

The Crossroads Surgery

Quality Report

449 Warrington Road
Rainhill, Prescot
Merseyside
L35 4LL
Tel: : 0151 430 9989
Website: www.crossroadssurgery.co.uk

Date of inspection visit: 24 March 2015
Date of publication: 04/06/2015

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	9
Background to The Crossroads Surgery	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	19

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crossroads Surgery on 24 March 2015. Overall, the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe, and well led services. It also required improvement for providing services for the following population groups; older people, people with long-term conditions, families, children and young people, working age people (including those recently retired and students), people whose circumstances may make them vulnerable, people experiencing poor mental health (including people with dementia). It was good for providing a caring, effective and responsive service.

Our key findings across all the areas we inspected were as follows:

Our key findings were as follows:

- There were systems in place to mitigate safety risks including analysing significant events and

safeguarding however they were not consistently applied. The premises were clean and tidy. Systems were in place to ensure medication including vaccines were appropriately stored and in date. The recruitment procedure was not consistently being followed.

- Patients had their needs assessed in line with current guidance and the practice had a holistic approach to patient care. The practice promoted health education to empower patients to live healthier lives.
- Feedback from patients and observations throughout our inspection showed the staff were kind, caring and helpful.
- The practice had systems in place to respond to and act on patient complaints and feedback however these were not consistently applied. There were limited governance systems in place to monitor the safety and the quality of the service provided.
- The staff worked well together as a team.

Summary of findings

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

Importantly, the provider must:

- Review the systems for assessing and monitoring the quality and safety of service provision and take steps to ensure risks are managed appropriately. With particular regard to the process for formal clinical and non-clinical meetings to take place and serious events investigation and analysis.

- Ensure recruitment arrangements include all necessary employment checks for all staff.

In addition the provider should:

- Review the system in place for complaints handling and investigation to ensure formal lessons learned and actions taken are clearly identified to practice staff and to the complainant.

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 requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.

There was a recruitment policy and procedure in place to ensure patients safety was protected however this procedure was not consistently applied. There were enough staff to keep people safe.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. Staff had received training appropriate to their role.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. There was plenty of supporting information to help patients understand and access the local services available. We also saw that staff treated patients with kindness and respect.

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 NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had signed up to a CCG led service for patients with dementia to promote early diagnosis and intervention.

The practice had an active Patient Participation Group (PPG).

Good



Are services well-led?

The practice is rated as requires improvement for being well-led. Staff were clear about the values of the practice being patient centred. However there were limited governance systems in place to monitor, review and drive improvement within the practice. There were no formal clinical meetings, governance meetings or full team meetings to share best practice or lessons learnt. The practice

Requires improvement



Summary of findings

proactively sought feedback from patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions and attended training and events appropriate to their roles.

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

There were aspects of care and treatment that required improvement that related to all population groups. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example home visits to patients over 65 were made via the acute visiting scheme. The practice had a designated named GP for patients who are 75 and over and care plans were in place for these patients.

The practice had registered with the Dementia Friends website.

Requires improvement



People with long term conditions

There were aspects of care and treatment that required improvement that related to all population groups. All these patients had as a minimum a structured annual review 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. This included services such as spirometry, 24 hour blood pressure monitoring, ECG, anti-coagulation monitoring (INR).

Requires improvement



Families, children and young people

There were aspects of care and treatment that required improvement that related to all population groups. A GP partner was the safeguarding lead for the practice. There were systems in place to identify and follow up children living in disadvantaged circumstances and also cases of domestic violence. Records showed the lead GP liaised and sought advice from other health and social care professionals when necessary.

The practice provided baby immunisations, weighing and six week checks. The midwife visited the practice once a week and there were immunisation clinics available.

There were appointments for children available outside core school hours.

Requires improvement



Working age people (including those recently retired and students)

There were aspects of care and treatment that required improvement that related to all population groups. 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 early

Requires improvement



Summary of findings

morning appointments with the practice nurse and telephone consultations were available instead of patients attending the practice. The practice offered online prescription ordering with a 24 hour turn around and online appointment services.

People whose circumstances may make them vulnerable

There were aspects of care and treatment that required improvement that related to all population groups. Annual health checks for people with a learning disability were carried out and health action plans updated. The practice had a register of vulnerable patients. The practice was part of a multi – disciplinary group made up of health and social care services who met monthly to monitor the health and well-being of this group of patients.

Requires improvement



People experiencing poor mental health (including people with dementia)

There were aspects of care and treatment that required improvement that related to all population groups. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health and sign posted patients to the appropriate services. The practice participated in enhanced services for dementia and used screening tools to identify those patients at risk. The practice had encouraged its staff and patients to become dementia friends.

Requires improvement



Summary of findings

What people who use the service say

As part of our inspection process, we asked patients to complete comment cards prior to our inspection.

We received 33 comment cards and spoke with two members of the Patient Participation Group (PPG). All comments received indicated that patients found the staff helpful, caring and polite and the majority described their care as very good.

For the practice, our findings were in line with results received from the National GP Patient Survey. For example, the national GP patient survey results for 2013/14 showed that 86% of patients described their overall experience of this surgery as fairly good or very good.

Results from the National GP Patient Survey also showed that 85% of patients find it easy to get through to this surgery by phone and 98% of patients stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern. Both these results are significantly higher than the national average.

Areas for improvement

Action the service **MUST** take to improve

- Review the systems for assessing and monitoring the quality and safety of service provision and take steps to ensure risks are managed appropriately. With particular regard to the process for formal clinical and none clinical meetings to take place and serious events investigation and analysis.

- Ensure recruitment arrangements include all necessary employment checks for all staff.

Action the service **SHOULD** take to improve

- Review the system in place for complaints handling and investigation to ensure formal lessons learned and actions taken are clearly identified to practice staff and to the complainant.

The Crossroads Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector and the team included a GP specialist advisor.

Background to The Crossroads Surgery

The Crossroads Surgery is situated in the Rainhill area of St Helens which is a deprived area of the country. The practice is located in a small purpose built property. At the time of our inspection there were 3063 patients on the practice list.

The practice has two partner GPs and two salaried GPs in addition is a nurse, a healthcare assistant, two practice managers, reception and administration staff. The practice is open 8.30am to 6pm Monday to Friday. Patients requiring a GP outside of normal working hours are advised to contact an external out of hours service that is provided by local GPs. The number of this service is clearly displayed in the reception area and on the practice website. The practice has a PMS (Personal Medical Services) contract and also offers enhanced services for example; various immunisation and learning disabilities health check schemes.

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)
- People living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 24 March 2015.

Detailed findings

We spoke with a range of staff including three GPs, the practice nurse, healthcare assistant, reception staff and administration staff, on the day. We sought views from representatives of the patient participation group, looked at comment cards and reviewed survey information.

Are services safe?

Our findings

Safe track record

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. Records and discussions with GPs identified that there was a lack of consistency in how significant events were recorded, analysed, reflected on and actions taken to improve the quality and safety of the service provided. For example one significant event that occurred in 2014 had been documented clearly and there was evidence it had been discussed not only within the practice but with external clinicians. The GP had reflected on their practice and as a result had changed their clinical practice. This outcome had been shared with the practice staff to support improvement of the service provided. However we looked at another significant event that occurred in 2014 and found no documentary evidence that this event had been analysed reflected upon and that any learning points had been identified for the GP or the practice as a whole.

Learning and improvement from safety incidents

Staff were encouraged to complete significant event reporting forms via the practice's computer system. However we found that an issue that had been identified as a significant event had not been managed accordingly. There was no analysis of the incident and no reflective or shared learning documented to minimise the risk of such an event happening again. The practice had not held formal meetings where significant events could be discussed. The registered manager told us the practice had gone through significant upheaval in the last twelve months that had resulted in significant changes in the staff group. They felt the practice was now stable and systems such as regular minuted meetings would begin to take place.

The practice had a system in place to implement safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and undertook on going audits to ensure best practice.

Reliable safety systems and processes including safeguarding

The practice had safeguarding vulnerable adults and children policies in place which were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. In addition there were flow charts for guidance and contact numbers displayed within the reception area and treatment areas. There was a lead member of staff for safeguarding.

All staff had received safeguarding children training at a level suitable to their role for child safeguarding, for example all clinicians had level three training. Staff had also received safeguarding vulnerable adults training and understood their role in reporting any safeguarding incidents. GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

The practice had a computer system for patients' notes and there were alerts on a patient's record if they were at risk or subject to protection.

A chaperone policy was available on the practice's computer system. The practice nurses and reception staff acted as chaperones if required and a notice was in the waiting room to advise patients the service was available should they need it. Staff had received training to carry out this role and all staff had received a Disclosure and Barring Service (DBS) check.

Medicines management

Regular medicine audits were carried out with the support of the CCG pharmacy team to ensure the practice was prescribing in line with best practice guidelines. We looked at two medicine audits with regard to the ordering of repeat prescriptions. Both audits identified that work needed to be carried out to ensure patients received optimisation of their medicines. There was no evidence that there was a practice wide action plan in place to monitor improvements.

The practice had one fridge for the storage of vaccines. The practice nurse took responsibility for the stock controls and fridge temperatures. We looked at a sample of vaccinations and found them to be in date. There was a cold chain policy in place and fridge temperatures were checked daily. Regular stock checks were carried out to ensure that medicines were in date and there were enough available for use.

Are services safe?

Emergency medicines such as adrenalin for anaphylaxis were available. These were stored securely and available in the treatment room. The practice nurse had overall responsibility for ensuring emergency medicines were in date and carried out monthly checks. All the emergency medicines were in date.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Cleanliness and infection control

All areas within the practice were found to be clean and tidy. Comments we received from patients indicated that they found the practice to be clean.

Treatment rooms had the necessary hand washing facilities and personal protective equipment (such as gloves) was available. Hand gels for patients were available throughout the building. Clinical waste disposal contracts were in place and spillage kits were available.

The practice nurse was the designated clinical lead for infection control. There was an infection control policy in place. All staff including the cleaner were scheduled to carry out infection control training the day after the inspection. We discussed with the practice managers the need to ensure there were cleaning schedules in place and an audit system to enable them to monitor the cleanliness of the building and equipment. Following the inspection the practice managers confirmed they were implementing a cleaning audit schedule for the practice.

Equipment

All electrical equipment was checked to ensure the equipment was safe to use.

Clinical equipment in use was checked to ensure it was working properly. For example blood pressure monitoring equipment was annually calibrated. 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 nurse carried out monthly checks on emergency equipment such as the defibrillator.

Staffing and recruitment

Staff told us there were enough staff to meet the needs of patients and they covered each other in the event of unplanned absences. The practice had recently had an influx of new patients registering at the practice and had appointed new clinicians to cope with the demand.

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. All permanent staff working at the practice had received a Disclosure and Barring Service (DBS) check to ensure they were suitable to carry out their role.

We noted that an independent locum GP had been used by the practice without the necessary recruitment and safety checks having been carried out. For example a DBS check was not available, a copy of the GP's medical indemnity insurance certificate had not been provided and references had not been sought. During the inspection the practice managers informed us that a copy of the GP's medical indemnity insurance certificate had been faxed and identified the appropriate information. They also confirmed the GP was included on NHS England GP performers list.

Monitoring safety and responding to risk

The practice managers were responsible for the compliance with fire, Legionella and other health and safety regulations for the premises.

There were procedures in place for monitoring and managing risks to patient safety. All new employees working in the building were given induction information for the building which covered health and safety and fire safety. There was a health and safety policy available for all staff.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen. There was a formal medical emergency protocol in place and when we discussed medical emergencies with staff, they were aware of what to do.

Are services safe?

The practice had a disaster handling and business continuity plan in place for major incidents such as power failure or building damage. We discussed with the practice managers the need to review this document to ensure

detailed information was provided including contact details to ensure appropriate staff knew what to do in the case of a major incident that could potentially disrupt service delivery.

There was a fire risk assessment in place that was reviewed by the practice managers.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Once patients were registered with the practice, the practice nurse or healthcare assistant carried out a full health check which included information about the patient's individual lifestyle as well as their medical conditions. Patients were booked for a longer appointment to discuss their needs and to also be introduced to what services were available in order for patients to make best use of the practice. The practice nurse referred the patient to the GP when necessary.

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.

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 the 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 scheme. The clinicians reviewed their individual patients and discussed patient needs at informal meetings to ensure care plans were in place and regularly reviewed.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system for the performance management of GPs intended to improve the quality of general practice and reward good practice.

All GPs and nursing staff were involved in clinical audits. Examples of audits included antibiotic and Omacor (a drug used to lower fats/triglycerides in the blood) prescribing, following these audits a change in prescribing practice took place. The practice also undertook a breast screening audit that resulted in 9.9% increase in the uptake of breast screening at the practice. Other audits were carried out that affected very small numbers of patients and did not,

due to patient's individual circumstances, demonstrate any change in practice. The practice had monitored the increase in patients and their needs and had adjusted the service provision accordingly.

The practice also met with the local (CCG) to discuss performance. The registered manager was a member of the governing body of the local CCG, was also the cancer lead and the public health liaison. This involvement supported the exchange of best practice and positive information sharing between practices and secondary care services in the local area.

The practice held a PMS contract and also provided a number of CCG led enhanced services such as increasing the uptake of screening for various cancers and immunisation rates.

Effective staffing

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 received training that included: - safeguarding vulnerable children, basic life support and information governance awareness. There was no training schedule in place to demonstrate what training staff had previously received or were due to receive. The practice managers told us they were reviewing how training information was recorded to ensure they were able to identify gaps. The practice was closed for half a day a month to accommodate training that was organised by the local CCG.

The practice nurse attended local practice nurse forums and attended a variety of external training events. They told us the practice fully supported them in their role and encouraged further training. The nurse was supported to attend meetings and events.

All GPs were up to date with their yearly continuing professional development requirements and they had been or were in the process of being revalidated. (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 was an annual appraisal system being set up to ensure all other members of staff received a formal appraisal.

Are services effective?

(for example, treatment is effective)

Working with colleagues and other services

The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

Patients were referred to hospital using the 'Patient Choose and Book' system and used the two week rule for urgent referrals such as cancer. The practice had monitoring systems in place to check on the progress of any referral.

The practice liaised with other healthcare professionals such as the Community Diabetic Specialist, the Community Matron and the Community Mental health and Wellbeing Nurse.

Information sharing

Systems were in place to ensure information regarding patients was shared with the appropriate members of staff. Individual clinical cases were analysed at informal meetings between clinicians. The practice in conjunction with community nurses and matrons held regular Gold Standard Framework (GSF) meetings for patients who were receiving palliative care.

The practice also took part in monthly primary health care meetings (multi-disciplinary meetings) to discuss the needs of vulnerable patients with partner agencies such as drug and alcohol services.

The practice used summary care records to ensure that important information about patients could be shared between healthcare settings. The practice planned and

liaised with the out of hours provider regarding any special needs for a patient; for example faxes were sent regarding end of life care arrangements for patients who may require assistance over a weekend.

The practice operated a system of alerts on patients' records to ensure staff were aware of any issues for example alerts were in place if a patient was a carer.

Consent to care and treatment

The practice had a Mental Capacity Act policy in place to help GPs with determining the mental capacity of patients. We spoke with the GPs about their understanding of the Mental Capacity Act 2005 and Gillick guidelines. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice

The lead GP was aware of Gillick guidelines for children. Gillick competence is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

The practice carried out joint injections and we found appropriate information and that consent had been sought from patients prior to the procedure being carried out.

Health promotion and prevention

The practice had a variety of patient information available to help patients manage and improve their health. There were health promotion and prevention advice leaflets available in the waiting rooms for the practice including information on dementia.

The practice staff sign posted patients to additional services such as lifestyle management and smoking cessation clinics.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous caring and very helpful to patients both attending at the reception desk and on the telephone.

Thirty three CQC comment cards were received and patients we spoke with all indicated that they found staff to be helpful, caring, and polite and that they were treated with dignity. Results from the national GP patient survey showed that approximately 84% of patients said the last GP they saw or spoke to was good at treating them with care and concern this was in line with the national average. The patient survey also showed that approximately 79% of patients said that the last time they saw or spoke to a GP; the GP was good or very good at involving them in decisions about their care this was in line with the national average.

Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The practice had a confidentiality policy in place and all staff were required to sign to say they would abide to the protocols as part of their employment contract.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed approximately 96% said the last nurse they saw or spoke to was good or very good at involving them about their care which was significantly higher than the national averages. The survey also showed that approximately 98% said the last nurse they saw or spoke to was good at treating them with care and concern this was again significantly higher than the national average.

The practice participated in the avoidance of unplanned admissions scheme. Informal meetings took place to discuss patients on the scheme to ensure all care plans were regularly reviewed.

The service had access to a language service to support those patients where English was not their first language. Staff we spoke with told us they did not need to use this service often but knew how if needed.

Patient/carers support to cope emotionally with care and treatment

The reception area was very small and it was difficult for the practice to promote privacy in this environment. The practice manager told us that if a patient wished to speak privately they would accommodate this and they agreed to put a notice up reminding patients of this facility.

There was supporting information to help patients who were carers on a notice board in the waiting room. The practice also kept a list of patients who were carers and alerts were on these patients' records to help identify patients who may require extra support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had an established patient participation group (PPG). Adverts encouraging patients to join the PPG were available on the practice's website. The PPG met quarterly and patient surveys were sent out annually. We spoke with two members of the group who told us the practice had been responsive to their concerns. For example, the practice continued to listen and raise issues with the local CCG regarding the size of the building.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. We saw minutes of meetings where this had been discussed and actions agreed to implement service improvements. For example the practice had signed up to a CCG led service for patients with dementia to promote early diagnosis and intervention.

Tackling inequity and promoting equality

The practice had a small proportion of minority groups for whom English was not their first language but it always recorded patient's language and ethnicity at registration. The surgery had access to translation services. The building had access for disabled people.

The practice had an equal opportunities and anti-discrimination policy which was available to all staff on the practice's computer system.

Access to the service

The practice was open between 8:30am and 6:00pm Monday to Friday. The practice offered a number of emergency appointments each day to support those patients who needed to be seen urgently. There were pre-bookable early morning appointments available with the

practice nurse. The practice offered patients telephone consultations when appropriate as an alternative to an appointment. Members of the PPG told us that this access system worked well and the practice made every effort to provide a high standard of care.

The service offered home visits to those patients who were housebound or too ill to attend the practice.

The patient survey indicated that 72% of patients were satisfied with the practice's opening hours which is below the national average. The practice managers and one of the partners told us they were reviewing the practice opening hours to look at ways to offer extended opening hours on set days.

Listening and learning from concerns and complaints

The practice has 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.

Information about how to make a complaint was available on the practice's website and in the waiting area. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log book and there had been very few formal complaints received over the past 12 months. We noted that for one complaint about the attitude of a member of staff the information recorded was limited. There were no records detailing how the complaint had been investigated, reflected upon and any actions taken to reduce the likelihood of future incidents.

The practice had not had a staff meeting since October 2014 to discuss complaints.

Are services well-led?

Requires improvement 

(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. They felt that patients should be involved in all decisions about their care and that patient safety was also paramount. Comments we received were very complimentary of the standard of care received at the practice and confirmed that patients were consulted and given choices as to how they wanted to receive their care.

The practice was engaged with the local Clinical Commissioning Group (CCG) to ensure services met the local population needs.

Governance arrangements

The practice had policies and procedures to support governance arrangements which were available to all staff on the practice's computer system. However systems to support the quality and safety of the service provided were not embedded. For example the analysis of significant events and complaints was inconsistent.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. However there was no system in place for the QOF data to be discussed and action plans monitored effectively to maintain or improve outcomes.

The practice did not hold monthly governance meetings to discuss performance, quality and identified risks.

Leadership, openness and transparency

Staff had specific lead roles within the practice for example safeguarding and infection control. There were two part-time practice managers who oversaw the administrative support staff.

The practice had a protocol for whistleblowing and staff we spoke with were aware of what to do if they had to raise any concerns.

The practice had not had regular team meeting since October 2014 and formal clinical meetings were not taking place. For example an issue with regard to high referral rates had been identified however there was no formal system in place to discuss this issue and to offer support and mentoring to the clinician.

Practice seeks and acts on feedback from its patients, the public and staff

There was a patient participation group (PPG) in place and minutes from meetings and results of surveys demonstrated actions were taken when necessary. We spoke with two members of the PPG who told us they felt that the practice was responsive to any issues raised by the group. They told us that the practice was very patient centred and had involved them in any proposed changes to the service.

The practice website invited patients to become involved with their PPG and also shared the PPG report for 2013/14.

Management lead through learning and improvement

The practice staff told us they worked well together as a team and there was evidence that staff were supported to attend training appropriate to their roles. However, there were no formal meeting systems in place to support shared learning and to drive forward improvements. The GPs were all involved in revalidation, appraisal schemes and continuing professional development. There was evidence that GPs had learnt from some incidents and complaints however, this was not consistent and there was limited evidence of shared learning between clinicians. We were told that informal meetings took place to discuss specific issues but these were not recorded. The registered manager told us they would ensure a programme of meetings was scheduled with a set agenda to support service improvement and safety.

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 were not being met. The provider must send CQC a report that says what action they are 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the registered person had not protected against the against the risk of inappropriate or unsafe care due the lack of efficient systems to assess, monitor and mitigate the risks relating to their health, safety and welfare. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 which correspond to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed We found that the registered person had not protected against the against the risk of inappropriate or unsafe care due to appropriate recruitment checks not being carried out for locum GPs. This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 which correspond to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014