

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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focussed inspection of Crossroads Medical Practice on 17 May 2017. This was to check compliance relating to the serious concerns found during a comprehensive inspection on 9 March 2017 which resulted in conditions been imposed on the

registration and a notice of proposal to cancel the practice registration was served. Other areas of non-compliance found during the inspection on 9 March 2017 will be checked by us for compliance at a later date.

The full comprehensive reports on the September 2015, July 2016 and March 2017 inspections can be found by selecting the 'all reports' link for Crossroads Medical Practice on our website at www.cqc.org.uk.

Summary of findings

At this inspection in May 2017, we checked the progress the provider had made to meet the significant areas of concerns as outlined in the conditions imposed and the notice of proposal to cancel registration, for breaches of Regulation 12 (Safe care and Treatment) and Regulation 17 (Good Governance).

Our key findings were as follows:

- We found that all previous significant events that were waiting review had been discussed and reviewed in addition to new events that had been raised.
- The practice had completed reviews of each event and this included learning and actions taken.
- The protocol for managing safety alerts had been reviewed. We looked at the review completed in the practice of all alerts in 2016/17 and looked at searches completed in relation to the ones applicable in primary care.
- All staff had completed the required level of safeguarding training relevant to their role.
- We reviewed records of patients on high risk medicines. We found that the practice had an effective system in place for ongoing monitoring of high risk medicines.
- Shared care protocols (that outlined ways in which the responsibilities for managing the prescribing of a medicine could be shared between the specialist and the practice) were accessible to staff in a folder at reception and a link to these was also on the practice computer system to enable all clinicians' instant access to them for reference.
- Safeguarding meeting dates had been set for each month of the coming year. One meeting had taken place and there was an agreement in place between the practice and health visitors to have monthly face to face children safeguarding meetings going forward.
- The practice had an effective system in place to ensure employment checks were carried out for all staff including locums.
- We reviewed evidence for disseminating NICE guidance. Clinical meetings had NICE guidance on the agenda and in the minutes that we viewed.
- The practice had a plan in place for clinical audit. At this inspection we viewed a number of audits that had commenced some of which were linked to NICE guidance. One in relation to patients on warfarin showed quality improvement.
- Pre-bookable appointments were available for GPs and nurse practitioners had been recruited and provided appointments and undertook triage of patients.
- Extended hours pre-bookable appointments were available four days per week.
- The practice had implemented a review of complaints similar to the significant events which looked at any learning or changes to practice and included reflection by the staff member involved when appropriate.
- We found that overall leadership had improved. Since the inspection in March 2017 the practice had a new staff structure in place. A new GP had commenced and taken on the role of clinical lead and two nurse practitioners were in post.

The other key lines of enquiry will be reassessed by us at another inspection when the provider has had sufficient time to meet the outstanding issues. At that time a new rating will be assessed for the provider.

The issues that the practice should address are:

- Continue to embed systems in place to improve safety for patients.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

- The system of reporting and recording significant events was effective. Significant event meetings were planned bi-monthly throughout the year. The most recent review had taken place 8 May 2017. A representative from each department had attended and would then disseminate any information as required.
- We viewed minutes of a safeguarding meeting that was held at the practice. This showed the patients that were discussed and any actions that needed to be completed.
- All staff had completed the required level of safeguarding training relevant to their role.
- There was an effective process in place to monitor the movement of all prescriptions through the practice.
- We reviewed records of patients on high risk medicines. We found that the practice had an effective system in place for ongoing monitoring of high risk medicines.
- We found that the gaps in the recruitment files had been acted on and that locums had the required checks in place prior to being employed.

Are services well-led?

- The process for prescribing high risk medicines was effective and audits that were set up to enable monitoring was robust.
- The process for reviewing and investigating significant events had improved.
- The practice had implemented a review of complaints similar to the significant events which looked at any learning or changes to practice and included reflection by the staff member involved when appropriate.
- We found that overall leadership had improved. Since the inspection in March 2017 the practice had a new staff structure in place. A new GP had commenced and taken on the role of clinical lead and two nurse practitioners were in post. The practice manager that had been employed for two days per week had been increased to full time. The operations manager was now the reception manager. This was a new role to give clearer lines of responsibility for the staff and the reception manager.
- Extended hours pre-bookable appointments were available four days per week.

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to embed systems in place to improve safety for patients.

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 second CQC Inspector and a GP specialist advisor.

Background to Crossroads Medical Practice

Crossroads Medical Practice is a GP practice which provides a range of primary medical services to around 7,066 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).

At the time of our inspection the service was provided by two full time salaried GPs (one male and one female), a long term male locum GP, two nurse practitioners, one part time practice nurse and two part time health care assistants. They are supported by a full time practice manager, reception manager and reception and administration staff. There are four GP partners who are not based at the practice.

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, 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 8am and 6.30pm Monday to Friday with appointments available from 9am to 11.30am and 2.30pm to 5.30pm. The surgery had recently introduced extended hours and was providing pre-bookable appointments until 7.30pm Monday and Tuesday, 7am to 7pm on Wednesday and from 7am on Friday.

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.

Why we carried out this inspection

We carried out a focussed inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The 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.

Detailed findings

We took enforcement action and imposed four conditions on the practices registration and also served a notice of proposal to cancel the practices registration.

We undertook a further announced focussed inspection of Crossroads Medical Practice on 17 May 2017. This inspection was carried out following the practice informing us that they had taken actions to improve the service provided.

How we carried out this inspection

During this inspection, we did not look at population groups or speak with patients who used the service. We:

- Spoke with a range of staff (partners, GPs, nursing staff, practice management and administrative staff).
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

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.

Are services safe?

Our findings

At our previous inspections in September 2015, July 2016 and March 2017, we rated the practice as inadequate for providing safe services as the arrangements in respect of significant events, safeguarding children, high risk medicine prescribing, patient safety alerts and recruitment checks needed improving.

These arrangements had improved when we undertook a follow up inspection on 17 May 2017.

Safe track record and learning

When we visited the practice in May 2017 it was found that

- The system of reporting and recording significant events was effective. We found that all previous significant events that were waiting review had been discussed and reviewed in addition to new events that had been raised. The practice had developed a meeting which was to discuss the significant events alongside any complaint investigations.
- The practice had completed reviews of each event that included learning and actions taken. Other incidents that needed to be raised externally such as with the hospital were forwarded on for their investigation.
- Significant event meetings were planned bi-monthly throughout the year. The most recent review had taken place 8 May 2017. A representative from each department had attended and would then disseminate any information as required.
- New processes were in place following significant event reviews. For example following one significant event a procedure to disable computer access for any staff member that left the practice had been introduced.
- The protocol for managing safety alerts had been reviewed. We looked at the review completed in the practice of all alerts in 2016/17 and looked at searches completed in relation to the ones applicable in primary care. We saw that action had been taken in relation to reviewing patients were required and those that were applicable to the practice were noted for discussion at the next clinical meeting.
- We viewed minutes of a multi-agency safeguarding meeting that was held at the practice. This showed the patients that were discussed and any actions that needed to be completed. The lead GP had highlighted that the safeguarding list would be looked at regularly to ensure that the patients were highlighted appropriately as patients did not always remain vulnerable.
- There was an agreement between the practice and the health visiting team for face to face monthly safeguarding meetings which were due to commence in June 2017.
- All staff had completed the required level of safeguarding training relevant to their role.
- There was an effective process in place to monitor the movement of all prescriptions through the practice. GPs were not able to access the prescriptions without them being signed out by a member of reception staff. There was a complete log that showed the tracking of prescriptions and prescription pads.
- We reviewed records of patients on high risk medicines. We found that the practice had an effective system in place for ongoing monitoring of high risk medicines. One of the GPs had assumed responsibility for the monitoring of high risk medicines. We saw that audits in the practice system were set up to run monthly to identify any monitoring required. Patients that had required monitoring at the previous inspection had been contacted and monitoring had been completed. Those patients that had not responded to the practice had notes on the system accordingly so that medicine would not be issued without the relevant reviews and tests.
- Shared care protocols (that outlined ways in which the responsibilities for managing the prescribing of a medicine could be shared between the specialist and the practice) were accessible to staff in a folder at reception and a link to these was also on the practice computer system to enable all clinicians' instant access to them for reference.
- We found that the gaps in the recruitment files had been acted on and that locums had the required checks in place prior to being employed. We reviewed five locum

Overview of safety systems and process

Are services safe?

files and found that they were clear and the checklist used for the recruitment checks was consistent. We were assured that the staff working were fit for work prior to commencing employment.

- We reviewed six recruitment files, including staff that was employed after the last inspection and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body, and the appropriate checks through the Disclosure and Barring Service.
- We viewed evidence of supervision for a GP who was working in the practice and had conditions imposed on them by the General Medical Council (GMC) that required them to have supervision with one of the partners. The GP we spoke with said that they were well supported and had regular supervision and appraisal.
- The practice had completed a full audit of recruitment files to ensure all were complete and a contents list was added to the front of each file.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The nurse practitioner who had commenced in April 2017 was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and

we saw evidence that action was taken to address any improvements identified as a result. The nurse practitioner had attended a recent link meeting with another nurse and they had been booked for training to be the lead in infection control in June 2017. The nurse practitioner had already identified areas that needed improvement and these were being worked through on an audit in progress.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Staff we spoke with said that the introduction of the new nursing team and the triage that they did meant that there was improved GP appointments.

Are services well-led?

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

Our findings

At our previous inspections in September 2015, July 2016 and March 2017, we rated the practice as inadequate for providing well-led services as there was a lack of stability in the clinical team, identification of patients at high risk admission to hospital had not been completed, the process for prescribing high risk medicines was not effective and the process for reviewing and investigating significant events was not effective. The practice had no clear leadership arrangements and there was no evidence of quality improvement. We found on-going breaches of some regulations.

These arrangements had improved when we undertook a follow up inspection on 17 May 2017.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients using a new medical model which they were in the process of implementing.

Due to the new clinical team the practice had been able to implement extended hours appointments and the nurse practitioners were able to triage and see patients in addition to the GP appointments.

Governance arrangements

The practice had an overarching governance framework and systems and processes in place to support the delivery of their strategy.

- The process for prescribing high risk medicines was effective and audits that were set up to enable monitoring was robust.
- The process for reviewing and investigating significant events had improved. We saw that meetings had been set up throughout the year and that learning and actions taken were appropriate and documented.
- The practice had implemented a review of complaints similar to that for significant events. This looked at any learning or changes to practice and included reflection by the staff member involved when appropriate.
- The practice had a plan in place for clinical audit. At this inspection we viewed a number of audits that had commenced some of which were linked to NICE guidance. One in relation to patients on warfarin

showed quality improvement. Audits were part of the clinical meetings and were documented in the minutes viewed of the April and May 2017 meetings that had taken place.

Leadership and culture

- We found that overall leadership had improved. Since the inspection in March 2017 the practice had a new structure in place. A new GP had commenced and taken on the role of clinical lead and two nurse practitioners were in post. The practice manager that had been employed for two days per week had been increased to full time. The operations manager was now the reception manager. This was a new role to give clearer lines of responsibility for the staff and the reception manager.
- One of the nurses had an interest in palliative and cancer care and was in the process of improving the care for these patients and the other was the lead for infection control and was implementing new training for the staff.

The practice was positive about future plans; we found more accountable leadership and governance relating to the overall management of the service. The partners, following the previous inspection, had a more visible presence in the practice.

All issues that had been raised at the previous inspection had been reviewed and if not completed there were actions in place to complete these.

The practice's structure for meetings had improved and we saw evidence that there was a schedule of meetings in place from February 2017 including safeguarding meetings and significant events.

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

The member of the patient participation group (PPG) we spoke with told us that since the inspection in March 2017 there was now a drive to improve. The PPG had planned for two open days in June 2017 for national PPG week to speak with patients and promote the PPG. Following the patient survey that was completed by the PPG and the recruitment of the new GP extended hours were available at the practice. The PPG were working on promoting the identification of carers and self-help for patients as one of their first initiatives alongside the practice.

Are services well-led?

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

There were high levels of staff satisfaction. Staff told us that not only could they feel the change but things had changed much for the better. Staff were proud to work for the practice and felt that there was strong collaboration and support across all staff and a common focus on improving quality of care and peoples experiences.

Continuous improvement

The new leadership and structures were now focused on continuous learning and improvement within the practice.

Both the recently employed nurse practitioners had been booked for training later in the year to enhance their role, including prescribing qualifications The GPs we spoke with were working alongside the nurse practitioners to strengthen their knowledge and provide support and supervision. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.