

Crossways 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

This is the report from our inspection of Crossways Practice. Crossways Practice is registered with the Care Quality Commission to provide primary care services and is managed by the provider SSP Health Ltd.

We undertook an unannounced focused inspection on the 12 February 2015 at Crossways Practice in response to concerns we had received regarding recruitment. This

Summary of findings

report only contains information around certain safety aspects of the practice. We reviewed information we held about the service and spoke with two regional managers, a GP and staff.

Our key findings were as follows:

- The practice was relying heavily on locum GPs and agency nurses and did not have a manager on site on a daily basis to oversee the smooth running of the practice and supervision of staff. We could see that the practice had plans in place for a more permanent solution to staffing.
- The practice had 20 different GP locums working at the practice since 1 January 2015 and agency nurses had only been employed for 15 days since October 2014 which was causing inconsistency and concerns about the safety of care offered to patients.
- The practice had recruitment processes in place but ID checks for new staff entering the building were not always taking place.

- The practice had an induction system in place for new locum GPs but this had not been implemented.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Notify us of any significant incident as outlined in Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.
- Ensure all members of staff receive a comprehensive induction that is relevant to their role and workplace before they are allowed to work unsupervised.
- Ensure all staff are appropriately supervised and managed.
- Ensure all staff understand and implement the policies and protocols in place which are designed to identify, assess and manage risks for the service.

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?

We carried out this inspection due to concerns raised about recruitment. The company who had managerial responsibility for the practice had policies and procedures in place to ensure safe recruitment of staff but the protocol of carrying out identification checks for new locums when attending the practice were not always followed.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, the provider had a clear policy for induction of locum GPs to ensure they understood practice protocols for the well-being of both staff and patients but this was not being followed. The practice did not have a manager on site on a daily basis to oversee the smooth running of the practice and supervision of GP locums was left to the receptionists. There were concerns raised during the inspection regarding the standards of care received from locum GPs. Staff understood their responsibilities to raise concerns, and to report incidents and near misses but it was very unclear what the practice had done about concerns raised.

The practice was in the process of recruiting a practice nurse and an additional permanent GP and had used 20 different GP locums since January 2015. Receptionists were sometimes only informed on the day of who would be attending which caused problems with forward planning of appointments and consequently patients were being asked to attend walk in centres or call the following day to make an appointment. The practice had used agency nurses but only for a total of 15 days since October 2014, there was a risk therefore that immunisation schedules would not be adhered to and patients were being sent to other practices. There was also a risk that patients with long term conditions requiring regular reviews would not have their needs adequately met.

The practice tried to ensure a clinician was available on a daily basis but there had been problems with the recruitment of the same staff to ensure consistency of care for patients. We could see that the practice had plans in place for a more permanent solution to staffing.

Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Notify us of any significant incident as outlined in Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.
- Ensure all members of staff receive a comprehensive induction that is relevant to their role and workplace before they are allowed to work unsupervised.
- Ensure all staff are appropriately supervised and managed.
- Ensure all staff understand and implement the policies and protocols in place which are designed to identify, assess and manage risks for the service.

Crossways Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector.

Background to Crossways Practice

Crossways practice is located in a residential area of Crosby, Merseyside, which is a deprived area of the country. There were approximately 2656 patients registered at the practice at the time of our inspection.

The practice has one female salaried GP, a Healthcare Assistant, and reception and administration staff. The practice was also using locum GPs and agency practice nurses. The practice is normally open 8.00am to 6.30pm Monday to Friday. Patients requiring a GP outside of normal working hours are advised to contact an external out of hours service provider (Urgent Care 24).

Why we carried out this inspection

We inspected this service in response to concerns raised about the recruitment of suitable staff.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an unannounced visit on 12 February 2015. During our visit we spoke with a range of staff and reviewed practice documentation.

Are services safe?

Our findings

Safe track record

Our intelligent monitoring systems and data available from 2013-2014 indicated there had been no previous causes for concern. We received concerns about the suitability of staff in February 2015. The Regional Operations Manager for SSP Health Ltd (SSP) advised us that they were aware of events and had reported this to head office and that they were currently investigating the concerns in conjunction with NHS England (NHSE). However, this concerning information had not been reported by the provider to CQC (certain incidents occurring in GP practices need to be reported to us under Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.)

Learning and improvement from safety incidents

SSP had a significant incident reporting policy and reporting forms. However when we discussed reporting with the Regional Manager we were told the concerning information had not yet been logged as a significant incident as the provider was taking instructions from NHS England.

The practice had no practice manager in post since January 2015. The practice had also been using locum GPs since 1 January 2015. We asked reception and clinical staff how they would handle a complaint and what complaints about locum GPs had been made recently by patients. They told us verbal complaints were resolved at the front desk but anything of a more serious nature would be cascaded to the Regional Manager. We were informed of complaints, from both staff and patients, which had been, allegedly, cascaded to the Regional Manager. When we discussed this with the Regional Manager, they told us that no complaints about locums had been received from patients. We asked to see any written log of complaints and were told there was no paperwork available at the practice and that this was held at another practice owned by SSP Health Ltd.

Monitoring Safety and Responding to risk

The Regional Manager told us as part of their job role they carried out quarterly checks on the practice and audits were carried out regarding GP consultations to ensure they were working to best practice guidelines and providing safe care. The audits consisted of selecting consultations

carried out during one week in a month. However in the case of this practice because there had been 20 different locums in during a short space of time, there was a danger that several of the locum GPs' work would go unchecked.

The Regional Manager attended the practice usually once a week to carry out administration work. There was a risk that not all information received was being acted on as there was no managerial presence on site on a daily basis to oversee the smooth delivery of the service.

Staffing and recruitment

There was one permanent GP, a part time healthcare assistant and four reception/administration staff. There had been another salaried GP on a 12 month contract previously employed up until the end of December 2014 and when they left, the practice had been employing locum GPs to cover their work. There had been no practice manager in post since the beginning of January 2015. There had been no permanent practice nurse in post since October 2014. The practice was overseen by a Regional Manager who also had managerial responsibility for administration for four other practices managed by SSP Health Ltd.

The practice had been using locum GPs and agency nurses to cover clinical sessions. All staff expressed concern about the consistency and calibre of some of the locum GPs at the practice. There had been a total of 20 different locums from five different agencies from 1 January 2015 covering a total of 25 days. Three different agency nurses had been working at the practice since November 2014.

We observed that all staff were very busy but treated all patients in a courteous manner despite the obvious pressures they were under. The staff could not make advanced appointments for patients on certain days as they were unsure of locum arrangements in advance and we heard several calls earlier on in the day whereby patients (including children) were being asked either to call back the following day to see if they could get an appointment or attend the local walk-in centre.

The practice had a recruitment policy in place that had recently been updated in January 2015 to reflect the need for risk assessments when staff did not have Disclosure and Barring checks. There were different recruitment systems in place, within SSP, for recruitment of clinical and non-clinical staff.

Are services safe?

We looked at files for the most recently employed non-clinical member of staff and found all relevant references, application forms and interview checks were in place.

We were told that only agencies that had been vetted by SSP head office would be used to employ locum staff. The agencies carried out the relevant recruitment checks. The recruitment policy did have a list of checks that SSP required from the agency. This included any checks for professional registration and DBS checks. We asked to see copies of documentation pertaining to the recruitment of staff and we viewed two locum GP files and one file for practice nurses. The practice used one agency to recruit agency nurses and they sent the head office of SSP confirmation that all checks including DBS checks were carried out. The locum GP files contained some paperwork the head office had received from the agency and again we received assurances that DBS checks were carried out along with GMC registration status. The practice also had a locum appointment protocol in place. This included a process of checking the locum identification when they first arrived at the practice but we found this this was not always happening.

The practice locum appointment protocol also outlined what induction any new locum would receive. This included a tour of building to show where fire exits were located; introduction to other staff and their contact details; information on how to use phone system, prescribing policies, health alerts, panic alarm, and details of local services available for referrals, district nurse information, laboratory results, vaccine procedures and other relevant procedures. We asked the Regional Manager and other staff what induction was carried out at the practice and it was clear from our conversations with them that no induction took place. We were told that an introductory pack was available in the consultation room for the locums.

The locum appointment protocol also included 16 standards expected from locums. We were made aware during the inspection that these standards had sometimes not been met and there had been issues around some of

the locums not turning up, arriving late causing waiting times for patients or leaving early and not providing further cover for the practice. We were also made aware that there was more serious patient safety issues including refusals to see patients, not completing prescriptions for their clinics or other relevant paperwork including asking the receptionist to complete DNAR forms, refusing to speak to an emergency service, not ordering relevant tests and not acting on test results.

We asked the Regional Manager which members of staff had responsibility for the supervision of locum GPs and we were told that a receptionist would report any issues to them and that this would be cascaded to head office and the agency. Following this a request would be made not to have that particular locum working at the practice again.

There had been eight occasions when agency nurses had cancelled their sessions (three of which the practice was able to cover). The agency nurses had been used for a total of 15 days from the day the substantive practice nurse had left in October. We were told about and shown a waiting list for children's immunisations in the morning of our inspection but by the afternoon the Regional Manager told us there was no waiting list. It was unclear what arrangements were in place on a consistent basis for immunisation clinics in general and there was a significant risk that not all babies and infants would receive their vaccinations in a timely fashion. We were told that practice nurses would be checked to ensure that they had the necessary skills and training to look after patients in their care prior to recruitment but we were made aware that one practice nurse did not have training to deal with respiratory disorders. It was therefore very unclear how the practice had managed to look after patients with some long term conditions since October 2014.

The Regional Manager told us they were also the registered manager for CQC for the service. However, on checking our systems, applications had been received but not completed correctly and there were no certificates in place. We contacted the Regional Manager after our inspection to advise them of the need to complete the application process as a matter of urgency.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that policies and procedures designed to mitigate risks to service users were not being fully implemented and therefore there was a risk of ineffective operations of systems at a practice level. For example the recruitment and induction policies and quality monitoring of the service were not being fully implemented. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. .
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The provider had failed to notify us of a significant incident.
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found that the provider had failed to provide suitable induction for new GP locums and practice nurses working at the practice as per its practice policy and supervision on a daily basis for all staff.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 23 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.