decision making process within the practice.

Practice seeks and acts on feedback from users, public and staff

The practice had previously had a virtual Patient Participation Group (PPG). However the practice had struggled to maintain sufficient patient numbers to be involved and was seeking ways to improve on the participation rates.

We saw there was a suggestion box available on the front of the reception desk which was checked daily but patients sometimes used this inadvertently to post their prescription requests. The practice had carried out an in-house patient survey and acknowledged that their participation rate was low and were looking at ways to improve on feedback collection in the future. Feedback from any suggestions, results of surveys and complaints both written and verbal were discussed at practice meetings.

Management lead through learning & improvement

All staff were given induction training and mandatory training such as safeguarding and infection control. The practice had undertaken other various training to ensure staff were suitably equipped to carry out their role.

Staff had annual appraisals overseen by the practice management team where they could discuss their future roles and how they could improve on their performance. Staff told us this was a constructive process and they valued the feedback on their performance. However, the appraisal for the practice manager was overdue. GP partners were all involved in revalidation, appraisal schemes and continuing professional development. One GP we spoke to was an appraiser for other GPs locally.

The GPs and practice manager attended meetings with other practices every three months where learning points were discussed and could be cascaded to each practice. We were told the GPs would often meet informally over lunch to discuss any clinical issues. The practice held monthly staff meetings which involved the whole team. We saw minutes from these meetings which outlined discussions held for example verbal or written complaints

Are services well-led?

Good

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

received. However what wasn't always clear from the minutes was what timetable of action was to be taken, who would be responsible for any changes, monitoring of any new systems necessary and review of any changes to ensure effectiveness of any decisions made.