Crossroads Medical Practice

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Requires improvement
Are services responsive?	Inadequate
Are services well-led?	Inadequate

Overall summary

This practice is rated as inadequate overall. (Previous rating 12/2017 requires improvement)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires improvement

Are services responsive? – Inadequate

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Crossroads Medical Practice in September 2015. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months.

On 7 July 2016 we carried out an announced comprehensive inspection to ensure that sufficient improvement had been made. The practice continued to be rated as inadequate and remained in special measures.

An announced comprehensive inspection was undertaken following the second period of special measures on 9 March 2017. Overall the practice was rated as inadequate as insufficient improvements had been made.

We carried out an announced focussed inspection of Crossroads Medical Practice on 17 May 2017. We found at that inspection insufficient improvements had been made and the practice remained in special measures.

On 7 November 2017 we carried out an announced comprehensive inspection. The practice was rated as requires improvement and came out of special measures.

This announced comprehensive inspection of Crossroads Medical Practice was carried out on 11 September 2018.

At this inspection we found:

- The practice did not have clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice did not learn from them or consider how to improve their processes.
- Patients did not find the appointment system easy to use and reported that they were unable to access care when they needed it. Some patients we spoke with told us they struggled to get through to the practice by telephone; one called more than 40 times before they were able to speak to a staff member.
- Practice oversight of policies, procedures and risk assessments needed strengthening. Some policies were out of date, actions were unclear or needed follow up and risk assessments were not practice-specific.
- A quarter of patients with learning disabilities had received an annual review.
- Clinical resources had been invested in improving review rates for patients diagnosed with cancer. The practice offered patients double length appointment times and the unverified data showed this had improved significantly.
- Data quality needed to be improved as patient registers were not accurate. For example, the palliative care register contained details of patients who had survived cancer and the safeguarding children register was not up to date when compared to patient records.
- Clinicians managed high risk medicines effectively and completed monthly audits.
- Staff we spoke with told us they enjoyed working at the practice and despite challenges worked well as a team and felt supported by practice leaders.
- Patient satisfaction levels about clinicians had improved and patients had confidence and trust in the practice healthcare professionals. Patients felt they were treated with dignity and respect.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements as they are in breach of regulations are:

- Take action so medicine reviews are carried out with a full review of the suitability of the medication.
- Develop a risk assessment for emergency medicines held.

I am placing this service back into special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the

Overall summary

process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included two GP specialist advisers, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Crossroads Medical Practice

Crossroads Medical Practice is a GP practice which provides a range of primary medical services to around 6230 patients from a surgery in North Hykeham, a suburb on the outskirts of the city of Lincoln. The practice address is Crossroads Medical Practice, Lincoln Road, North Hykeham, Lincoln LN6 8NH.

The practice's services are commissioned by Lincolnshire West Clinical Commissioning Group (LWCCG). At the time of our inspection the service was provided by one full time salaried GP (female), one part-time salaried GP (male), an advanced nurse practitioner, two nurse practitioners, three practice nurses and two healthcare assistants. They are supported by a practice director and practice manager, reception manager and reception and administration staff. There are three GP partners who are not based at the practice but on occasion provide some clinical services.

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. Local community health teams support the GPs in provision of maternity and health visitor services.

The practice has one location registered with the Care Quality Commission (CQC). The location we inspected was Crossroads Medical Practice, Lincoln Road, North Hykeham, LN6 8NH. The surgery is a two-storey purpose built premises with a large car park which includes car parking spaces designated for use by people with a disability. All patient facilities are on the ground floor.

The practice is registered for the following regulated activities with CQC: Diagnostic and screening services, Maternity and midwifery services and Treatment of disease, disorder or injury.

We reviewed information from Lincolnshire West CCG and Public Health England which showed that the practice population had much lower deprivation levels compared to the average for practices in England.

The practice has opted out of providing GP consultations when the surgery is closed. Out-of-hours services are provided through Lincolnshire out-of-hours Service which is provided by Lincolnshire Community Health Services NHS Trust. Patients access the service via NHS 111.

Inadequate

Are services safe?

We rated the practice as inadequate for providing safe services.

The practice was rated as inadequate/requires improvement/outstanding for providing safe services because:

- Patient records did not include patients' up to date healthcare needs.
- There was no evidence the practice was carrying out fire drills.
- The systems in place for reviewing and investigating when things went wrong were ineffective.

Safety systems and processes

The practice had some systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment. Personnel files were organised and contained all necessary information. The practice had a system in place to monitor clinical staff registration and medical indemnity. One health care assistant had not completed the Care Certificate, however, after the inspection she registered and began her training.
- Although there was a system to manage infection prevention and control, this was not always effective. We saw the practice had an up to date infection control policy and we saw cleaning schedules showing the cleaning of equipment and areas of the practice. However, when asked for the infection prevention and control audit and action plan, practice leaders provided several versions. The action plan did not correlate with the audit and showed a completed date before the audit date. After the inspection, the practice provided an audit and action plan with corresponding actions dated September 2018.
- The practice had some arrangements to ensure that facilities and equipment were safe and in good working order. The practice was unable to show us evidence that fire drills were carried out. The most recent fire risk assessment dated August 2017, showed an action for fire marshalls to be recruited. Practice leaders we spoke with told us staff had been booked on a training course in November 2018.
- Most of the arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an induction system for temporary staff tailored to their role.
- 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. There was general guidance for reception staff to follow if they had any concerns but this was not related to sepsis. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

Staff did not have all the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that not all the information needed to deliver safe care and treatment was available to staff. Patient records did not include patients' up to date healthcare needs.
- We saw evidence medicine reviews were carried out without a full review of the suitability of the medication. For example, we looked at six patient records who had

Inadequate

Are services safe?

been prescribed a weight reduction medicine. We saw adequate monitoring had not taken place, patients' weight had not been recorded and medicine had been prescribed to a patient with a body mass index of 20.
- There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- We saw evidence clinicians did not always make timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice did not have 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. Although the practice held a range of emergency medicines, we were unable to see evidence that a risk assessment had been carried out to determine which medicines the practice should stock.
- The practice kept prescription stationery securely and tracked its use.
- The practice had not completed a recent review of its antibiotic prescribing at the time of the inspection, however, we were told by the practice that clinicians followed local guidance and prescribing levels were below the CCG and national averages.
- Patients' health was not always monitored in a timely way to ensure medicines were used safely and followed up on appropriately. The practice had not reviewed some patients following NICE guidance to ensure they were receiving adequate gastro-intestinal protection and other patients had not received a blood test in line with guidance.

Track record on safety

The practice had a good track record on safety.

- There were risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice did not learn and make improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were inadequate systems for reviewing and investigating when things went wrong. Evidence we saw showed the practice identified significant events in a timely fashion and completed part of the significant event form. However, practice staff used a form without a patient identifier and staff did not update the form after discussions and actions were carried out. Clinical meetings at which significant event discussion should have taken place, were happening infrequently. This led to a long delay between the incident taking place, the information sharing and the opportunity to share lessons learned. Clinical meeting minutes and completed significant event forms showed the practice had not learned and shared lessons, identified themes and any action taken to improve safety in the practice was unrecorded.
- The practice had a system to act on patient and medicine safety alerts and share with relevant staff.

Please refer to the Evidence Tables for further information.

Inadequate

Are services effective?

We rated the practice as inadequate for providing effective services overall and across all population groups except for Families, children and young people and Working age people (including those recently retired and students) which we rated as Requires improvement.

The practice was rated as inadequate for providing effective services because:

- The practice's performance on quality indicators for long term conditions and mental health was below local and national averages.
- Annual health checks for patients with learning disabilities were not being carried out.
- Not all staff were receiving regular appraisals.

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 did not always assess needs and deliver care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were not always fully assessed. This included their clinical needs and their mental and physical wellbeing. For example, although the practice offered an annual health check to patients with a learning disability, three quarters of checks had not been completed.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated inadequate for effective because of practice wide issues which affected all population groups.

- The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty.
- The practice followed up on older patients discharged from hospital. From the care plans we looked at, we saw 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 inadequate for effective because of practice wide issues which affected all population groups.

This population group was rated inadequate for effective because:

- The practice's performance on quality indicators for long term conditions was below local and national averages. For example, 62% of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less. This compared to the CCG and national average of 78% ((01/04/2016 to 31/03/2017) (QOF). Unverified data (01/04/2017 to 31/03/2018) showed rates had decreased to 52%.
- 67% of patients with COPD had received a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months. This compared to the CCG average of 87% and the national average of 90% (01/04/2016 to 31/03/2017) (QOF). Unverified data from QOF (01/04/2017 to 31/03/2018) showed rates had decreased further to 35%.
- The practice had recently implemented a new system to recall patients with long-term conditions.
- 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 was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).

Inadequate

Are services effective?

Families, children and young people:

This population group was rated requires improvement for effective because of practice wide issues which affected all population groups

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

This population group was rated requires improvement for effective because of practice wide issues which affected all population groups

- The practice's uptake for cervical screening was 82%, which was comparable with the 80% coverage target for the national screening programme.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- 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.
- The practice had more recently targeted the low percentage of patients diagnosed with cancer within the preceding 15 months, who had a patient review recorded as occurring within 6 months of the diagnosis date (41.2%) (QOF; 01/04/2016 to 31/03/2017). Patients were being offered double appointment times and the current unverified figure was 90%.

People whose circumstances make them vulnerable:

This population group was rated inadequate for effective because of practice wide issues which affected all population groups

- The practice offered annual health checks to patients with a learning disability. However three quarters of patients on the register had not received a health check in the last year.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may have made them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

This population group was rated inadequate for effective because of practice wide issues which affected all population groups

- The practice's performance on quality indicators for mental health was below local and national averages. For example 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 59%. This compared to the CCG average of 79% and the national average of 84% (01/04/2016 to 31/03/2017) (QOF). Unverified data from QOF (01/04/2017 to 31/03/2018) showed the rate had fallen to 46%.
- 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.

Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity and did not routinely review the effectiveness and appropriateness of the care provided.

- The overall QOF score for 2016/17 was 482 points compared to the CCG average of 521 and the national average of 539. The unverified QOF score for 2017/18 was 246 points showing a further decrease.
- The overall exception rate for QOF 2016/17 was 3% which was lower than the CCG and national average of 6%.
- The practice was involved in some quality improvement activity and used information about care and treatment to make improvements. For example, monthly audits were carried out to review high risk medicines and resulted in improvements to patient care.

Effective staffing

Staff had all the skills, knowledge and experience to carry out their roles.

Inadequate

Are services effective?

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- 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 understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support and there was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. At the time of the inspection, ten staff had not received an appraisal. Following the inspection we were advised all outstanding appraisals have been completed but we have not received evidence showing this.
- There was a clear 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 ensured that end of life care was delivered in a coordinated way which took into account 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 be in need of 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, for example through social prescribing schemes.
- 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 obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Requires improvement

Are services caring?

We rated the practice as requires improvement for caring.

The practice was rated as requires improvement for caring because:

- Patients we spoke with told us they had experienced delays in accessing care.
- Results from the GP patient survey 2018 for questions relating to care and treatment involvement, were in line with local and national averages.

Kindness, respect and compassion

Staff did not always treat patients with kindness, respect and compassion.

- Results from the GP patient survey 2018 showed satisfaction levels were comparable with local and national averages. Questions had changed from 2017 to 2018 which meant the new survey data could not be directly compared to the past survey data, because the survey methodology had been revised for the 2018 survey. Although rates were comparable with local and national averages, the percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018) was 66% compared to the local average (83%) and the national average of 84%.
- Feedback from patients was mixed about the way staff treated people. For example, two patient comment cards referred to a lack of respect shown to patients by staff.
- Staff understood patients' personal, cultural, social and religious needs.
- Patients told us the practice did not give patients timely support and information. On the day of the inspection, some patients we spoke with explained that they had experienced delays in accessing care.

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.)

- Staff communicated with people in a way they could understand.
- 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 by providing a carers pack.
- The practice's 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 respected 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.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Inadequate

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as inadequate for providing responsive services

The practice was rated as inadequate for responsive because:

- The practice did not offer one appointment for multiple conditions or concerns and patients we spoke with told us this was a problem.
- The practice offered clinics for monitoring long term conditions such as diabetes, respiratory and cardiovascular diseases.
- The practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment and the type of appointment offered.
- The practice did not carry out any analysis of complaints to identify trends or themes.

Responding to and meeting people's needs

The practice did not organise and deliver services to meet patients' needs. It did not take account of patient needs and preferences.

- Data from the GP patient survey 2018 showed patients rated the service lower than others for the type of appointment (or appointments) they were offered.
- The practice had failed to fully understand the needs of its population and services had not been tailored in response to their needs. For example patients we spoke with had told us they were dissatisfied with access to appointments, appointment times and had found it difficult to get through to the practice by telephone.
- Telephone consultations were available providing access to patients who were unable to attend the practice. The practice made reasonable adjustments when patients found it hard to access services, for example patients with mobility issues, by offering home visits.
- The facilities and premises were appropriate for the services delivered.
- The practice provided effective care coordination for patients who were more vulnerable or who had 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.

Older people:

This population group was rated inadequate for responsive because of practice wide issues which affected all population groups

- Patients had a named GP who supported them in whatever setting they lived, whether it was at home or 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.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

This population group was rated inadequate for responsive because of practice wide issues which affected all population groups

- Patients with a long-term condition received an annual review to check their health and medicines needs. The practice offered separate appointments to patients with multiple conditions. The approach was that patients should be reviewed in the relevant clinic.
- 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 inadequate for responsive because of practice wide issues which affected all population groups

- 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. However, individual patient records were not updated to show what action the GP had considered as a result of the attendances or if no further action was required. This would be useful for safeguarding should the patient move practices.
- 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):

Inadequate

Are services responsive to people's needs?

This population group was rated inadequate for responsive because of practice wide issues which affected all population groups

- The practice had adjusted some of the services it offered to ensure these were accessible, flexible and offered continuity of care. For example extended opening hours and telephone consultations.

People whose circumstances make them vulnerable:

This population group was rated inadequate for responsive because of practice wide issues which affected all population groups

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed address.

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

This population group was rated inadequate for responsive because of practice wide issues which affected all population groups

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. However, not all patients with mental health needs were supported to receive care and treatment in a timely manner.

Timely access to care and treatment

Patients were not able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients we spoke with told us they found it difficult to get through to the practice by telephone. Patients we spoke with told us they called upwards of forty times in order to get through and speak to a receptionist. Sometimes they were offered an appointment the same day but at other times there were no same day appointments available. Other patients told us they travelled to the practice and queued in order to make an appointment as they found they were more likely to get an appointment this way. On the day of the inspection same day appointments were available for patients with an urgent need.
- The practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment. For example, 43% of respondents to the GP patient survey were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018). This compared to the CCG average of 65% and the national average of 66%. The GP patient survey results were published in August and practice leaders told us they will be discussing the GP patient survey results and considering improvements at a partner's meeting in December.
- Patients did not always have timely access to initial assessment, test results, diagnosis and treatment.
- Appointment waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately but did not consider lessons that could be learned to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance but the practice did not prioritise any resulting learning. Clinical meetings took place infrequently so practice staff were not able to discuss and learn from complaints. The practice did not carry out an analysis of trends and missed opportunities to improve the quality of care by failing to do so.

Please refer to the evidence tables for further information.

Inadequate

Are services well-led?

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

The practice was rated as inadequate for well-led because:

- Practice leaders had established policies, procedures and activities to ensure safety but had not assured themselves that they were operating as intended.
- The practice had not responded adequately to patient feedback around access, appointment types and getting through to the practice by telephone.
- The practice did not have a clear and cohesive strategic plan.

Leadership capacity and capability

Leaders did not demonstrate they had the capacity and skills to deliver high-quality, sustainable care. Since September 2015 the practice has been rated inadequate or requires improvement, the leadership team have failed to take the necessary steps to make any sustained

- Although the partners and practice management team were experienced in the delivery of care, there was a lack of co-ordinated strategy and approach in place to ensure effective clinical governance. For example, leadership and clinical governance needed to be strengthened to ensure the leadership team were assured about patient safety and around significant events, safety alerts and medicine reviews.
- We found a lack of accountable leadership and governance relating to the overall management of the service. Leaders did not always show they had the experience, capacity and skills to deliver high quality sustainable care.
- Leaders at all levels were visible and approachable. However, leaders were not demonstrating effective leadership as we had concerns over the practice's response to patient feedback around access and getting through to the practice by telephone. The GP patient survey 2018 showed patients were dissatisfied with access and the experience of making an appointment and the leadership team had been unresponsive.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

Although the practice had a clear vision, it did not have a credible strategy to deliver high quality, sustainable care.

- Although some practice leaders told us the patient was at the heart of what they do, we were unable to see evidence of a clear vision and set of values. There was no consistent or shared view of the priorities of the practice. The practice did not provide details of supporting business plans or action plans to achieve priorities.
- The strategy was not clearly defined or planned so it was difficult to tell how practice leaders assessed progress.

Culture

The practice did not always demonstrate it had a culture of high-quality sustainable care.

- There were processes for providing all staff with the development they needed but staff were not receiving annual appraisals. Ten staff had not received appraisals in the last year. Following the inspection, we were advised all outstanding appraisals had been completed but we have not received evidence showing this. Staff were supported to meet the requirements of professional revalidation where necessary.
- Staff stated they felt respected, supported and valued. They were proud to work in the practice. Practice leaders met regularly with practice staff outside of work to promote working relationships.
- We saw evidence leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Although the provider had a clear policy for acting and responding to incidents, these were not followed. Significant events which had not yet been discussed at a clinical meeting, were not updated and recording of actions taken was insufficient. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- 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

Inadequate

Are services well-led?

There were clear responsibilities, roles and systems of accountability to support a governance framework but not all the systems in place operated effectively.

- There were structures, processes and systems to support a governance framework but they were not effective.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were not always clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety but had not assured themselves that they were operating as intended.
- Staff team meetings did not take place regularly and as a result the practice did not discuss significant events and complaints timeously.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- There was evidence of some processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- There was limited evidence to show that quality improvement which included clinical audit, was driving change within the practice or having a positive impact on the quality of care and outcomes for patients.
- The practice had continuity plans in place and had trained staff for major incidents.
- There was no evidence of fire drills or any resulting actions. Practice leaders told us fire drills were carried out and would be recorded in future.

Appropriate and accurate information

The practice did not have appropriate and accurate information.

- Quality and operational information was not routinely used to ensure and improve performance. At this inspection we saw the practice had considered patient opinion and feedback after the PPG in conjunction with the practice had carried out their own patient survey. After the inspection the practice conducted a broad analysis of the results. Patients fed back that satisfaction levels were high in terms of clinical care but were lower around access and convenience of appointment.
- There was no action plan available to show how the practice would respond to patient feedback in order to improve services.
- Practice leaders we spoke with told us the 2018 GP patient survey results would be discussed to consider ways to improve.
- The practice did not use performance information which was reported and monitored to hold management and staff to account.
- Information held by the practice was not of sufficient quality. For example, patient registers were not up to date and the safeguarding children register was inaccurate when compared to patient records.
- We saw limited evidence to show the practice used information technology systems to monitor and improve the quality of care.
- The practice submitted 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 services.

- Leaders did not always act upon patients' views even when the feedback and themes were clear. For example, patient survey results had not led to improvements for patients. The practice had considered the practice telephone system and were planning to review this when the current contract ended. Patients we spoke with told us they made numerous attempts to get through to the practice and that access was a problem. Patients told us they avoided contacting the practice unless they were unable to do so due to increasing health needs. Practice leaders told us they thought patients preferred to re-dial rather than being held in a queuing system.
- There was an active patient participation group.

Continuous improvement and innovation

Inadequate

Are services well-led?

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

- The practice did not make use of internal and external reviews of incidents and complaints. Learning was not shared effectively or used to make improvements. Leaders did not discuss incidents and complaints with the practice team within a reasonable timescale, as clinical meetings were not prioritised.
- There was a limited focus on learning and improvement within clinical teams. Staff knew about improvement methods such as audits and had the skills to use them.
- There was some evidence to show leaders and managers encouraged staff to take time out to review individual objectives, processes and performance. However, appraisals for non-clinical staff in particular had been delayed from the previous year. Following the inspection, staff told us all non-clinical appraisals had now taken place. However, evidence of completed appraisals has not been provided.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. Ensure medicine reviews are carried out with a full review of the suitability of the medication. Ensure a risk assessment is in place for emergency medicines held. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the regulation was not being met: We found systems and processes were not established or operated effectively to ensure compliance with the requirements of regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was a lack of focus on the clinical leadership and governance systems required. Regulation 17 (1)