

The Crossroads Surgery

Quality Report

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Website: www.thecrossroadssurgery.nhs.net

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those retired and students) – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) - Requires Improvement

We rated the population groups as requires improvement overall because the issues identified as requires improvement relating to patient safety, responsiveness and providing a well-led service affected all patients.

We carried out an announced comprehensive inspection at The Crossroads Surgery on 21 November 2017 as part of our inspection programme.

At this inspection we found:

- There were systems in place to manage medication safely.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Staff were aware of their responsibilities in relation to safeguarding children and vulnerable adults however the deputy safeguarding lead was not clear about some processes.
- Recruitment records did not contain all the necessary information to demonstrate the suitability of staff.
- Policies and procedures did not provide appropriate guidance to staff.
- There were no formal arrangements in place to provide GP services to patients and support to nursing staff when the GP was not available at the practice.

Summary of findings

- All the required safety checks of the premises had not taken place.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff felt supported and they had access to training and development opportunities appropriate to their roles.
- Patients said they were overall treated with compassion, dignity and respect. We saw staff treated patients with kindness and respect.
- Seven out of 30 patients who returned comment cards made comments about lack of access to a GP or not being able to see the same GP.
- Complaints were taken seriously however improvements were needed to make the process more robust.
- The systems to promote good governance and management were not sufficiently robust.

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

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

The areas where the provider **should** make improvements are:

- The distribution of patient safety alerts should be monitored to ensure all clinicians receive them.
- The significant event policy should include examples of what constitutes such an event.
- Cleaning schedules should be put in place, checks of cleaning standards should be documented and a recorded action plan put in place to show how the actions from the external infection control audit are to be met.
- A system to enable safety checks of the premises to be undertaken at the required frequencies should be put in place.
- The deputy safeguarding lead should familiarise themselves with all processes relating to adult and child safeguarding so that they can operate them effectively in the absence of the designated lead.
- Written information about the role and remit of the advanced nurse practitioner should be publicised so that patients can make an informed choice about which clinician they request an appointment with.
- A copy of the non-medical prescribers declaration that has been signed by the provider should be held at the practice.
- The practice website should contain further information for patients to refer to such as relevant policies and procedures, information about health conditions and support organisations.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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

The Crossroads Surgery

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 and an inspector who was observing the inspection process.

Background to The Crossroads Surgery

The Crossroads Surgery is operated by Dr Adrian Paul Rose. The practice was registered with CQC under a new registration with Dr Rose as the sole provider in January 2017. The practice is situated at 449 Warrington Road, Rainhill, Prescot, Merseyside, L35 4LL. The website address is www.thecrossroadssurgery.nhs.net

The practice provides a range of primary medical services including examinations, investigations and treatments and a number of clinics such as diabetes, asthma and hypertension.

The practice is responsible for providing primary care services to approximately 2902 patients. The practice is based in an area with higher levels of economic deprivation when compared to other practices nationally.

The staff team includes a GP, four locum advanced nurse practitioners, a practice nurse, a practice manager and administration and reception staff. The GP is male and the advanced nurse practitioners and practice nurse are female.

The Crossroads Surgery is open from 8am to 6.30pm Tuesday to Friday and from 8am to 8pm on Mondays offering extended hours appointments with an advanced nurse practitioner and practice nurse. Patients are also directed to a local walk-in centre which is open every day Monday to Saturday 8am to 9pm and Sunday and bank holidays 10am to 9pm. Patients requiring a GP outside of these hours are advised to contact the GP out of hours service, by calling 111.

The practice has a Personal Medical Service (PMS) contract. The practice offers enhanced services including, learning disability health checks, anticoagulation testing, ambulatory blood pressure monitoring and seasonal influenza and pneumococcal.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because staff records did not contain all the required information to demonstrate their suitability and formal arrangements were not in place to provide GP services and support to the nursing team when the GP was absent for example, due to sickness or annual leave.

Safety systems and processes

The practice did not have clear systems to keep patients safe and safeguarded from abuse.

- Staff received safety information for the practice as part of their induction and refresher training. There were a number of policies and procedures for staff to refer to. We looked at a sample and found the health and safety and business continuity policies and procedures needed to be reviewed to ensure that contact details and the name of the provider were up to date.
- The practice had systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. Staff spoken with knew how to identify and report concerns. They also knew who the safeguarding lead staff were. The policies and procedures of the local authority were not available for staff to refer to. The practice manager confirmed they had been obtained following the inspection and flow charts advising staff of how and who to report concerns to had been obtained. In-house adult and child safeguarding procedures were available but they did not indicate the lead members of staff. The GP was the safeguarding lead and the practice manager was the deputy in his absence. However, the deputy safeguarding lead was not familiar with the systems for identifying children subject to concerns through the practice computer system and the process to follow when requests for safeguarding reports were made to the practice.
- Staff employed by the practice had completed training on equality and diversity. Alerts were placed on the records of patients identified as vulnerable or requiring additional support so that appropriate action could be taken to support them.
- We reviewed the personnel files of five staff. Where staff had been employed by an agency the recruitment information was not retained at the practice and was obtained during the inspection. We saw evidence of (DBS) However, we found there were no references for three of the staff (one was self-employed and two had been employed by the provider). We were shown documentation from the Royal College of Nursing (RCN) as evidence of appropriate indemnity insurance. However, these documents stated that there were exceptions and exclusions and that the advanced nurse practitioners must read the documentation relating to the scheme to be sure of their position. There was no record to indicate that the provider had checked this to confirm they were appropriately insured through this organisation.
- We found two complaints against a locum clinician had not been referred to NHS England. NHS England were aware of the issues but as a result of them contacting the provider rather than the provider informing them of their concerns. The locum clinician had not worked at the practice since the complaints were made.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- We observed the premises to be clean. There were no cleaning schedules in place and although standards were reviewed by the practice manager these checks were not formally documented. A practice nurse was the infection prevention and control (IPC) clinical lead. There were IPC protocols and the staff had received training regarding the main principles of infection control and hand washing. External annual IPC audits were undertaken by the Clinical Commissioning Group IPC Team. The last audit was in September 2017 and the practice achieved 93%. A discussion with the infection control lead indicated that improvements had been carried out however there was no recorded action plan.
- The practice had ensured that equipment was safe and that equipment was maintained according to manufacturers' instructions.

Are services safe?

- Checks to ensure the safety of the premises were undertaken such as in-house checks of the emergency lighting and fire alarm and maintenance checks of the fire alarm. However, there was no up to date electrical wiring certificate for the building, legionella risk assessment (although preventative measures were being undertaken) or record to show the emergency lighting had received a maintenance test. Following the inspection we were advised that the emergency lighting and electrical wiring had been inspected on 6 December 2017 and found to be satisfactory. A certificate was being sent to the provider to confirm this. A legionella risk assessment had been scheduled for 15th December 2017.

Risks to patients

Improvements were needed to the systems to manage risks to patient safety.

- The provider told us that they currently had one GP providing 3-4 clinical sessions a week. They said that they had experienced difficulty in providing further GP sessions on a consistent basis and had the same four locum advanced nurse practitioners providing clinical support for patients. There had been no clinicians consistently available on a Wednesday morning since August 2017. The provider said he sometimes worked at the practice on a Wednesday or that a locum GP was made available if possible. There was no formal system in place to support the advanced nurse practitioners when the GP was absent for example, through sickness or annual leave. The provider referred to a GP who could cover on a locum basis however this was not a formal arrangement. When the provider was not at the practice but was not unwell or on annual leave he told us that the nursing team could contact him by telephone and that if necessary he would return to the practice.
- We spoke to one locum advanced nurse practitioner who told us they were familiar with how the practice operated. We looked at the written information provided to locum clinicians. This did not contain information about processes and protocols, such as making referrals, prescription management, contact telephone numbers or information to signpost clinicians to other services.

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing.
- The provider told us how patients' health was monitored to ensure medicines were being used safely and followed up on appropriately.

Track record on safety

- The practice monitored and reviewed activity such as significant events, patient safety alerts, referral and prescribing practices. This helped it to understand risks and gave a basis on which to make safety improvements.
- There was a system for receiving and acting on safety alerts. The distribution of patient safety alerts was not monitored to ensure all clinicians received them.

Are services safe?

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. We noted that the procedure for reporting significant events and incidents did not include examples of what may be relevant to report.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice. For example, the systems for managing repeat medication and ensuring timely referrals to hospital had been reviewed following significant events in the last 12 months.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall. We rated the population groups as requires improvement because the issues identified as requires improvement overall affected all patients.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. Our discussions with clinicians indicated they assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- Our discussions with clinicians and review of patient records showed patients' needs were appropriately assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff told us that they advised patients what to do if their condition got worse and where to seek further help and support.
- Reviews took place of prescribing practices to ensure that patients were provided with the most appropriate medications.

Older people:

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- The practice kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles.
- Older patients had access to the community matron who liaised with the practice on a daily basis and supported the practice with care planning and reviews of care.
- Annual reviews were undertaken for older patients with chronic illnesses.

People with long-term conditions:

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- Patients with long-term conditions had an annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, the GP and advanced nurse practitioners worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90%.
- The practice provided baby immunisations, weighing and six week checks. The midwife visited the practice once a week to monitor pregnant patients.

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

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- The practice's uptake for cervical screening was 82%, which was comparable to Clinical Commissioning Group (CCG) and national averages and met the 80% coverage target for the national screening programme. The practice had identified that some patients were difficult to engage for routine screening and it was working to address this by promoting the importance of this screening, offering opportunistic screening and sending reminder letters.

Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74.
- Lifestyle advice was provided by the practice nurse.

People whose circumstances make them vulnerable:

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate support. A member of staff acted as a carer's link and they were working to identify carers and promote the support available to them.
The practice referred patients to local health and social care services for support, such as drug and alcohol services and benefit advice.
- The practice worked with other agencies and health providers to provide support and access to specialist help when needed.

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

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual review.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the Clinical Commissioning Group (CCG) average of 84% and the national average of 83%.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the CCG and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of

patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 100%; CCG 94%; national 90%); and the percentage of patients experiencing poor mental health who had received a blood pressure test in the preceding 12 months (practice 100%; CCG 94%; national 90%) were above local and national averages.

Monitoring care and treatment

The practice undertook quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. For example, we saw that audits of clinical practice were undertaken. Examples of audits included audits of medication to ensure appropriate prescribing and to ensure changes were made if necessary. Audits of cancer referrals and GP referrals.

The most recent published Quality Outcome Framework (QOF) results were 96.8% of the total number of points available compared with the clinical commissioning group (CCG) average of 97.3% and national average of 95.5. The overall exception reporting rate was 10% compared with the CCG average of 11% and the national average of 9.9%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Staff worked with other health and social care services to meet patients' needs. The practice had multi-disciplinary meetings to discuss the needs of patients with complex and palliative care needs.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality as well as employment related matters. Written information was available for the locum clinicians however this needed to be more detailed to provide sufficient guidance.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice was closed for half a day a month to accommodate in-house and training that was organised by the local CCG. The practice nurse attended local practice nurse forums and attended a variety of external training events.
- The provider told us they had support for their revalidation. The provider told us they assessed the skills, qualifications and experience of the advanced nurse practitioners to carry out their roles. The provider told us they ensured the competence of staff employed in advanced roles by reviewing their consultations, prescribing and referrals. A recorded audit was not maintained. The provider had not signed the non-prescribers medical declaration for the advanced nurse practitioners which indicates their agreement for the advanced nurse practitioners to act within their prescribing remit. The provider told us this had been signed and a copy sent to the CCG, however a copy with the providers signature had not been retained.
- Records of skills, qualifications and training were maintained. Staff received training that included: - safeguarding vulnerable children, basic life support and information, governance awareness. An e-learning training package was available for staff to complete and face to face training was also provided. The practice manager was aware of training needed, for example, over the next three months face to face mental health awareness, basic life support and infection control had been planned and staff who needed to refresh their e-learning had a plan in place to do so.
- The practice manager told us that they had policies and procedures in place for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, medical records and test results.

- There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services.
- Our discussions with clinicians and records showed that appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice had multi-disciplinary meetings to discuss the needs of patients with complex and palliative care needs. This ensured that end of life care was delivered in a coordinated way.

Helping patients to live healthier lives

Staff told us how they helped patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The practice encouraged its patients to attend national screening programmes for cervical, bowel and breast cancer screening and promoted these services to inform patients about their importance. The practice was above local and national averages for screening uptake.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- We noted that the practice website could provide further health information for patients such as information about minor illnesses, long term conditions and contact details for health organisations.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Overall, clinicians understood the requirements of legislation and guidance when considering consent and

Are services effective?

(for example, treatment is effective)

decision making. One clinical member of staff told us that they would like some formal refresher training in this area which we brought to the attention of the provider.

- Clinicians told us how they supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

Our findings

We rated the practice as good for providing caring services.

We rated the population groups as requires improvement because the issues identified as requires improvement overall affected all patients.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 30 patient Care Quality Commission comment cards we received were positive about the standard of care received. We spoke with five patients during the inspection. They said that overall clinical staff listened to their concerns and treated them with compassion and empathy.
- The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results from September to November 2017 showed there had been 34 responses completed and 31 of the respondents were either extremely likely or likely to recommend the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were overall treated with compassion, dignity and respect. Two hundred and sixty nine surveys were sent out and 108 were returned. This represented about 3.7% of the practice population. The practice was above average for its satisfaction scores on consultations with nurses and below average for GPs giving enough time and treating patients with care and concern. For example:

- 82% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 78% of patients who responded said the GP gave them enough time; CCG - 90%; national average - 86%.
- 89% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 72% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 89%; national average - 86%.
- 97% of patients who responded said the nurse was good at listening to them; CCG - 93%; national average - 91%.
- 96% of patients who responded said the nurse gave them enough time; CCG - 94%; national average - 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.
- 80% of patients who responded said they found the receptionists at the practice helpful; CCG - 87%; national average - 87%.

The provider informed us that they had received negative feedback about the consultations provided by a GP working at the practice earlier in the year and that this may have affected the survey results. A survey of patients views was currently underway to establish if there had been an improvement to patients views following the staffing changes that had been introduced.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

Are services caring?

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice identified patients who were carers. Written information was available to direct carers to the various avenues of support available to them. Carers were provided with information about support groups and organisations. Alerts were placed on their records to ensure appropriate support was offered in the event of their illness and an annual influenza immunisation was offered. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 73 patients as carers (2.5% of the practice list).

- A member of staff acted as a carers' champion and they were working to identify further carers to ensure they had access to appropriate support.
- Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement. Staff told us that following a bereavement the patients family were contacted to check if any extra support was needed.

Results from the national GP patient survey showed patients responded positively to questions about clinicians

being good at explaining tests and treatments. Responses to whether patients were involved in decisions about their care and treatment were above local and national averages for nurses but significantly below local and national averages for GPs:

- 81% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%.
- 68% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 85%; national average - 82%.
- 94% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 88%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of treating patients with dignity and respect.
- The practice protected patient confidentiality by providing staff training in information governance and confidentiality. The training records indicated some staff needed refresher training in these areas. The practice manager informed us that a plan was in place to address this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing responsive services.

The practice was rated as requires improvement for providing responsive services because there were no formal arrangements to provide GP services when the GP was unable to work at the practice due to ill-health or annual leave. Concerns about a clinician had not been referred to the appropriate regulatory body.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments).
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- Home visits were provided to patients via the acute visiting scheme run by St Helens CCG. The practice referred older patients to the scheme which was established to attempt to reduce hospital admissions and support patients in their own homes.
- The practice offered urgent appointments for those with enhanced needs.
- Patients were referred to a local service which provided support to patients with social and health related matters.

People with long-term conditions:

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice worked with other health professionals such as the community matron and district nurses to discuss and manage the needs of patients with complex medical issues.
- The practice nurse provided a number of chronic disease clinics including chronic obstructive pulmonary disease (COPD), diabetes and asthma. The practice had adopted a holistic approach to patient care rather than making separate appointments for each medical condition.

Families, children and young people:

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- The provider told us there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Appointments outside of school and college hours were provided. If there were no appointments available the practice was able to refer children to a local children's clinic provided by the CCG.

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

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

Are services responsive to people's needs?

(for example, to feedback?)

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. For example, later and early morning appointments were provided with an advanced nurse practitioner and practice nurse.
- The practice had extended its opening hours to allow patients to book appointments and collect prescriptions.
- On-line appointment booking and repeat prescription ordering were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The provider told us that they ensured patients with a learning disability had their needs reviewed annually and were offered longer appointments.
- The practice was part of a multi – disciplinary group made up of health and social care services who met on a six weekly basis to monitor the health and well-being of this group of patients.

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

This population group was rated as requires improvement because the issues identified as requires improvement overall affected all patients including this population group. However, we found:-

- The practice told us how they worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice referred patients to appropriate services such as memory clinics, psychiatry and counselling services. Patients were also signposted to relevant services such as Age UK, and the Alzheimer's Society.

- The staff team had received training in dementia awareness to assist them in identifying patients who may need extra support.

Timely access to the service

A GP worked at the practice two days per week and advanced nurse practitioners provided clinical support the remainder of the week apart from a Wednesday morning when neither a GP or an advanced nurse practitioner worked at the practice. The provider sometimes worked at the practice on a Wednesday morning but this was an informal arrangement. A locum GP occasionally provided support on a Wednesday morning however the practice had experienced difficulty getting this cover on a consistent basis since August 2017. The provider told us that a GP who worked for the CCG out of hours service provided cover for ill-health and annual leave, however this was not a formal arrangement. We found that the role and remit of the advanced nurse practitioners was not publicised for patients to refer to so that they could make an informed choice about which clinician to see.

- We checked the next available GP appointment and this was in four weeks time. The GP was not available for one of these four weeks due to annual leave however, there was no confirmed GP to provide cover in their absence.
- We checked the next available routine appointment time for an advanced nurse practitioner and found that one was available in one week.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

The practice was supported by other primary medical services operated by the local CCG. A children's clinic was provided, acute visiting service which provided home visits and a local walk-in centre.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages for ease of telephone access:-

- 71% of patients who responded said they could get through easily to the practice by phone; CCG – 63%; national average – 71%.

Are services responsive to people's needs?

(for example, to feedback?)

However, the results were below local and national averages for patient satisfaction with opening hours, access to appointments, experience of making an appointment, seeing a preferred GP and recommending the practice to others:-

- 53% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 63% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 81%; national average - 84%.
- 28% of patients who responded said that they usually get to see or speak to their preferred GP, CCG - 55%; national average - 56%.
- 55% of patients who responded said their last appointment was convenient; CCG - 80%; national average - 81%.
- 60% of patients who responded described their experience of making an appointment as good; CCG - 69%; national average - 73%.
- 58% of patients who responded said that they would recommend this surgery to someone new to the area; CCG - 77%; national average - 77%.

We received 30 patient Care Quality Commission comment cards. Twenty three were positive about the service and seven made comments about lack of access to a GP or being able to see the same GP. We spoke to five patients and one said there was not enough GP availability.

The practice had taken some action to address the patient feedback in the national patient survey. For example, the provider told us that they were unable to recruit a suitable

GP and had deployed four consistent locum advanced nurse practitioners to address the staffing shortfall. Later and early morning appointments were provided with an advanced nurse practitioner and practice nurse. The practice had extended its opening hours to allow patients to book appointments and collect prescriptions. A patient survey was underway to gather patient feedback to establish the current views of patients.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously however improvements were needed to make the process more robust.

- Information about how to make a complaint or raise concerns was available in the waiting area. It was not on the newly updated practice website.
- The complaint policy and procedures were in line with recognised guidance. Five complaints were received in the last year. We reviewed two complaints and found that they had been investigated and the complainants had been responded to. We found one complaint had been responded to by the practice manager when a designated clinical lead should have done so. The provider confirmed that they had investigated this complaint.
- We found two complaints against a locum clinician had not been referred to NHS England. NHS England were aware of the issues but as a result of them contacting previous employers rather than the provider contacting NHS England. The clinician had not worked at the practice since the complaints were made.
- The practice discussed complaints at practice meetings.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice, and all of the population groups as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because the systems to promote good governance and management were not sufficiently robust.

Leadership capacity and capability

Improvements were needed to leadership in order to provide good quality care.

- Improvements were needed to the leadership systems to ensure staff suitability, staff access to appropriate written guidance to inform their work and to provide support for staff in the absence of the provider.
- Staff told us the provider and practice manager were approachable and asked for their opinion on the operation of the service.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- However, improvements were needed to service delivery to ensure good outcomes and quality care were consistently maintained.

Culture

Improvements were needed to the culture of the practice to ensure good quality care was provided.

- The practice did not always focus on the needs of patients. There were not robust arrangements in place to provide GP cover for appointments and support for the advanced nurse practitioners when the provider was absent from the practice.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. Complaints were investigated however concerns relating to a locum clinician had not been reported to the regulatory body.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Staff stated they felt respected, supported and valued.
- There were processes for providing all employed staff with the development they needed. This included appraisal and training opportunities. The arrangements for reviewing the competence of the locum clinicians was not formalised. The arrangements for this were ad hoc and not recorded.
- The practice promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- Staff reported there were positive relationships between staff and teams.

Governance arrangements

Improvements were needed to the systems in place to support good governance and management.

- Quality and operational information was used to monitor performance. The practice had acted on feedback from the national patient survey.
- The system to identify if safety checks of the premises had been undertaken was not effective. At the time of the inspection there was no legionella risk assessment in place, electrical wiring certificate or certificate to confirm emergency lighting was maintained.
- There was no formal system in place to support the advanced nurse practitioners when the GP was absent for example, through ill-health or annual leave or to provide GP services to patients. The provider referred to a GP who could cover on a locum basis however this was not a formal arrangement.
- Recruitment checks had not been overseen to ensure that all the necessary information was available such as references and appropriate indemnity insurance. Concerns about a locum GP had not been referred to the regulatory body in a timely manner.
- The current staffing arrangements meant that patients were not always able to access a timely GP appointment.
- Overall staff were clear on their roles and accountabilities. We found the deputy safeguarding lead

Are services well-led?

Requires improvement 

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

was not familiar with the systems for identifying children subject to concerns through the practice computer system and the process to follow when requests for safeguarding reports were made to the practice.

- A sample of policies and procedures seen were not all up to date reflecting the current provider and safeguarding leads and contact details of CQC for whistle blowing. The recruitment procedure did not demonstrate all the necessary checks required and there was no recorded protocol for patient test results handling.
- There was not a formal system to reviews the consultations, prescribing and referrals of staff employed in advanced roles to ensure their competence. Reviews were not recorded.
- The locum pack provided to clinicians did not contain sufficient information to support locum staff in their roles.

We also found:-

- The distribution of patient safety alerts was not monitored to ensure all clinicians received them.
- The significant event policy did not include examples of what constituted such an event.
- Cleaning schedules and checks of cleaning standards were not documented and an action plan to show how the actions from the external infection control audit were to be met was not recorded.
- Written information about the role and remit of the advanced nurse practitioner was be publicised so that patients can make an informed choice about which clinician they request an appointment with.

Managing risks, issues and performance

There were processes for managing risks, issues and performance, however improvements were needed.

- There was a system in place to identify, understand, monitor and address current and future risks including risks to patient safety. However, improvements were needed to the systems to ensure the safety of premises, staff suitability, staff access to written guidance to inform their work and to provide support for staff in the absence of the provider.

- The practice had processes to manage current and future performance. Performance of locum clinical staff could not be demonstrated through a recorded audit of their consultations, prescribing and referral decisions.
- Practice leaders had oversight of MHRA alerts and incidents but improvements were needed to the oversight of complaints to ensure timely action was taken when there were concerns about staff performance.
- The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given.
- The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance.
- The practice had a business continuity plan which covered major incidents such as power failure or building damage and included emergency contact numbers for staff. This was discussed at staff meetings to familiarise staff with the plan.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to monitor performance. The practice monitored how it performed in relation to local and national practice performance. There were plans to address any identified weaknesses.
- Quality and sustainability were discussed in relevant meetings.
- The practice used information technology systems to monitor and improve the quality of care.
- The provider informed us that they submitted data or notifications to external organisations as required.
- The practice manager told us that there were arrangements in place for data security standards to be maintained that promoted the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

Are services well-led?

Requires improvement 

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

The practice encouraged and valued feedback from patients, staff and external partners.

- The views and concerns of patients', staff and external partners' were encouraged. For example, the practice gathered feedback from staff through staff meetings and informal discussion. The practice had a system for the management of complaints. The practice sought patient feedback by utilising the Friends and Family test.
- There was an active patient participation group (PPG). We met with representatives of the PPG who told us they were kept informed about any changes at the practice and worked with the practice to find solutions to issues raised by patients.
- The service was collaborative with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The provider was aware that the current staffing arrangements needed to provide greater continuity for patients. There was a plan to employ an advanced nurse practitioner as a partner at the practice.
- The provider was also aware of the current challenges facing GP practices locally and nationally such as staffing and financial challenges. They were working with the Clinical Commissioning Group to look at future provision such as becoming part of a federation of GP practices.
- There was a focus on continuous learning and improvement at all levels within the practice. The provider told us that they had plans to train administrative staff to carry out health care assistant responsibilities to assist the practice nurse when carrying out health checks.
- The provider was looking at introducing electronic consultations and was part of a pilot project to see if these consultations would be effective for monitoring patients with long term conditions.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons</p> <p>How the regulation was not being met</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:</p> <p>References were not available for staff to demonstrate their conduct in previous employment.</p> <p>The registered person had failed to inform the relevant health or social care regulator when there were concerns about the fitness of a person employed.</p> <p>19(1)(3)(5)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing Requirements in relation to staffing</p> <p>How the regulation was not being met</p> <p>The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular:</p>

This section is primarily information for the provider

Requirement notices

There were no formal arrangements to provide GP services to patients and support to the nursing team in the absence of the provider.

Regulation 18(1)

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

How the regulation was not being met

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to maintain records as are necessary to be kept in relation to the management of the regulated activity. In particular:

There were no formal arrangements to review the consultations, prescribing and referrals of staff employed in advanced roles to ensure their competence. Reviews undertaken were not recorded.

This section is primarily information for the provider

Requirement notices

Policies and procedures did not provide appropriate guidance to staff. The locum pack provided to clinicians did not provide sufficient information to support them in their roles.

The registered person had not determined that the indemnity insurance for self-employed and locum advanced nurse practitioners was satisfactory.

17(1)(2)(a)(d)