

Dr Lalit Gurnani

Quality Report

Church View Primary Care Centre,
Beam Street,
Nantwich,
Cheshire,
CW5 5NX
Tel: 01270610181
Website: nantwichhealthcentre.nhs.uk

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

Ratings

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

Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at Dr Lalit Gurnani on the 20 August 2015. Overall the practice is rated as good.

Our key findings were as follows:

- There were systems in place to mitigate safety risks including analysing significant events and safeguarding.
- The practice was clean and tidy. The practice had good facilities in a purpose built building with disabled access and a lift to their first floor consulting rooms.
- The practice nurse proactively sought to educate patients to improve their lifestyles by regularly inviting patients for health assessments, encompassing healthy lifestyles.
- Patients spoke highly about the practice and the whole staff team. They said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- The practice sought patient views about improvements that could be made to the service, including having a patient participation group (PPG).
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff felt supported by management. The staff worked well together as a team.
- Quality and performance were monitored.
- Longstanding support of local charities has resulted in the practice staff raising £2,000 each year through fund-raising activities for local charities including St Luke's Hospice.

We saw areas of outstanding practice including:

- The practice held regular meetings and discussed anonymised significant events. They discussed significant events and complaints at PPG meetings and with other members of the multi-disciplinary teams such as district nurses to raise awareness and to show transparency in their management of risks and learning from events.

Summary of findings

However there were areas of practice where the provider should make improvements.

Action the provider SHOULD take to improve:

- The provider should implement and update care plans for all patients identified at risk of unplanned admission to hospital.

Letter from the Chief Inspector of General Practice

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated within the practice and with external professionals and members of the PPG to support improvement. The premises were clean and tidy. Safe systems were in place to ensure medication including vaccines were appropriately stored and were well managed. There were sufficient numbers of staff. Most recruitment checks were carried out and recruitment files were well managed, however one staff file was incomplete.

Good



Are services effective?

The practice is rated as good for providing effective services. The practice monitored its performance data and had systems in place to improve outcomes for patients. Staff routinely referred to guidance from National Institute for Health and Care Excellence (NICE.) Patients' needs were assessed and care was planned and delivered in line with best practice and national guidance. Training records did not include all clinical staff, although the practice manager was updating the training records to establish what updates were needed for clinical staff. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had received training appropriate to their roles.

Good



Are services caring?

The practice is rated as good for caring. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Staff helped people and those close to them to cope emotionally with their care and treatment. Data from the National GP Patient Survey published July 2015 showed that patients rated the practice as comparable in several aspects of care compared to local and national averages. Some staff had worked at the practice for many years and understood the needs of their patients well.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services were planned and

Good



Summary of findings

delivered to take into account the needs of different patient groups. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated as good for being well led. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on and had an active PPG. Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice was aware of future challenges.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. The practice had identified patients at risk of unplanned hospital admissions but care plans had not been implemented for all of these patients. The practice staff met with the district nursing team on a regular basis to provide support and access specialist help when needed. The practice took the lead to develop the Community Intervention Beds and the Care Home Schemes in order to care for the elderly proactively and holistically. The GPs supported the care homes with regular medication reviews, telephone advice and liaison with patients and their families. Home visits were available for elderly patients.

Requires improvement



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment and screening programmes. The practice continuously contacted these patients to attend regular reviews to check that their health and medication needs were being met. The practice had adopted a holistic approach to patient care rather than making separate appointments for each medical condition.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Staff were knowledgeable about child protection and a GP took the lead for safeguarding. Staff put alerts onto a patient's electronic record when safeguarding concerns were raised. Regular liaison took place with the health visitor to discuss any children who were identified as being at risk of abuse. The practice offered family planning advice. They ran weekly clinics for new born baby health checks run in conjunction with the health visitor and the GP's. Immunisation rates were comparable with local CCG benchmarking for all standard childhood immunisations and patients could attend the clinics without a referral. Urgent access appointments were available for children.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of this group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example the practice offered telephone consultations instead of patients having to attend the practice. The practice offered online prescription ordering and online appointment services. Health checks were offered to patients who were over 40 years of age to promote patient well-being and prevent any health concerns.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice was aware of patients in vulnerable circumstances and ensured they had appropriate access to health care to meet their needs. For example, a register was maintained of patients with a learning disability and annual health care reviews were provided to these patients. All staff were trained and knowledgeable about safeguarding vulnerable patients and had access to the practice's policy and procedures and had received guidance in this. The practice had a record of carers and used this information to discuss any support needed and to offer carer health checks and Support.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice referred patients to the appropriate services. The practice maintained a register of patients with mental health problems in order to regularly review their needs or care plans. The practice staff liaised with other healthcare professionals to help engage these patients to ensure they attended reviews and various specialist support on site helped provide a holistic level of care at the medical centre. The Improving Access to Psychological Therapies (IAPT) initiative had been in place at the surgery for many years, enabling patients to access this service in a familiar environment that they were accustomed to. Mental Capacity Act training was available to all staff and most staff had received this training.

Summary of findings

What people who use the service say

The National GP Patient Survey results published on July 2015 showed the practice was performing in line with local and national averages and in some areas exceeding those averages. There were 285 survey forms distributed for Dr Lalit Gurnani and 127 forms were returned. This is a response rate of 44.6%. The results indicated the practice could perform better in certain aspects around discussions with GPs, about being involved with decisions and in getting through to the surgery and in making an appointment. For example:

- 77.9% said the last GP they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 81.2% and a national average of 81.5%.
- 44.5% of respondents find it easy to get through to this surgery by phone compared with a CCG average of 61.9% and a national average of 74.4%.
- 64.4% of respondents described their experience of making an appointment as good compared with a CCG average of 68.2% and a national average of 73.8%.

The practice scored higher than average in terms of patients' being treated with care and concern by their GP, getting to speak to their preferred GP, the nurse involving them with decisions about their care and the convenience of their appointment. For example:

- 89.1% said the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 86.3% and a national average of 85.1%.
- 66% of respondents who had a preferred GP usually get to see or speak to that GP compared with a CCG average of 60.1% and a national average of 60.5%.
- 87.6% said the last nurse they saw or spoke to was good at involving them in decisions compared with a CCG average of 86.3% and a national average of 84.9%.
- 96.6% of respondents say the last appointment they got was convenient compared with a CCG average of 91.7% and a national average of 91.8%.

As part of our inspection process, we asked patients to complete comment cards prior to our inspection. We received 35 comment cards and spoke with twenty two patients. Out of 59 comments, 57 patients indicated that they found the staff helpful, caring, polite and they described their care as very good. Patients told us that doctors and nurses were very good and they felt safe in their care, they were happy with the standard of care provided. Patients were very positive about the service they received from the practice, two comments related to finding problems accessing the telephone appointments and nine comments in regard to waiting times.

Areas for improvement

Action the service **SHOULD** take to improve

The provider should update care plans for all patients identified at risk of unplanned admission to hospital.

Outstanding practice

The practice held regular meetings and anonymised significant events. They discussed significant events and

complaints at PPG meetings and with other members of the multi-disciplinary teams such as district nurses to raise awareness and to show transparency in their management of risks and learning from events.

Dr Lalit Gurnani

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector and a CQC inspection manager. The team included a GP and practice manager specialist advisors, an Expert by Experience, (Experts work for voluntary organisations and have direct experiences of the services we regulate. They talked to patients to gain their opinions of what the service was like.)

Background to Dr Lalit Gurnani

Dr Lalit Gurnani, Church View Primary Care Centre, is based in Nantwich, Cheshire. The practice is located on the 1st floor within a shared building of Church View Primary Care Centre which is purpose built in design. There were 6230 patients on the practice list.

The practice has one male lead GP, three salaried females and one male salaried GP's, a practice nurse, a health care assistant, a practice manager and reception and administration staff.

The practice telephone lines are open from 8am and the practice is open Monday to Friday from 8.30am to 6pm with telephone lines open until 6.30pm. Patients requiring a GP outside of normal working hours are advised to contact the surgery and they will be directed to contact the local out of hour's service. The out of hour's provider is N.E.W. Cheshire Service.

The practice has a General Medical Services (GMS) contract. In addition the practice carried out a variety of enhanced services such as: avoiding unplanned admissions to hospital.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection 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 services 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)

Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 20 August 2015.
- Spoke to staff and patients.
- Reviewed patient survey information.
- Reviewed various documentation including the practice's policies and procedures.

Are services safe?

Our findings

Safe track record

South Cheshire Clinical Commissioning Group (CCG) reported no concerns to CQC about the safety of the service. The practice used a range of information to identify risks and improve patient safety. There was a system in place for reporting and recording significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. The practice carried out an analysis of these significant events to identify any trends. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and could access information about events through their intranet systems. The practice held regular meetings and anonymised significant events so that staff could openly discuss learning and points raised about each event without apportioning blame to any staff member. They also discussed significant events and complaints at PPG meetings and with other members of the multi-disciplinary teams such as district nurses.

Overview of safety systems and processes

The practice could demonstrate safe management for risks, safeguarding, health and safety including infection control and staffing.

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all staff had received training relevant to their role. The practice had recently undertaken a 24 point Royal College of General Practitioners (RCGP) checklist on safeguarding. This audit had identified areas regarding the management of safeguarding and what they were doing well. The audit also identified areas they looked to improve such as auditing children's notes and checking correct codes were used for children identified at risk.
- A notice was displayed in reception, advising patients that staff would act as chaperones, if required. (A chaperone is a person who acts as a safeguard and

witness for a patient and health care professional during a medical examination or procedure.) Most staff who acted as chaperones were trained for the role. All staff had received a Disclosure and Barring Services (DBS) check. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice manager had identified formal training for further staff in chaperoning and had secured this training for staff during our inspection.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Staff we spoke with told us there was enough equipment to help them carry out their role and that equipment was in good working order. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The building housed other GP practices and all of the practice managers met on a regular basis to review health and safety arrangements within the building.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. Comments we received from patients indicated that they found the practice to be clean. The practice nurse was the infection control lead. There was an infection control protocol in place and staff had received up to date training. The practice carried out their own infection control audits and acted on any issues where practical. The practice had carried out Legionella risk assessments and regular monitoring.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice worked with pharmacy support from the local CCG. We looked at a sample of vaccinations and found them to be in date. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a

Are services safe?

potential failure. 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.

- Recruitment checks were carried out and the seven files we sampled showed that 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 DBS checks. One staff file had just one reference in place, although the practice manager acknowledged this was carried out in her absence and she would ensure the correct records were put in place.
- The practice manager showed us records to demonstrate that 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 that enough staff were on duty.

• **Arrangements to deal with emergencies and major incidents**

Emergency medicines were available. These were signposted and stored securely and available in the treatment room and reception areas. All the medicines we checked were in date and fit for use. The practice nurse had overall responsibility for ensuring emergency medicines were in date and carried out regular audits. All staff received basic life support training. The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises. Oxygen was available and stored appropriately. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with NICE (The National Institute for Health and Care Excellence) guidelines and had systems in place for staff to access to ensure all clinical staff were kept up to date.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record. For example, patients on the 'at risk' register, learning disabilities and palliative care register.

The practice took part in the 'avoiding unplanned admissions to hospital scheme' which helped reduce the pressure on A&E departments by treating patients within the community or at home instead of hospital. Care plans were in place for these patients. However we noted that care plans had not been implemented for all identified patients. Following our inspection, the lead GP had advised that the practice have since started to implement care plan templates for patients identified at risk.

We spoke with the GP's and practice nurse who understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients who had long term

conditions were continuously followed up throughout the year to ensure they all attended health reviews. The practice's uptake for the cervical screening programme was 90.64% which was above average regarding the national average of 81.88%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 88.3% to 98.3% and the CCG averages ranged from 89.9% to 98.2%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice hosted a large number of specialist clinics within the medical centre, provided by consultants from eight different institutions. The practice pioneered these clinics over a three year period providing more convenient availability of specialists in the community for their patients.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. Incoming mail such as hospital letters and test results were read by a clinician and then scanned onto patient notes by reception staff. Arrangements were in place to share information for patients who needed support out of hours.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for QOF and performance against national screening programmes to monitor outcomes for patients. QOF results showed the latest results being 100% of the total number of points available. QOF information showed the practice was meeting its targets for health promotion and ill health prevention initiatives. Examples included providing flu vaccinations to high risk patients and other preventative health checks/screening of patients with physical and/or mental health conditions. Data from 2014-2015 showed:

Are services effective?

(for example, treatment is effective)

- Performance for diabetes related indicators was higher than the national averages. For example, the percentage of patients on the diabetes register, with a record of a foot examination. Practice rate was 98.98% and national rate was 88.35 %.
- The percentage of patients with hypertension having regular blood pressure tests was higher than the national average. Practice rate was 87.95% and the national rate was 83.11%.
- Performance for mental health related and assessment and care was higher than the national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months. Practice rate was 87.5% and National rate was 83.82%.

All GPs and nursing staff had access to a variety of clinical audits carried out at the practice including those carried out by the CCG pharmaceutical advisor. Examples of completed audit cycles included an audit of anticoagulation medication. This medication was used for patients needing help with potential problems with clotting of their blood. This review helped to identify those patients receiving medication and audits carried out helped to identify that appropriate treatment was provided.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality.
- Staff had access to appropriate training to meet their learning needs and were happy with the training on offer. Staff had received training that included safeguarding, fire procedures, basic life support, infection control and the Mental Capacity Act. The practice manager had updated records for training and was taking action to ensure all staff were up to date with any identified refresher training including all clinical staff.
- All GPs were up to date with their yearly appraisals. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.) There were annual appraisal systems in place for all other members of staff.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

The practice offered longstanding support of local charities within their community. They had raised over £2000 each year through fund-raising activities for local charities including St Luke's Hospice.

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms and treatment room doors were closed during consultations so that patients' privacy and dignity was maintained during examinations and consultations. From 59 patient comments, 57 patients indicated that they found the staff helpful, caring, polite and they described their care as very good. Patients told us, they were happy with the standard of care provided and they were very complimentary about the practice staff. Some staff had worked at the practice for many years and knew their patients well. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a carer's register and they had identified 73 patients who were carers and offered support, for example, by offering health checks and flu jabs. The practice had developed a notice board for carers with lots of information and supportive contacts such as local carers groups. The practice had a nominated member of staff who offered support to all carers and signposted them to relevant contacts. They also phoned carers if a death had occurred within the family and offered condolences on behalf of the practice.

Results from the national GP patient survey showed patients were happy with how they were treated. The practice was comparable and above average for some of its satisfaction scores on consultations with doctors and nurses. For example:

- 89.4% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 89.2% and a National average 88.6%.
- 98% had confidence and trust in the last nurse they saw or spoke to compared with a CCG average of 97% and a National average 97.2%.
- **Care planning and involvement in decisions about care and treatment**
- Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were comparable with local and national averages. For example:

- 89.1% of respondents said the last GP they saw or spoke to was good at treating them with care and compared to the CCG average of 86.3% and national average of 85.1%.
- 87.6% say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 86.3% and national average of 84.9%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example, the practice visited patients weekly who resided in local care homes (whereby the GP identified vulnerable patients at risk of admission to hospital and regularly reviewed these patients). The practice was actively involved with the community intervention bed scheme, whereby patients could access beds at a local care home for up to a three week period. This helped acutely unwell patients who did not need admission to hospital. The practice had received a large number of positive testimonies from members of the multi-disciplinary teams in regard to their approach and joint working with the practice staff.

The practice staff were innovative in their vision to develop ways to meet their patients need. They had developed a tool for encouraging patients with long-term conditions to be more involved in self-management of their health, with suitable support from health care professionals. The practice was due to roll out the use of an 'Application' as a pilot study targeting type 2 diabetes patients with a personalised video message sent via text and/or email, providing support and encouragement to achieve optimum control with their diabetes.

The practice had an active patient representation group (PPG) who met every six to eight weeks. Records and a discussion with representatives from the PPG indicated how they had worked with the practice to review complaints and significant events and how they were included in the developments of the practice. The practice sought patient feedback by a variety of means via their PPG group and by having patient surveys. The practice also had a patient newsletter and patient leaflet offering information about the practice and they provided access to PPG minutes and survey results via their practice website. We saw that the practice acted on patient feedback. One

example of this was concerning comments received from patients regarding access to phone lines. The practice had developed an action plan identifying various ways to help improve patient satisfaction such as: auditing phone calls for trends and identifying busy periods, the practice

installed a different phone number for patients to ring for test results to free the main phone lines, they introduced the use of an answer machine and increased the number of staff to man the phone lines early mornings.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- The building was purpose built and had disabled facilities, the main entrance had automated doors.
- Translation services were available and a hearing loop system.
- The practice had various notice boards that PPG members had rearranged in appropriate positions so all patients could access the information, including carers information, PPG updates, health promotion material and sign posting contact details for lots of organisations.

Access to the service

The practice telephone lines were open from 8am and the practice was open Monday to Friday from 8.30am to 6pm with telephone lines open until 6.30pm. They operated a mixture of pre-bookable, same day and emergency appointments. Appointments could be booked up to two weeks ahead. Telephone consultations and home visits were also available. Results from the national GP patient survey showed patient's satisfaction with open hours and access to the practice was below average with local and national averages. For example:

- 44.5% of respondents find it easy to get through to this surgery by phone compared to the CCG average of 61.9% and national average of 74.4%.
- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 71.5% and national average of 75.7%.
- 64.4% patients described their experience of making an appointment as good compared to the CCG average of 68.2% and national average of 73.8%.

The practice staff had taken a number of actions to improve in this area, including increasing staff answering calls in the mornings and arranging for pharmacies to only collect and drop off scripts outside peak hours. The practice manager was monitoring improvements to patient

Are services responsive to people's needs?

(for example, to feedback?)

satisfaction and had developed a detailed action plan which was regularly reviewed with members of the PPG. During our inspection, positive comments were made by patients about improvements in accessing appointments and in getting through to the practice staff, although there was still some dissatisfaction from a smaller number of patients. Staff told us they were in the process of obtaining quotes for the installation of an automated answering service to further help with telephone access for patients.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with

recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in reception staff and in a practice leaflet. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. We looked at a sample of complaints made over the last 12 months and found they had been handled satisfactorily and dealt with in a timely way. Complaints were discussed at staff meetings and shared in PPG meetings so that any learning points could be cascaded to the team.

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

Staff we spoke with were aware of the culture and values of the practice and told us patients were at the centre of everything they did. The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

Governance arrangements

There was a clinical governance policy in place. Staff told us they felt well supported by management and confident that they could raise any concerns. Policies were updated and accessible to everyone and included a 'Health and Safety' policy and 'Infection Control' policy. Staff we spoke with were aware of how to access the policies and any relevant guidance to their role.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous clinical audit cycles which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the staff team and other healthcare professionals to disseminate best practice guidelines and other information via clinical meetings, PPG meetings and with members of the multi-disciplinary teams.
- Proactively engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.

- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. Staff had learnt from incidents and complaints.

Management lead through learning and improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff told us the practice supported them to maintain their clinical professional development through training and mentoring. We looked at a sample of staff files and saw that regular appraisals took place. Staff had access to a programme of induction, training and development.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area for example, reducing hospital admissions. The practice was actively involved with the community intervention bed scheme and could access beds at a local care home for up to a three week period. This helped acutely unwell patients who did not need admission to hospital.

The practice staff were innovative in their vision to develop ways to meet their patient's needs. They had developed a tool for encouraging patients with long-term conditions to be more involved in self-management of their health with a supportive message and supporting tool for diabetes.

The practice regularly supported trainee medical students and had good liaison with the local universities to support students. The practice staff had a good rapport and continued support with various research studies and maintained good links with a number of studies including a current review for supporting patients identified at risk.

The practice had implemented 'staff commendation' awards. They awarded staff with shopping vouchers for any examples of positive feedback in regard to their work.