Crossroads Medical Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crossroads Medical Practice on 24 September 2015. Overall the practice is rated as inadequate.

Specifically, we found the practice inadequate for providing a safe, effective and well led service. It was rated as requires improvement for providing a responsive service and good for being caring. It was also rated as inadequate for providing services for, 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 and people experiencing poor mental health (including people with dementia).

The practice had undergone a number of staffing changes over the last 12 months and had found as a result of this a number of areas needed reviewing. They had started to put plans in place in some areas but these had not yet been fully implemented and therefore the proposed changes were not yet embedded. Our key findings across all the areas we inspected were as follows:

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example there was not a robust system in place for the management of emergency equipment and medicines.
- Although some clinical audits had been carried out, these were not full audits. There was therefore no evidence that audits were driving improvement in performance to improve patient outcomes.
- The practice had not proactively sought feedback from staff or patients.
- The system in place for reporting incidents, near misses and concerns did not ensure that there was learning from incidents or that any potential learning was disseminated to staff.
- The systems in place for safeguarding children and vulnerable adults were not robust.

Summary of findings

- There was insufficient assurance to demonstrate people received effective care and treatment. For example, the system in place for palliative care monitoring and review was not adequate.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Urgent appointments were usually available on the day they were requested.
- The practice had limited leadership capacity and limited formal governance arrangements although this was largely due to recent changes in staffing.

The areas where the provider must make improvements are:

- Ensure risk profiling is being carried out to identify patients at a higher risk of an unplanned admission to hospital.
- Ensure there is a robust system in place for palliative care monitoring and review.
- Ensure there is a robust system in place for receiving, disseminating and acting on safety alerts.
- Ensure learning from significant events and complaints are shared with staff.
- Ensure all staff are up to date with training.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure fire drills and fire alarm testing are carried out regularly.
- Ensure there is a robust system in place for the management of emergency equipment and medicines.
- Ensure there are systems and processes in place for safeguarding children and vulnerable adults.
- Ensure there are mechanisms in place to seek feedback from staff and patients and this feedback is responded to.
- Ensure clinical audits are undertaken in the practice, including completed clinical audit or quality improvement cycles.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Ensure prescription pads are handled in accordance with national guidance.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.
- Ensure all staff receive annual appraisals.

The areas where the provider should make improvement are:

- Ensure the Disaster Recovery Plan is up to date.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have not 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 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 practice 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 vary the provider's registration to remove this location or cancel the provider's registration.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made. Although the practice carried out investigations when things went wrong, lessons learned were not communicated and so there was no evidence that safety had been improved.

Patients were at risk of harm because systems and processes were either not in place or were not implemented in a way to keep them safe. For example safeguarding systems were not consistent and there was a lack of awareness regarding safeguarding incidents. The systems for medicines management were not consistent or in line with practice policies.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services and improvements must be made. Data showed patient outcomes were in line with the locality. However there was no evidence of completed clinical audit cycles or that audit was driving improvement in performance to improve patient outcomes. Multidisciplinary working was taking place but was generally informal and record keeping was limited. Many staff had not had an appraisal since 2013 and some staff were not up to date with mandatory training. There were no robust systems for monitoring and reviewing palliative care patients and there was no system in place to identify high risk patients.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Requires improvement

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day. Patients said they felt

Summary of findings

the service had improved recently. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and evidence showed that the practice responded quickly when issues had been raised. However the complaints policy and leaflet were out of date and there were no formal arrangements in place to review complaints in order to detect themes or trends and no evidence of lessons learned from complaints.

Are services well-led?

Inadequate 

The practice is rated as inadequate for being well-led. Although it had a vision and strategy there was a lack of experienced leadership. Two of the partners were new to the practice and the operations manager was new to the post. There was a lack of clarity and some confusion as to who held responsibility in some areas.

The practice had some policies and procedures in place but others were in the process of being updated. The practice had not held regular governance meetings and issues were discussed at ad hoc meetings. The practice had not proactively sought feedback from staff or patients and did not have a patient participation group (PPG). Staff told us they had not received regular appraisals.

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

Inadequate

The practice is rated as inadequate for the care of older people. The provider was rated as good for being caring and requiring improvement for being responsive. However it was rated as inadequate for providing a safe, effective and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Care and treatment of older people did not always reflect current evidence-based practice, and some older people did not have care plans where necessary. However nationally reported data showed that outcomes for patients for conditions commonly found in older people were generally above average. Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. The provider was rated as good for being caring and requiring improvement for being responsive. However it was rated as inadequate for providing a safe, effective and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nursing staff had lead roles in chronic disease management. Patients at risk of hospital admission were not currently identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as good for being caring and requiring improvement for being responsive. However it was rated as inadequate for providing a safe, effective and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There was not a robust system in place for identifying or discussing children who were the subject of child protection plans, on the at risk register or looked after children. Immunisation rates were relatively high for all standard childhood immunisations. Patients

Summary of findings

told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The provider was rated as good for being caring and requiring improvement for being responsive. However it was rated as inadequate for providing a safe, effective and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as good for being caring and requiring improvement for being responsive. However it was rated as inadequate for providing a safe, effective and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients with a learning disability and carried out annual health checks for this patient group. It offered longer appointments for people with a learning disability.

It had told vulnerable patients about how to access support groups and voluntary organisations. Some staff were not clear about the signs of abuse in vulnerable adults, the system for identifying those at risk, information sharing and documentation of safeguarding concerns. How to contact relevant agencies was also not robust.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as good for being caring and requiring

Summary of findings

improvement for being responsive. However it was rated as inadequate for providing a safe, effective and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff we spoke with were not aware of a system to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Some staff had received training on how to care for people with mental health needs.

Summary of findings

What people who use the service say

The national patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 138 responses and a response rate of 54.1%.

- 84.3% find it easy to get through to this surgery by phone compared with a CCG average of 77.2% and a national average of 74.4%.
- 81.3% find the receptionists at this surgery helpful compared with a CCG average of 87.7% and a national average of 86.9%.
- 58.3% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 62.5% and a national average of 60.5%.
- 80.8% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.8% and a national average of 85.4%.
- 92.1% say the last appointment they got was convenient compared with a CCG average of 93.2% and a national average of 91.8%.
- 76.1% describe their experience of making an appointment as good compared with a CCG average of 74.4% and a national average of 73.8%.
- 74.3% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 71.7% and a national average of 65.2%.
- 63.2% feel they don't normally have to wait too long to be seen compared with a CCG average of 65.5% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. One patient commented on how much the practice had improved recently and others described clinical staff as excellent and staff as being very caring.

Areas for improvement

Action the service MUST take to improve

- Ensure risk profiling is being carried out to identify patients at a higher risk of an unplanned admission to hospital.
- Ensure there is a robust system in place for palliative care monitoring and review.
- Ensure there is a robust system in place for receiving, disseminating and acting on safety alerts.
- Ensure learning from significant events and complaints are shared with staff.
- Ensure all staff are up to date with training.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure fire drills and fire alarm testing are carried out regularly.
- Ensure there is a robust system in place for the management of emergency equipment and medicines.
- Ensure there are systems and processes in place for safeguarding children and vulnerable adults.
- Ensure there are mechanisms in place to seek feedback from staff and patients and this feedback is responded to.
- Ensure clinical audits are undertaken in the practice, including completed clinical audit or quality improvement cycles.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Ensure prescription pads are handled in accordance with national guidance.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.

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- Ensure all staff receive annual appraisals.

Action the service SHOULD take to improve

- Ensure the Disaster Recovery Plan is up to date.

Crossroads Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, and a practice manager specialist advisor.

Background to Crossroads Medical Practice

Crossroads Medical Practice is a GP practice which provides a range of primary medical services to around 7,270 patients from a surgery in North Hykeham, a suburb on the outskirts of the city of Lincoln. The practice's services are commissioned by Lincolnshire West Clinical Commissioning Group (LWCCG).

The service is provided by three full time male GP partners, a part time female salaried GP, an advanced nurse practitioner,four part time practice nurses and two part time health care assistants. They are supported by an operations manager, an acting practice manager and reception and administration staff.

The practice has a Personal Medical Services Contract (PMS). The PMS 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, LN8 6NH.

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 were on the ground floor.

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 surgery is open between 08.00am and 6.30pm Monday to Friday. Appointments are available from 9.00am to 11.10am Monday to Friday. Afternoon appointments are available Monday to Thursday 3.30pm to 5.30pm and Friday 3pm to 5pm.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This provider had not been inspected before and that was why we included them.

Detailed findings

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

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. These groups are:

- 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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We reviewed information from Lincolnshire West Clinical Commissioning Group, NHS England (NHSE), Public Health England (PHE) and NHS Choices.

We carried out an announced inspection on 24 September 2015.

During our visit we spoke with a range of staff including GP partners, the advanced nurse practitioner, practice nurses, a health care assistant, the operations manager, the acting practice manager and administration and reception staff. We also spoke with patients who used the service. We observed how people were interacted with and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Not all staff were aware of the system for recording incidents but told us they would inform the practice manager of any incidents. The practice had recorded 15 significant events in the year 2014-2015 and six from April 2015 to the date of our inspection. The incidents we reviewed had actions recorded but these lacked detail and analysis. Staff we spoke with told us some significant events had been discussed at meetings. It was recorded in the practice meeting minutes from June 2015 that significant events had been discussed by the senior GP but there was no detail. Therefore there was no evidence of dissemination of learning from significant events in order to improve safety in the practice.

There was no system in place for receiving, disseminating or actioning national patient safety alerts.The practice had a protocol in place relating to safety alerts. The protocol named the operations manager as being responsible for receiving and disseminating them. However the operations manager was not aware of this. We were told the alerts would still be going to the previous practice manager who had left in May 2015. There was no evidence of safety alerts having been discussed in meeting minutes we reviewed. During our inspection the operations manager took steps to ensure they were now the recipient for safety alerts.

Overview of safety systems and processes

The practice did not have arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and best practice.

- There was a recently appointed lead GP for safeguarding. Some staff were not aware who the lead GP was. The safeguarding lead was not aware of any alerts being used to highlight safeguarding issues on patient notes. We spoke with the lead GP, who from our discussions showed a lack of awareness of their responsibility in relation to making a safeguarding referral or what constituted a safeguarding issue or a deprivation of liberty.
- There was no list of children on the at risk register, looked after children or under a child protection plan.
- There was no system in place to identify vulnerable adults on their patient record other than for the frail elderly and no system in place to discuss vulnerable adults. There were no safeguarding multi-disciplinary meetings held by the practice.
- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were some procedures in place for monitoring and managing risks to patient and staff safety. The practice had carried out a fire risk assessment in 2014 that included actions required to maintain fire safety. Remedial actions were to carry out regular fire drills, document findings and ensure visitors were aware of the fire emergency procedures. Remedial actions were identified but we did not see any evidence that the actions had been completed. Records showed that staff were not up to date with fire training and they did not practise regular fire drills.
- The practice had a number of risk assessments in place to relating to safety in the workplace but actions on these were not recorded as being completed. The operations manager told us a health and safety consultant had been booked to come and review the practice's health and safety arrangements.
- A legionella risk assessment had been carried out in July 2015 (legionella is a bacterium which can contaminate water systems in buildings). A number of recommendations had been made following the risk assessment and these had been implemented. For example, monthly water temperature checks.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and

staff had received up to date training. Annual infection control audits were undertaken and we saw detailed evidence that action was taken to address any improvements identified as a result and monitored regularly. Minutes of practice meetings showed that the findings of the audits were discussed.

- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. The practice had a protocol for refrigeration failure but it was not robust. It did not provide staff with sufficient guidance on what action to take in the event of a potential failure. Records showed fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature. However we saw that the practice had recently completed a significant event analysis for a break in the cold chain. A refrigerator that contained vaccines had malfunctioned.The practice had followed the recommendations by manufacturers which ensured that patients were kept safe. Processes were in place to check medicines were within their expiry date and suitable for use. However we found controlled drugs in one of the GPs bags which were out of date.
- All prescriptions were reviewed and signed by a GP before they were given to the patient. However blank prescription pads were not handled in accordance with national guidance as there was no system in place to track them through the practice as batch numbers were not recorded.
- We did not see any records of practice meetings that noted discussion or actions taken in response to reviews of prescribing data. However we saw antibiotic prescribing data which showed that the practice had improved considerably over the last year and were better than the CCG and national figures.
- There was a system in place for the management of high risk medicines such as methotrexate and lithium, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. We checked three anonymised patient records which confirmed that the guidance was being followed. However one of these patients did not have a shared care plan in place.
- The practice had systems in place to monitor the prescribing of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area. However, the arrangements for the storage and transfer of controlled drugs were not robust. The practice had a controlled drugs standard operating procedure. This had been reviewed in August 2015 and stated that GPs were responsible for their controlled drugs registers and checking the dates of their drugs. However one of the GPs bags contained ten ampoules of a controlled medicine called diamorphine hydrochloride which was out of date. The GP register relating to this was not available on the day of our inspection and there was no record of what was kept in the doctors bag. The practice arranged for the controlled drug liaison officer to attend the practice to destroy the drugs.
- The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw evidence that nurses had received appropriate training and been assessed as competent to administer the medicines referred to either under a PGD or in accordance with a PSD from the prescriber. A member of the nursing staff was qualified as an independent prescriber and she received regular supervision and support in her role as well as updates in the specific clinical areas of expertise for which she prescribed.
- Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored but the system in place was not in line with national guidance as the batch numbers of prescription pads were not logged out.
- Recruitment checks were carried out and the files we reviewed contained evidence that some appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification and references. DBS checks were not undertaken for all staff. One of the Disclosure and Barring Service checks we saw had not been undertaken by the practice but related to previous employment.(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). Annual checks on membership of the Nursing and Midwifery Council (NMC) had not been kept up to date.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also arrangements in place for members of staff to cover each other's annual leave.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that some staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). There were adult and paediatric pads available for the automated external defibrillator and these were within their expiry date.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of anaphylaxis. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

When we asked members of staff, they all knew the location of this equipment and medicines. Records we looked at confirmed that neither had been checked on a regular basis, contrary to national guidance. The checks were irregular, for example monthly and then three monthly. The practice did not have a policy for the checking of emergency equipment and medicines.

A disaster recovery plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed. The plan was last reviewed in 2011and therefore the practice could not be assured the details were still current.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. However there was no formal system in place to disseminate information for NICE guidance to ensure all clinical staff were kept up to date. The senior GP told us they had attended annual updates for NICE guidelines and fed this back at clinical meetings, albeit informally. We saw evidence that another GP partner had up to date NICE guidance in his consulting room and had assumed that all clinicians had access to this.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 96.6% of the total number of points available compared to the national average of 94.2%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed;

- Performance for diabetes related indicators was better than the CCG and national average for most indicators. For example 93.9% of patients in this group had a record of retinal screening compared to a CCG average of 90.8% and a national average of 82.6%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months is 150/90mmHg or less86.49% compared to the national average of83.11%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record was 91.43% compared to the national average of 86.04%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months

The practice provided us with some unqualified QOF data relating to 2014-2015 which reflected:

- 11.53% of patients on the learning disability register had received an annual review.
- 65.38% of patients on the dementia register had received an annual review.
- 66.66% of patients on the palliative care register had received an annual review.
- 45.35% of patients on the mental health register had received an annual review.

The practice did not have a robust system in place for carrying out clinical audits in order to monitor and improve patient outcomes. The practice showed us two clinical audits which had been carried out within the last two years by the salaried GP. One of these related to physiotherapy at the practice but the data was combined with that from another practice where the salaried GP also worked. This was therefore not specific to the practice. The second audit related to an on-going project regarding adherence to recommended bisphosphonate prescribing and was not a completed clinical audit cycle.

Effective staffing

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

The nursing staff identified their own clinical learning needs including relevant updates and could access appropriate training to meet these learning needs and to cover the scope of their work. However we reviewed staff training records and saw that not all staff were up to date with training such as annual basic life support and fire training. The practice closed for one afternoon a month but staff told us this time was used to catch up with work rather than undertake training. We were told and we saw evidence that most staff had not had annual appraisals since 2013. There were processes in place for the revalidation of doctors.

Coordinating patient care and information sharing

Some information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. However there was no robust or

Inadequate

Are services effective?

(for example, treatment is effective)

adequate system in place for palliative care monitoring and review. The practice had two different lists in place relating to palliative care, one being described as a waiting list. The senior GP was not aware of the reason for having two lists.

We reviewed the records of four patients on the palliative care register and found that some either had no care plans or special notes in place or had not been seen since December 2014. Another patient on the palliative care register had died but was still on the end of life care list. This case had also been referred to the coroner but the GP we spoke with was not aware of this or the fact that the patient was deceased. The practice were not carrying out end of life care audits. We saw minutes of multi disciplinary palliative care meetings from 2014. We were told that the practice had reintroduced multi disciplinary palliative care meetings in the last two months but there were no minutes available to identify who had attended or what had been discussed.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions). Not all staff we spoke with had an awareness of the Mental Capacity Act 2005 and their duties in fulfilling it.

Health promotion and prevention

There were some systems in place to identify patients who may be in need of extra support. For example, those at risk of developing a long-term condition. Those requiring advice on their diet, smoking and alcohol cessation were offered support either in the practice or signposted to the relevant service. However, there was no risk profiling carried out to identify high risk patients.

The practice had a comprehensive cervical screening programme. The practice's uptake for the cervical screening programme was 84.39%, which was above the national average of 81.88%.

No comparable data was available for childhood immunisation rates for the vaccinations given by the practice. However childhood immunisation rates for the vaccinations given to under two year olds ranged from 88.65% to 97.2% and five year olds from 79.1% to 94.5%. Flu vaccination rates for the over 65s were 83.98%, and at risk groups 56.77%. These were above national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 which were carried out by a health care assistant.

Practice nurses and health care assistants had job descriptions outlining their roles and responsibilities and provided evidence that they were trained appropriately to fulfil these duties. For example, on administration of vaccines, cervical cytology and spirometry. Those with extended roles , for example, seeing patients with long-term conditions such as asthma, COPD, diabetes and coronary heart disease) were also able to demonstrate that they had appropriate training to fulfil these roles.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed and that conversations taking place in these rooms could not be overheard. Reception staff we spoke with told us that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We saw that reception staff maintained patient confidentiality and the majority of phone calls were taken away from the front desk to facilitate this.

All of the 13 patient CQC comment cards we received were positive about the service experienced. Patients we spoke with said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with doctors but above average for consultations with nurses. For example:

- 83.9% said the GP was good at listening to them compared to the CCG average of 89.3% and national average of 88.6%.
- 79.3% said the GP gave them enough time compared to the CCG average of 88.1% and national average of 86.8%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95.3%
- 76.6% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86.4% and national average of 85.1%.
- 94.4% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.7% and national average of 90.4%.
- 81.3% patients said they found the receptionists at the practice helpful compared to the CCG average of 86.9% and national average of 85.2%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national patient survey we reviewed showed patients responded very positively to questions about their involvement in planning and making decisions about their care and treatment with nurses which were well above local and national averages. This was less so with GPs and results were well below local and national averages. For example:

- 75.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.5% and national average of 86.3%.
- 72.4% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83.6% and national average of 81.5%
- 97.5% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91.2% and national average of 89.7%.
- 93.8% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 84.9%

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was a carer. There was a practice register and 1.76% of the

Good

Are services caring?

practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice usually sent them a sympathy card. Information was available in the waiting room for bereavement support groups.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area.

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

- The practice offered telephone consultations which were convenient for working patients.
- There were longer appointments available for people with a learning disability and on request for other patients.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice offered a nurse practitioner led clinic on a daily basis in order to offer same day appointments.

Access to the service

The surgery is open between 08.00am and 6.30pm Monday to Friday. Appointments are available from 9.00am to 11.10am Monday to Friday. Afternoon appointments are available Monday to Thursday 3.30pm to 5.30pm and Friday 3pm to 5pm.

Appointments with the nurse practitioner were available between 08.40am to 12.00pm with a variety of pre booked appointments, telephone triage and on the day appointments. The practice did not offer extended opening hours.

Results from the national patient survey showed that patient's satisfaction with how they could access care and treatment was largely above both local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 76.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.9% and national average of 75.7%.
- 84.3% patients said they could get through easily to the surgery by phone compared to the CCG average of 77.2% and national average of 74.4%.
- 76.1% patients described their experience of making an appointment as good compared to the CCG average of 74.4% and national average of 73.8%.
- 74.3% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71.7% and national average of 65.2%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The operations manager was the designated responsible person who handled all complaints in the practice alongside a lead GP. However the practice policy which was reviewed in January 2015 was out of date as it referred to the previous practice manager and the Primary Care Trust.

There was a poster displayed in the waiting room with information on how to raise a complaint and a leaflet available. However the leaflet was dated 2009 and staff we spoke with were not aware of the leaflet. Patients we spoke with had never felt the need to make a complaint.

We looked at 11 complaints received in the last 12 months and found they had all been responded to in a timely manner. However one complaint we looked at from June 2015 related to the practice website. The response stated the website would be updated in July 2015 but this had not been actioned on the day of our inspection. The acting practice manager told us there had been problems gaining access to make these changes but had now been able to make arrangements for this to take place.

The practice complaints policy stated complaints would be reviewed annually to detect themes or trends . However there were no formal arrangements in place to review complaints in order to detect themes or trends and no evidence of lessons learned from complaints. However staff we spoke with said complaints were usually discussed in practice meetings.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients with the ethos of providing quality care delivered in a caring way.

The practice have had a challenging 12 months with two partners, the practice manager and the assistant practice manager leaving and salaried GP's on long term sick leave. The practice reviewed their strategy and responded by forming a joint working agreement with Lincolnshire and District Medical Services (LADMS). This allowed them to initially source locum cover for GPs and a part time acting practice manager. The practice had a strong practice nurse and healthcare assistant team, most of whom had been there around eight years. The practice had now been able to appoint two new GP partners and additionally an advanced nurse practitioner to help cope with the demand for appointments.

Governance arrangements

There were limited governance arrangements in place. We found:

- There was a clear staffing structure with named members of staff in lead roles. However not all staff were aware who the safeguarding lead was. Staff we spoke with were clear about their own roles and responsibilities.
- Some practice specific policies were in place but others were in the process of being reviewed. There was no system in place to ensure staff were aware of any new or updated policies.
- The practice had a number of clinical policies in place to govern activity and these were available to staff within the practice. We looked at seven of these policies and procedures and found that two were out of date, one of which was called 'Raised blood pressure and hypertension'.
- The practice did not have a programme of continuous clinical and internal audit in order to monitor quality and make improvements.
- The QOF data that we looked at for 2013-2014 showed that the practice was performing above national standards.
- There were some arrangements for identifying, recording and managing risks but some had not been reviewed and others had remedial actions identified but these had not been implemented. However the practice had arranged for a health and safety consultant to visit the practice to review their arrangements including environmental risk assessments.
- The systems for safeguarding patients, monitoring and reviewing palliative care patients and identifying patients at high risk were not robust.

Leadership, openness and transparency

There was a lack of experienced leadership as two of the partners were new to the practice and the operations manager was new to the post. The acting practice manager had started to implement a number of new systems and processes but these had not yet had time to become embedded and there was a lack of clarity and some confusion as to who held responsibility in some areas.

Meetings had either not been held regularly or not minuted during 2015 but the acting practice manager told us they had recently started to reintroduce meetings at all levels and these would be all be minuted going forward.

Staff told us that there was an open culture within the practice and they had the opportunity to raise issues at team meetings and were confident in doing so and felt supported if they did. We spoke with the nursing team who told us they did not always feel valued but felt well supported and knew who to go to in the practice with any concerns.

Seeking and acting on feedback from patients, the public and staff

There were limited processes in place to review patient satisfaction. The practice were in the process of forming a patient participation group. They were planning to have an open day and as part of this intended to promote and advertise the formation of a PPG with a view to gaining members. The last patient survey was in 2014 but this had not been analysed to identify any potential areas for improvement. The operations manager told us they planned to carry out a patient survey at the end of 2015. They also told us that they used the NHS Friends and Family Test to gain patient feedback. These had been collected but not analysed.

The practice had also gathered feedback from staff through meetings and informal discussions. Staff told us they would

Are services well-led?

Inadequate

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

not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they did not always feel involved and engaged to improve how the practice was run.

Management lead through learning and improvement

Staff we spoke with told us that the practice supported them to maintain their clinical professional development through training. We looked at staff files and saw that most staff had not had annual appraisals since 2013. We were told that the practice shut for half a day every month for staff training. However some staff were not up to date with mandatory training and told us the afternoon was used to catch up with work.

The practice had completed reviews of significant events and other incidents but there was limited evidence of dissemination of learning from significant events or complaints in order to improve safety or patient outcomes.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment. **Care and treatment was not being provided in a safe way for service users.** **The provider was not assessing the risks to the health and safety of service users of receiving the care or treatment or doing all that is reasonably practicable to mitigate any such risks.** **The provider was not ensuring that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely.** **The provider had not ensured that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way.** **The provider did not have appropriate arrangements in place for the proper and safe management of medicines.** Risk profiling was not being carried out to identify high risk patients. There was no robust or adequate system in place for palliative care monitoring and review. There was no system in place for receiving or disseminating safety alerts. Learning from significant events was not shared with relevant staff. Not all staff were up to date with mandatory training. Fire drills had not been carried out and fire alarm testing was inconsistent.

This section is primarily information for the provider

Requirement notices

There was no robust system in place for the management of emergency equipment and medicines.

These matters were in breach of regulation

12(1), 12(2)(a)(b)(c)(d)(e) Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment. 13 (1) Service users must be protected from abuse and improper treatment in accordance with this regulation. 13 (2) Systems and processes were not established and operated effectively to prevent abuse of service users: • The lead GP for safeguarding was not aware of any alerts being used to highlight safeguarding issues on patient notes. • There was no register of children at risk, looked after children or on a child protection plan. • There were no safeguarding multi-disciplinary team meetings taking place. • Vulnerable adults, other than the frail elderly, were not identified on their patient records. • There was no system in place to discuss vulnerable adults. • Not all staff were aware who the safeguarding lead was. • The safeguarding lead showed limited awareness of a safeguarding referral, deprivation of liberty and mental capacity. This was in breach of Regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

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 Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. 17 (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements. Not all policies were available as they were in the process of being reviewed. There was no system in place to ensure staff were aware of reviewed policies. There were no systems in place to ensure staff received annual appraisals. There was not an adequate system in place for carrying out clinical audits. Prescription pads were not handled in accordance with national guidance. The practice Disaster Recovery Plan had not been reviewed since 2011. There was not a robust system in place to gain patient feedback. This was in breach of Regulation 17 (2)(a)(b)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Transport services, triage and medical advice provided remotely	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed Recruitment procedures were not established or operated effectively to ensure that persons employed meet the necessary conditions.

This section is primarily information for the provider

Requirement notices

Some Disclosure and Barring checks which were available related to previous employment and had not been undertaken by the practice.

The practice had not assured themselves on an on-going basis of employees registration with relevant professional bodies.

This was in breach of Regulation 19 (2)(4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.