

The Crossroads Surgery

Inspection 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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires Improvement overall. (Previous rating November 2017 –Requires Improvement)

The key questions at this inspection are rated as:

Are services safe? –Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? –Requires Improvement

Are services well-led? –Requires Improvement

We carried out an announced comprehensive inspection at The Crossroads Surgery on 24 July 2018 to follow up on breaches of regulations and requirement notices we had made. This report covers our findings in relation to those requirement notices, additional improvements made since our last inspection and a comprehensive review of all other key questions.

At our previous inspection on 21 November 2017 we rated the practice as requires improvement overall and for providing safe, responsive and well-led services. This was because: -

- References were not available for staff to demonstrate their conduct in previous employment.
- The registered person had failed to inform the relevant health or social care regulator about the fitness of a person employed.
- There were no formal arrangements to provide GP services to patients and support to the nursing team in the absence of the provider.
- Systems were not effective in assessing and monitoring the quality and safety of the service.
- Formal systems were not in place to review consultations, prescribing or referrals. Reviews which were completed had not been documented.
- Policies and procedures, including the locum induction pack, did not provide enough guidance to staff.
- The provider had not ensured all staff had appropriate indemnity insurance.

At this follow-up comprehensive inspection, we found most of these matters had been resolved, however we found additional areas of concern.

- The practice had systems to manage risk so that safety incidents were less likely to happen. However, when incidents did happen, the practice did not always learn from them and improve their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided and ensured care and treatment was delivered according to evidence- based guidelines.
- The recruitment records had improved and indemnity information was readily available.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice planned cover for holiday in advance of when needed and a protocol was in place for getting additional clinical staff at short notice.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- Equipment was safe to use.
- Formal arrangements to provide GP support to the nursing team in the absence of the provider had not been introduced.
- Systems were not effective in assessing and monitoring the quality and safety of all aspects of the service.
- The safeguarding policy did not provide staff with information required for them to meet their legal obligations.
- Systems for dealing with mental capacity were not sufficiently detailed.
- Processes for promoting confidentiality were not followed.
- The complaints policy was not specific to the service and information about making a complaint was not readily accessible.
- Some policies and procedures were not sufficiently detailed and did not provide staff and patients with enough information about what to do in given circumstances.
- The patients right to complain was not promoted by the service because information about how to complain was not readily available.

The areas where the provider **must** make improvements are:

- Ensure the care and treatment of patients is only provided with the consent of the relevant person.
- Ensure care and treatment is provided in a safe way to patients.

Overall summary

- Ensure patients are protected from abuse and improper treatment.
- Ensure that any complaints received are investigated and proportionate action is taken in response to any failure identified by the complaint investigation, and ensure there is an effective system for identifying, receiving, recording and handling and responding to complaints by patients and other persons in relation to carrying out the regulated activity.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Introduce systems to ensure staff complete the training available to them.
- Develop a system to ensure all water outlets are tested within the required period.
- Review the risk and formalise arrangements for GP cover when the advanced nurse practitioners are alone at the practice.
- Use the systems in place to investigate incidents.
- Develop a formal practice strategy or plan for audit and quality improvement work.
- Prioritise improving privacy and confidentiality in the patient waiting area.

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

- Act to assure themselves with regards to the immunisation status of all clinical staff working at the practice.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Older people	Requires improvement 
People with long-term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

Background to The Crossroads Surgery

‘Our inspector’s description of the service’

The Crossroads Surgery is operated by Dr Adrian Paul Rose. The practice was registered with Care Quality Commission (CQC) under a new registration with Dr Rose as the sole provider in January 2017. The practice is situated at 449 Warrington Road, Rainhill, Prescot, Merseyside, L35 4LL. The website address is . The practice provides a range of primary medical services including examinations, investigations and treatments and a number of clinics such as diabetes, asthma and hypertension.

The practice is responsible for providing primary care services to approximately 2722 patients. Information published by Public Health England, rates the level of deprivation within the practice population group as six on a scale of one to ten. Level one represents high levels of deprivation and level ten low. Male and female life expectancy in the practice geographical area is comparable to the national average at 80 years for males, compared to 79 years nationally and 83 years for females, compared to 83 years nationally.

The clinical team consists of a longstanding male GP who is the registered provider for the service, one employed

female advanced nurse practitioner and one employed female practice nurse. The practice also regularly uses the same locum female GP and locum female advanced nurse practitioner.

The clinical team is supported by a practice manager, an assistant practice manager, administration and reception staff.

The Crossroads Surgery is open from 8am to 6.30pm Monday to Friday with extended hours until 7.30pm each Monday and Wednesday.

A qualified GP is available on site at the practice 8am to 6.30pm each alternate Monday and 8am to 6.30pm every Tuesday; Thursday and Friday. There is no GP on site on Wednesdays and alternate Mondays, this was in agreement with the local Clinical Commissioning Group. Advanced nurse practitioners provide clinical cover every day Monday to Friday 8am to 6.30pm and the extended hour to 7.30pm each Monday and Wednesday.

Patients are also directed to a local walk-in centre which is open every day Monday to Saturday 8am to 9pm and Sunday and bank holidays 10am to 9pm. Patients requiring a GP outside of these hours are advised to contact the GP out of hours service, by calling 111.

The practice has a Personal Medical Service (PMS) contract. The practice is part of the St Helen's Clinical Commissioning Group.

The practice offers enhanced services including, learning disability health checks, anticoagulation testing, ambulatory blood pressure monitoring and seasonal influenza and pneumococcal immunisations.

The provider is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning
- Treatment of disease injury and disorder
- Surgical procedures
- Midwifery and maternity services

Are services safe?

We rated the practice as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because: systems and processes to detect and protect vulnerable patients from exploitation and harm were not in place.

Safety systems and processes

- There were clear systems to keep people safe and safeguarded from abuse. The safeguarding lead took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect. However, this was not supported by policies which reflected relevant legislation guidance, and there was no assurance that all clinical staff had a clear understanding of their legal responsibilities in respect of safeguarding.
- Safeguarding policies related mainly to child protection and the policy did not include information about PREVENT (the initiative for recognising and taking steps to deal with political or religious extremism) and protecting against female genital mutilation, (FGM) these are legal responsibilities for all who work in the public sector. The policy did not provide information about modern human trafficking and slavery. The policy document was called the 'safeguarding children and vulnerable adults policy', however there was no information about detecting and protecting vulnerable adults in the document.
- The provider's information for accessing translators did not protect children or vulnerable adults because it stated that family members could be used to translate during a consultation. The use of family members to translate goes against best practice guidance. This was discussed with the provider and as an initial step that instruction was removed from the policy during the inspection.
- Staff were not supported to comply with the Mental Capacity Act (MCA 2005) or Deprivation of Liberty safeguards (DoLs), because the policy did not provide information about access to an Independent Mental Capacity Act Advocate (IMCA). Clinical staff who were responsible for conducting health care assessments and providing treatment independently did not understand their responsibilities under the MCA and DoLs.
- Alerts were placed on the records of patients identified as vulnerable or who required additional support so that appropriate action would be taken to support them.
- Staff had access to the safeguarding policies and procedures. Flow charts detailing who to contact if there were child protection concerns were displayed in the administration office and each consultation room.
- All staff received up-to-date safeguarding and safety training appropriate to their role.
- Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Since the previous inspection in the provider had retained the information required to evidence that staff recruitment processes were robust and promoted the employment of suitable staff. We reviewed a sample of staff records, including those for a recent recruit, and found all the required documents and evidence that identity checks had been completed were in place. Health declarations were in place however evidence of the immunisation status of clinical and medical staff was not available.
- Certificates and financial invoices confirmed staff had the appropriate medical indemnity cover.
- Since the previous inspection the practice had put in place a cleaning schedule for each room and checks were formally documented. We observed the premises to be clean.
- There was an effective system to manage infection prevention and control and a practice nurse was the infection prevention and control (IPC) lead. An infection control audit had been completed in September 2017 and areas for improvement were identified. An action plan was in place which documented the steps taken to implement the improvements identified. Action already taken included hand washing training; bare below elbows training and better management of sharps.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order and the electrical wiring check was up to date.
- A legionella risk assessment had been completed and the practice had introduced a system of water flushes

Are services safe?

and temperature checks, however the water outlets were chosen at random which meant the provider could not be assured that all the water outlets would be tested as required.

- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Since the previous inspection we found that arrangements for dealing with staff absences such as holidays and sickness had been improved. At this follow-up inspection we saw a system of forward planning was used and named locum doctors had been identified to provide holiday cover in advance of when needed.
- There was an effective induction system for locum doctors.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. A symptom of sepsis prompt chart was in the consultation rooms and administration office and administration staff had completed training about recognising sepsis.
- At the previous inspection changes in staff and the possible consequences were not risk assessed and action had not been taken to reduce the identified risks. At this inspection we noted that there had been an increase in clinical staff. The GP provider worked an additional day, a regular locum GP and a regular locum advanced nurse practitioner had been employed. We noted that locum GP cover had been confirmed to cover planned leave. However, a formal risk assessment was not in place in relation to the periods when the practice was covered only by advanced nurse practitioners. The provider stated that additional GP support was close at hand, however, there were no formal arrangements in place.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. Emergency medicines and medicines used offsite were in date and well managed.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.
- There were effective protocols for verifying the identity of patients during telephone consultations.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.
- There were comprehensive risk assessments in relation to safety issues. The practice reviewed patient safety alerts, referral and prescribing practices. This helped it to understand risks and gave a basis on which to make safety improvements.
- There was a system for receiving and acting on safety alerts and the distribution of alerts was monitored to ensure all clinicians received them.

Lessons learned and improvements made

The practice identified when things went wrong, however the approach to investigations, identifying and sharing learning was inconsistent.

Are services safe?

- Staff understood their duty to raise concerns and report incidents and near misses they felt leaders and managers supported them when they did so. Staff indicated that reports were made verbally, however staff were not confident in relation to how to document a report.
- There were adequate policies and procedures in place to support the review and investigation of events when things went wrong, however these were not always used. For example, the incident policy indicated that a breach of confidentiality was a serious incident however, when a breach of confidentiality occurred, this was not investigated in keeping with this policy.
- Staff meeting notes did not indicate that incidents were discussed and specific learning outcomes and changes in practice were not detailed. Action taken was not formalised so the effectiveness of the action could not be formally reviewed.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all the population groups as requires improvement for providing effective services overall.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice offered a spirometry service reducing the need for patients to attend secondary care clinics.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- Reviews took place of prescribing practice to ensure that patients were provided with the most appropriate medicines.

Older people:

This population group was rated as requires improvement for providing effective care and treatment because of the overall areas that needed to improve in this key line of enquiry.

- Records indicated that older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication. However, the provider had not ensured that all clinical staff had detailed understanding about the Mental Capacity Act 2005.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated as requires improvement for providing effective care and treatment because of the areas that needed to improve in this key line of enquiry.

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice's performance on quality indicators for long term conditions was generally in line with local and national averages. However, the percentage of patients with COPD who had a review undertaken including an assessment of breathlessness between 1 April 2016 and 31 March 2017 was 100%. This was better than the local and national average.

Families, children and young people:

This population group was rated as requires improvement for providing effective care and treatment because of the areas that needed to improve in this key line of enquiry.

- Childhood immunisation uptake rates were in line with the target percentage of 90%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice provided baby immunisations and six-week checks. The midwife visited the practice once a week to monitor pregnant patients.

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

Are services effective?

This population group was rated as requires improvement for providing effective care and treatment because of the areas that needed to improve in this key line of enquiry.

- The practice's uptake for cervical screening was 81%, which was comparable with the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was above the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated as requires improvement for providing effective care and treatment because of the areas that needed to improve in this key line of enquiry.

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and vulnerable patients were given a named GP.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Vulnerable patients were discussed and followed up at the appropriate multidisciplinary meetings such as palliative care or health improvement meetings. Information was shared between all attendees to ensure best practice for the patient.
- The practice was involved in a pilot for social prescribing and a Link worker clinic was held weekly.

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

This population group was rated as requires improvement for providing effective care and treatment because of the areas that needed to improve in this key line of enquiry.

- The practice assessed and monitored the physical health of people with mental illness, severe mental

illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. Administration and reception staff had also completed introductory training in how to approach patients who expressed suicidal thoughts.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for the majority mental health was above average (better than) local and national averages. Indicators for the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 100%. This was better than the local and national averages of 83%.

Monitoring care and treatment

- The practice had reviewed the effectiveness and appropriateness of the care provided. Examples of audits were; the safe prescribing of metformin and a review of cancer diagnosis between April 2014 and 2017.
- Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice was part of a pilot social prescribing scheme being reviewed by the local Clinical Commissioning Group.
- The audit process was not methodical however, clinical audits included reviewing cancer care and treatment and management of particular medicines. These audits had an impact on the quality of care and outcomes for patients locally and nationally. The provider gave clear and detailed descriptions of how the clinical audits completed had changed practice and improved the quality of care.
- The most recent published Quality Outcome Framework (QOF) results showed that the practice had achieved 97% of the total number of points available which was comparable with the local and national averages.

Are services effective?

- The overall exception reporting rate was 10% which was comparable with the local and national averages. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Effective staffing

- Staff had appropriate clinical knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews. However, not all had sufficient knowledge and understanding of the Mental Capacity Act (2005) and Deprivation of Liberty to uphold people's legal rights when providing or offering care and treatment.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice provided protected time and training to respond to the needs of staff and provided specialist training such as 'dealing with suicidal patients in response to events'.
- Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- Up to date training records were available. This indicated that most staff had not completed Mental Capacity Act (2005) training.
- There was an approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for

people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, and the practice was a pilot for a social prescribing scheme.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice did not provide assurance that consent to care and treatment was always in line with legislation and guidance.

- Not all clinicians understood the requirements of legislation and guidance when considering consent and decision making. The senior partner had a clear and detailed understanding of the legislation and guidance related to the Mental Capacity Act (2005) and Deprivation of Liberty safeguards however other clinical staff did not.

Are services effective?

- We saw that the senior partner supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. However other clinicians did not have a clear understanding of their responsibilities with regards to this legislation.
- The process for seeking consent was not monitored.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring, however some processes for promoting privacy needed to be reviewed.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Interaction observed between staff and distressed patients was positive and patients told us they were treated with dignity.
- All the 18 completed Care Quality Commission comment cards we received were positive about the standard of care received.
- The practice completed a patient satisfaction survey in 2018. In total 33 patients participated and the results indicated that 81% of the respondents felt reception staff were helpful.
- The practice gave patients timely support and information to access self-help groups.

Involvement in decisions about care and treatment

- Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)
- Translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients of this service. We noted, however that the practices policy and guidance relating to interpreter services did not meet best practice guidance because it stated that relatives could act as interpreters. We discussed this with the provider who took initial remedial action.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practices GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice did not always support respect for patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs. However, there was insufficient sound proofing between the waiting area and office where administration and reception staff were based. When in the waiting area all booking-in details between the patient and receptionists could be heard; and the staff-side telephone conversations could also be heard. Staff were aware that the glass partition between the office and the waiting area should be closed as much as possible, however this did not act as a sufficient sound barrier during the time of the observation. We observed that when the glass slates were open patients and receptionist's conversations were loud and fully audible in the waiting area.
- Since the last inspection most staff had completed information governance training, however an information governance breach occurred and insufficient formal action was taken by the provider. The breach, for example, had not been reported to the proper authority.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all the population groups, as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences in keeping with local commissioning developments. The practice made the role of the advanced nurse practitioner clear to patients and ensured patients were aware of which clinician was available, however the way complaints and concerns were dealt with was not in keeping with best practice guidance and did not demonstrate that the provider responded to patients appropriately and staff did not have relevant of the Mental Capacity Act 2005.

- The practice understood the needs of its population and tailored services in response to those needs. Since the previous inspection the practice had added five clinical appointment sessions per week and there were appointments available for the GP and ANP within a few days of the inspection.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Staff had been appointed blood pressure champions and received additional training so patients who needed regular blood pressure checks did not have to wait unnecessarily.

Older people:

This population group was rated as requires improvement for providing responsive care and treatment because of the areas that needed to improve in this key line of enquiry.

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home, in a care home or supported living scheme.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Home Visits to patients over 65 was provided through the Acute Visiting Scheme (AVS) run by St Helen's CCG. The advanced nurse practitioners and practice nurse also accommodated home visits.

People with long-term conditions:

This population group was rated as requires improvement for providing responsive care and treatment because of the areas that needed to improve in this key line of enquiry.

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group was rated as requires improvement for providing responsive care and treatment because of the areas that needed to improve in this key line of enquiry.

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this, GPs, however, did not attend child protection multidisciplinary meetings.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

This population group was rated as requires improvement for providing responsive care and treatment because of the areas that needed to improve in this key line of enquiry.

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Are services responsive to people's needs?

- Appointments with an ANP were available until 7.30pm every Wednesday.

People whose circumstances make them vulnerable:

This population group was rated as requires improvement for providing responsive care and treatment because of the areas that needed to improve in this key line of enquiry.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The provider told us that they offered longer appointments to for vulnerable people who needed annual check-ups.

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

This population group was rated as requires improvement for providing responsive care and treatment because of the areas that needed to improve in this key line of enquiry.

- Administration staff interviewed understood how to support patients with mental health needs who visited the practice, and those patients living with dementia, many administration staff had completed dementia awareness training.
- We found, however, that not all members of the clinical team with responsibility to provide medical care and treatment at the surgery and in a patient's home, thoroughly understood the relevance of the Mental Capacity Act (2005) and Deprivation of Liberty safeguards.
- The practice referred patients to appropriate services such as memory clinics, psychiatry and counselling services. Patients were signposted to relevant services.
- Feedback from patients in this population group was especially positive.

Timely access to care and treatment

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

- Since the previous inspection the provider had taken steps to ensure that there were no sessions when the practice was open but a clinician was not available. Since the previous inspection the practice had increased the number of sessions when GPs and advanced nurse practitioners were available. This meant that either a GP and advanced nurse practitioner or two

advanced nurse practitioners were available 8.30am – 6.30pm Monday to Friday, with extended hours each Wednesday. The staff rota was formalised and all staff were clear about when the practice was led by a GP or by an advanced nurse practitioner.

- Since the previous inspection we found that the role of the advanced nurse practitioner had been well publicised through leaflets and posters displayed in the waiting area. Patients told us the ANP's were a valuable addition to the clinical team. We checked the next available GP appointment and this was within three days of the visit. This was a significant improvement from the previous inspection.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice was aware that the GP patient survey results scores were lower than local and national averages for questions relating to access to care and treatment and had taken remedial action. In March 2018 the practice completed a survey to check the effects of the changes, the outcome indicated customer satisfaction had improved and all 18 of the CQC patient comment cards indicated they could see a clinician of their choice within an acceptable time.

Listening and learning from concerns and complaints

The practice could not demonstrate that complaints and concerns were taken seriously and they did not always respond to complaints appropriately.

- Information about how to make a complaint or raise concerns was not readily available. Since the previous inspection the provider had received three complaints. Two complaints had been investigated by the provider. We reviewed the information available for all three complaints. Evidence did not demonstrate that staff treated patients who made complaints compassionately because, discussions with the complainant were not recorded, the written responses did not include a clear description of the investigation completed and the findings related to the investigation.

Are services responsive to people's needs?

The letters sent by the practice to complainants did not include information about possible actions in response to the complaint, or information about how to appeal if the complainant was dissatisfied with the investigation.

- We noted that during the most recent complaint, which was investigated by an external agency, the provider sought guidance about how to investigate complaints however this information was not reflected in the complaints information provided to patients.
- A complaints policy was in place but this was not specific to the Crossroads Surgery and did not provide

patients or staff with specific information about how to handle verbal, written, formal and informal complaints received at the surgery. For example, the policy referred to a 'Business Development Manager' and 'Governance Team' neither of which existed at the practice. The standard of the complaints management was discussed with the provider at the time of the inspection.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

The practice was rated requires improvement because a number of systems in place to promote safe, effective, caring and responsive care and treatment were not based on best practice guidance, policies were not followed and adherence to policies was not monitored.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy to achieve priorities.
- Staff were aware of the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice did not have established systems to monitor the progress against delivery of the strategy. The provider should consider introducing a formal system to monitor progress against the planned strategy.

Culture

The practice could not demonstrate a culture of high-quality sustainable care.

- Staff stated they felt respected and supported. They were happy to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers did not always formally act on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were not fully demonstrated when responding to all incidents and complaints. The provider was aware of and had systems in place to promote compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing staff with the development they need. This included appraisal and career development conversations.
- An appraisal system was in place and the providers representative stated appraisals were due for many staff. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management however these systems were not sufficiently detailed and monitored.

- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Not all policies, procedures and activities were based on best practice guidance and so the practice leaders had not ensured they were operating as intended. Adherence to policies and guidelines was not monitored. A programme of checks to monitor adherence to all policies and guidelines was not in place.

Managing risks, issues and performance

Processes for managing risks, issues and performance were not clear.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of

Are services well-led?

safety alerts, incidents, and complaints. However, investigations and follow-through for complaints and incidents did not consistently follow best practice guidance.

- Clinical audits had an impact on the quality of care and outcomes for patients locally and nationally. The provider gave a clear and detailed descriptions of how clinical audits completed had changed practice and improved the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed at staff meetings.
- The practice used external performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted clinical data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was in the main transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement, however the provider did not always demonstrate the skills to use improvement methods, for example best practice guidance was not always used to develop policies and procedures; the provider had not developed audits to support staff compliance with guidelines and the provider had not introduced formal guidance to promote privacy in the waiting area or monitor compliance and effectiveness of informal arrangements.
- Leaders and managers provided information to staff about individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>Systems in place did not ensure that care and treatment was always provided with relevant consent because:</p> <ul style="list-style-type: none">• The Mental Capacity Act 2005 policy and guidance did not include information about accessing an independent mental health capacity act advocate.• Staff did not understand their responsibilities in relation the mental capacity act and deprivation of liberty safeguards.• Adherence to gaining consent best practice was not monitored. <p>This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Systems in place did not ensure that care and treatment was provided in a safe way because:</p> <ul style="list-style-type: none">• The provider could not provide assurance that learning from incidents had been identified and shared with staff to mitigate the risk of repeat occurrences. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p>

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Not all the systems and processes in place were effective in preventing abuse of service users, this was because:

- There was no assurance that the provider had a clear understanding of their legal responsibilities in dealing with the Prevent radicalisation programme or identifying and reporting female genital mutilation.

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The provider could not demonstrate that complaints had been investigated and proportionate action taken in response to failures identified.

The provider had not established an accessible system for identifying, receiving, recording and responding to complaints.

The provider had not established a clear complaints policy which was accessible to all stakeholders.

This was in breach of regulation 16 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The providers policies and procedures were not consistently effective or effectively operated.

Systems were not in place to assess monitor and improve the quality of care in all areas of carrying on the regulated activities.

Formal methods were not in place to evaluate and improve outcomes in relation to policies, procedures and guidance used as a basis for carrying out the regulated activities.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.