

Crossroads Medical Practice

Quality Report

Lincoln Road
North Hykeham
Lincoln
LN6 8NH

Tel: 01522 682848

Website: www.crossroadsmedicalpractice.co.uk

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

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crossroads Medical Practice on 7 July 2016. The purpose of this inspection was to ensure that sufficient improvement had been made following the practice being placed in to special measures as a result of the findings at our inspection in September 2015 when we found the practice to be inadequate overall.

Following the most recent inspection we still rated the practice as inadequate and although some progress had been made, further improvements were required. The ratings for providing an effective service had improved from being inadequate to requiring improvement. The rating for providing a safe and well led service remained inadequate.

Our key findings across all the areas we inspected were as follows:

- Since our inspection in September 2015 there had been further changes in leadership and although there was a new vision and strategy there was still a lack of accountable, visible leadership.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents. However, the system still required improvement to ensure reviews and investigations were thorough, actions identified and implemented and learning disseminated in order to improve safety.
- The system for safeguarding children was not effective as there was not a consistent process in place to identify those at risk.
- The practice did not have an effective system in place for quality improvement (such as clinical audit) in order to monitor and improve patient outcomes.
- The practice had a number of policies and procedures to govern activity, but some were still in a draft format.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. However there was no formal system in place to disseminate or discuss information such as NICE guidance to ensure all clinical staff were kept up to date.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had sought feedback from patients and had recently formed a patient participation group. They had acted on some of the feedback.
- Some risks to patients were assessed and identified actions implemented.

The areas where the provider must make improvements are:

- Ensure effective systems are in place for the management of patients on high risk medicines.
- Ensure effective processes for reporting, recording, acting on and monitoring significant events, incidents, near misses and complaints are in place in order to improve safety.
- Ensure all blank prescriptions are handled in accordance with national guidance.
- Implement an effective system for safeguarding children.
- Ensure an effective system is in place for quality improvement (such as clinical audit) in order to monitor and improve patient outcomes.
- Implement a system to ensure employment checks are carried out for staff including locums and appropriate indemnity is in place.

- Implement a formal system to disseminate and discuss NICE guidance to ensure all clinical staff are kept up to date.
- Address the issues highlighted in the national GP survey in order to improve patient satisfaction, including in respect of appointment access.

In addition the provider should:

- Ensure safety alerts are dealt with in line with the practice protocol.
- Ensure processes in place to check equipment is in date are followed.
- Review the storage of emergency medicines to ensure they are accessible in the case of an emergency.

This practice was placed in special measures on 4 February 2016. Insufficient improvements have been made such that there remains a rating of inadequate for the safe and well led domain. Therefore the practice will remain in special measures and kept under review. Another inspection will be conducted within six months to ensure the required improvements have been made. If the required improvements have not been made we will take action in line with our enforcement procedures.

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 practice is rated as inadequate for providing safe services.

- Since our last inspection in September 2015 we found there was a more open approach to reporting significant events but improvements were still required to ensure reviews and investigations were thorough, learning disseminated and action taken in order to improve safety.
- The system for safeguarding children was not robust as there was not a consistent process in place to identify those at risk or for discussion of cases.
- The management of high risk drug prescribing required improvement.
- There was not an effective system in place to ensure all blank prescriptions were handled in accordance with national guidance.
- Some risks to patients who used services were assessed and identified actions had now been implemented. However the practice did not have an effective system in place to ensure employment checks were carried out for staff including locums and appropriate indemnity in place.

Inadequate



Are services effective?

The practice is rated as requires improvement for providing effective services.

- The practice did not have an effective system in place for quality improvement (such as clinical audit) in order to monitor and improve patient outcomes.
- The practice had started to identify high risk patients but the process was not yet completed.
- Staff assessed needs and delivered care in line with current evidence based guidance. However the practice did not have an effective system in place to keep all clinical staff up to date with national guidance.
- Data from the Quality and Outcomes Framework showed patient outcomes were in line with the average for the locality and compared to the national average. However we found that the system for exception reporting was inconsistent as we found evidence of patients having been inappropriately exception reported.

Requires improvement



Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment and we saw evidence of appraisals for staff.

Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

Data from the national GP patient survey published in January 2016 showed patients rated the practice lower than others for some aspects of care in respect of GP consultations. Responses regarding nurse consultations were above average. For example:

- 77% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 75% said the GP gave them enough time (CCG average 89%, national average 87%).
- 65% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%).
- The majority of patients said they were treated with compassion, dignity and respect.
- We found there were no privacy curtains available in three rooms on the day of our inspection.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Although the practice had reviewed some of the needs of its local population, it had not yet implemented a plan to secure improvements for all of the areas identified.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly and urgent appointments were not always available on the same day. This was also reflected in comments made in the patient survey the practice had conducted in January 2016.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff and it was not always clear what if any actions had been taken as a result.

Requires improvement



Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.

Are services well-led?

The practice is rated as inadequate for being well-led.

- Since our inspection in September 2015 there had been further changes in leadership and although there was a new vision and strategy there was still a lack of accountable, visible leadership.
- Some improvements had been made but some areas still required further work. We found on-going breaches of some regulations.
- The practice did not have an overarching governance framework and systems and processes in place to support the delivery of their strategy
- The practice had reviewed a number of policies and procedures to govern activity, but some still required updating or implementing.
- A schedule of meetings had been implemented but some minutes required more detail to identify what had taken place and responsibilities for actions identified.
- The practice had now sought feedback from patients and there was a newly formed patient participation group (PPG). Some feedback had been acted upon.

Inadequate



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

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

Care and treatment of older people did not always reflect current evidence-based practice, and some older people did not have care plans where necessary. However nationally reported data showed that outcomes for patients for conditions commonly found in older people were generally above average.

Longer appointments and home visits were available for older people when needed.

Inadequate



People with long term conditions

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

Nursing staff had lead roles in chronic disease management. The practice had started to identify patients at risk of hospital admission as a priority. Longer appointments and home visits were available when needed. There was a system in place to offer patients a structured annual review to check that their health and medication needs were being met. However we found that some patients who were identified as having rheumatoid arthritis had not been reviewed in line with national guidance. For those people with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Inadequate



Families, children and young people

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

There was not an effective system in place for identifying or discussing children who were the subject of child protection plans,

Inadequate



Summary of findings

on the at risk register or looked after children. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours.

Working age people (including those recently retired and students)

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

The needs of the working age population, those recently retired and students had been identified. The practice was proactive in offering online services and telephone consultations as well as a range of health promotion and screening that reflects the needs for this age group. However the practice did not offer extended opening hours.

Inadequate



People whose circumstances may make them vulnerable

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

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

It had told vulnerable patients about how to access support groups and voluntary organisations. Since our last inspection the system for identifying vulnerable adults had improved and there was now a robust policy in place relating to safeguarding vulnerable adults.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requiring improvement for being caring, responsive and effective and inadequate for providing a safe and well led service. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Inadequate



Summary of findings

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice had responded to the needs of the practice population and now employed a part time community psychiatric nurse in order to offer a more effective and timely service for patients suffering poor mental health. Some staff had received training on the Mental Capacity Act 2005.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 were mixed and showed the practice was performing below local and national averages in some areas. 235 survey forms were distributed and 134 were returned. This represented a 57% return rate by 1.9% of the practice's patient list.

- 80% found it easy to get through to this practice by phone compared to a CCG average of 77% and a national average of 73%.
- 65% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 75% described the overall experience of the practice as fairly good or very good (CCG average 76%, national average 73%).

- 70% said they would definitely or probably recommend the practice to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards, 10 of which were positive about the standard of care received, particularly from the nursing team. However, five of the comment cards reflected dissatisfaction with the appointment system; specifically, not being able to book appointments in advance and difficulty getting through to the practice and when able to make contact no appointments were available. Positive comments from patients were that staff were friendly and helpful.

We did not speak directly with any patients on the day of the inspection but spoke with a member of the newly formed patient participation group (PPG) who was also a patient.

Areas for improvement

Action the service **MUST** take to improve

- Ensure effective systems are in place for the management of patients on high risk medicines.
- Ensure effective processes for reporting, recording, acting on and monitoring significant events, incidents, near misses and complaints are in place in order to improve safety.
- Ensure all blank prescriptions are handled in accordance with national guidance.
- Implement an effective system for safeguarding children.
- Ensure an effective system is in place for quality improvement (such as clinical audit) in order to monitor and improve patient outcomes.
- Implement a system to ensure employment checks are carried out for staff including locums and appropriate indemnity is in place.

- Implement a formal system to disseminate and discuss NICE guidance to ensure all clinical staff are kept up to date.
- Address the issues highlighted in the national GP survey in order to improve patient satisfaction, including in respect of appointment access.

Action the service **SHOULD** take to improve

- Ensure safety alerts are dealt with in line with the practice protocol.
- Ensure processes in place to check equipment is in date are followed.
- Review the storage of emergency medicines to ensure they are accessible in the case of an emergency.

Crossroads Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Crossroads Medical Practice

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

At the time of our inspection the service was provided by two full time salaried male GPs, a long term male locum GP, a part time locum community psychiatric nurse, three part time practice nurses and two part time health care assistants. They are supported by a practice manager and reception and administration staff. We were told there are four GP partners who are not based at the practice. The practice told us they had started the process to change their registration with the Care Quality Commission (CQC) which currently reflected that there are three partners two of whom have stepped down as partners and the third having left the practice. One of the four new partners has registered with the CQC as the new registered manager.

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 11am and 3.30pm to 5.30pm.

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.

In September 2015 we had carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. At that inspection we found the practice inadequate overall but specifically the rating for providing a safe, effective and well led service was inadequate. As a result the practice was placed in to special measures for a period of six months from 4 February 2016. We carried out this further comprehensive inspection to ensure that sufficient improvement had been made in order for the practice to be taken out of special measures.

Detailed findings

Why we carried out this inspection

In September 2015 we had carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. That inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. At that inspection we found the practice inadequate overall but specifically the rating for providing a safe, effective and well led service was inadequate. As a result the practice was placed in to special measures for a period of six months from 4 February 2016. We carried out this further comprehensive inspection to evaluate whether sufficient improvement had been made in order for the practice to be taken out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 July 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being interacted with and talked with family members
- Reviewed samples of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed records related to the running of the practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Safe track record and learning

At our inspection in September 2015 we found that the practice did not have processes in place to prioritise safety, identify risks and improve patient safety such as a process to learn from significant events or complaints. Neither was there a system in place for the dissemination of safety alerts.

At our most recent inspection we found that staff were aware of and using the system for recording incidents and the culture around reporting incidents was open. We found that 24 significant events had been reported since November 2015. However we found that incidents had not been reviewed or investigated sufficiently to ensure that relevant learning and improvement could take place. There was limited evidence of identified actions having been implemented or learning from incidents being shared with staff. For example, in December 2015 an incident had been reported regarding electronic mail. The record of the incident stated the actions resulting were that a protocol was to be written regarding electronic mail. However the problem reoccurred in May 2016. On the day of our inspection the practice manager confirmed that the protocol had still not been written.

There were four significant events relating to vaccine errors reported between January and February 2016. It was recorded that these had been discussed with individuals concerned but there was no record of a wider discussion and these were not due to be discussed at a meeting until July 2016.

Another significant event which had occurred in February 2016 and was raised by a receptionist, related to a patient presenting in the waiting room with what the receptionist felt was a medical emergency. The receptionist had contacted one of the GPs who redirected them to the on call GP within the practice. The on call GP told the receptionist to call 999 and did not come out to see the patient. The original GP contacted then came out and saw the patient. There was no investigation of this or an action plan put in place to prevent it happening again. Neither was it discussed at the significant event meeting held in May 2016. We saw evidence that seven significant events dating back to November 2015 had been discussed at this

meeting but the minutes were limited. We were told that incidents which had occurred from January onwards were not discussed as they ran out of time and a decision was made to hold meetings more regularly going forward.

At our inspection in September 2015 we found that there was no system in place for receiving, disseminating or actioning national patient safety alerts. At our most recent inspection we found there was now a system in place with a protocol which had been reviewed in January 2016. Alerts were received by the practice manager but also went to the practice email address so they could still be actioned if the practice manager was away. We saw evidence of alerts which had been actioned. However the protocol stated that GPs and clinical staff should sign the alerts when seen. This was not evident on all alerts.

Overview of safety systems and processes

- At our inspection in September 2015 we found a lack of systems and processes in place to safeguard children and vulnerable adults from abuse as there was no list of children on the at risk register, looked after children or under a child protection plan. There was no system in place to identify vulnerable adults on their patient record other than for the frail elderly and no system in place to discuss vulnerable adults. Additionally, there were no safeguarding multi-disciplinary meetings held by the practice.
- At our most recent inspection we found that the safeguarding policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and staff were aware who this was. The practice was able to demonstrate an improvement in the system for safeguarding vulnerable adults with processes in place to identify them.
- However we found there was still not an up to date list of children on the at risk register, looked after children or those under a child protection plan. The practice manager told us they had met with the health visitor in June 2016 to discuss this and found that their list and that of the health visitor differed. No meetings had yet taken place to discuss children who were the subject of safeguarding. On the day of our inspection when we asked for a list of such children, we were shown three lists, all of which differed.

Are services safe?

- A notice in the waiting room advised patients that chaperones were available if required. Only staff trained as chaperones carried out chaperone duties and all had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had systems in place to ensure patients and staff were protected from the risk of infection. Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and supporting procedures were available for staff to refer to. Staff had received up to date training. Annual infection control audits were undertaken and action was taken to address any improvements identified as a result. However we found that on the day of our visit curtains in treatment rooms had not been changed every six months in line with national guidance. This was immediately rectified and new curtains put in place. We also found some out of date medical device disinfectant and out of date single use equipment. Again these were either removed or immediately replaced on the day of our inspection.
- At our last inspection we found that there were insufficient arrangements in place for managing medicines in the practice in order to keep patients safe, in respect of a lack of guidance relating to the cold chain, out of date drugs and prescription pad security. At our recent inspection we found there was now a robust cold chain policy in place which included clear guidance on what action to take in the event of a potential failure. We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely. Processes were in place to check medicines were within their expiry date and suitable for use.
- We found that prescriptions were securely stored but there was not an effective system in place to monitor the movement of all prescriptions through the practice.
- All prescriptions were reviewed and signed by a GP before they were given to the patient. The practice had systems in place to monitor the prescribing of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.
- We looked at antibiotic prescribing data from March 2016 which showed that the practice's figures were better than the CCG averages.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- At the last inspection we found that although there was a system in place for the management of high risk prescribing such as methotrexate and lithium, one of the patient records we reviewed did not have a shared care plan in place. At this inspection we looked at the records of four patients on the rheumatoid arthritis register. We found that two of these patients did not warrant continued entry on the register. Another patient did not have a shared care agreement in place and there was no alert on the patient record to indicate they were taking methotrexate. The fourth patient had been issued with prescriptions for methotrexate for the last two months. There was no repeat prescription for folic acid and no reference or rationale for this in the patient record. This demonstrated the system for the management of patients prescribed high risk drugs was not effective.
- We reviewed seven personnel files and found there had been improvements since our last inspection as (DBS) had now been either undertaken or applied for. However there were still gaps in some staff files such as no proof of identification or checks on registration with the . The practice had undertaken an exercise and identified the gaps in all staff files but had not yet acted on all the information. A new practice nurse was recruited in January 2016 and the practice had neither requested or applied for medical indemnity cover. They told us following our inspection this had now been applied for. There was not a robust system to seek assurance of appropriate documentation for locum staff.

Monitoring risks to patients

- At our inspection in September 2015 we found there were some procedures in place for monitoring and

Are services safe?

managing risks to patient and staff safety but there were some issues relating to fire safety. At our most recent inspection we found that these had been addressed and a fire risk assessment had been undertaken in June 2016 and any actions required had been implemented. Staff were now up to date with fire training and a fire drill had been undertaken.

- The practice had a number of risk assessments in place to relating to health and safety. A legionella risk assessment had been carried out in July 2015 (legionella is a bacterium which can contaminate water systems in buildings) and appropriate control measures were in place.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place to ensure that enough staff were on duty. The practice were aware of patient dissatisfaction with lack of GP appointments and had employed another salaried GP to address this. However they were not due to take up the post until September 2016. In the meantime locum GPs were being used.

Arrangements to deal with emergencies and major incidents

The practice had implemented some arrangements to respond to emergencies and major incidents. At our

inspection in September 2015 we found that all staff had not received basic life support training, there was not an effective process in place for checking emergency equipment and medicines and the business continuity plan had not been reviewed.

- Staff had now received basic life support training and there was a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. There was a draft policy relating to checking of emergency equipment which had not yet been implemented.
- There was a defibrillator available and oxygen with child and adult masks and we saw records that these had been checked on a monthly basis.
- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored correctly. However, we were concerned that the emergency medicines were stored in a briefcase with two combination locks as in an emergency situation this may have delayed access to the drugs.
- An incident we reviewed relating to a collapse in the waiting room demonstrated that the practice did not have an effective system or processes in place for dealing with medical emergencies.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

At our inspection in September 2015 we found that although the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice, there was no formal system in place to disseminate or discuss information for NICE guidance to ensure all clinical staff were kept up to date. At our most recent inspection we found that this was still the case and saw no evidence of guidance having been discussed in clinical meetings.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The most recent results published were 94.4% of the total number of points available which was comparable to the CCG average of 95% and the national average of 94.8%. Data from 2014-2015 showed;

- Performance for diabetes related indicators was slightly lower in some areas but higher in others when compared to the CCG and national average for diabetes indicators. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 75% compared to a CCG average and national average of 78%. But the percentage of patients with diabetes, on the register, who had an influenza immunisation in the preceding 1 August to 31 March was 99% compared to the CCG average of 96% and the national average of 94%. The overall exception reporting rate for diabetes indicators was much lower than the CCG and national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months is 150/90mmHg or less 89% compared to the CCG average of 86% national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record was 75% compared to the national average of 88%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months

Some indicators for conditions such as mental health, cancer and rheumatoid arthritis had higher than average exception reporting.

The exception reporting rate for the percentage of patients with rheumatoid arthritis, on the register, who have had a face-to-face annual review in the preceding 12 months was 28.3% which was much higher than the CCG average of 8.4% and the national average of 7.4%. We looked at a sample of four patient records in this group to see if they had been exception reported appropriately. We found that two of the four patients had been inappropriately exception reported for many years. The practice were unable to give an explanation for this.

The findings at our inspection in September 2015 reflected that the practice did not have an effective system in place for carrying out quality improvement activity such as clinical audits in order to monitor and improve patient outcomes. At this inspection we found there was still not an effective system in place. One audit had been started relating to the time in treatment range for patients on warfarin with the aim of assessing the effectiveness of warfarin monitoring provided at the practice but was not yet completed. There was no plan in place for future audits.

Effective staffing

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

At our inspection in September 2015 we found that not all staff were up to date with training such as basic life support and fire training and staff had not had appraisals since 2013.

Are services effective?

(for example, treatment is effective)

- At this inspection we found that staff were now up to date with training and the practice had an induction programme for newly appointed staff. They would also receive training as soon as possible in topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- All staff had received a recent appraisal. There were processes in place for the revalidation of doctors and also for the new system of revalidation for nurses.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training and relevant updates. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes.

Coordinating patient care and information sharing

At our previous inspection we found there was not an effective system in place for palliative care monitoring and review. However we now found that there was an effective system in place for monitoring of patients receiving palliative care. Regular meetings took place where patients needs were discussed and action taken.

Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. We were told that work had started on risk profiling patients and implementing care plans for those identified.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance.
- Staff we spoke with demonstrated an understanding of the Mental Capacity Act 2005 and most staff had received training relating to this.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was not clear, clinical staff assessed the patient's capacity taking in to account their best interests.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme in 2014-2015 was 85%, which was above the CCG and national averages. There was a process in place to send a reminder to patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88.6% to 97.1% and five year olds from 79.1% to 94.5%. There were systems in place to ensure children attended for their immunisations. Discussions were also held with the health visitor to ensure all non-attenders were followed up.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

We received 15 patient Care Quality Commission comment cards. Of these 10 were positive about the service experienced. Patients said they felt staff were helpful, caring and treated them with dignity and respect.

We spoke a member of the newly formed patient participation group. They also told us that their dignity and privacy was respected.

Results from the national GP patient survey published in January 2016 showed that the practice was significantly below average for its satisfaction scores on consultations with GPs, but higher for nurse consultations. For example:

- 77% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 75% said the GP gave them enough time (CCG average 89%, national average 87%).
- 87% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 72% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 79% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patient feedback we received reflected that some patients felt involved in decision making about the care and treatment they received and some felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey showed that patient satisfaction with their involvement in planning and making decisions about their care and treatment were significantly below local and national averages for GP consultations but above average for nurse consultations. For example:

- 73% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 65% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%)
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%)

Staff told us that translation 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.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.7% of the practice list as carers. If requested, written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

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

- The practice had employed a locum community psychiatric nurse in order to offer a more effective and timely service for patients suffering poor mental health.
- The practice offered telephone consultations which were convenient for working patients.
- There were longer appointments available for people with a learning disability and on request for other patients.
- Home visits were available for patients who would benefit from these.
- There were accessible facilities for people with disabilities, a hearing loop and translation services available.
- A number of urgent access appointments were available for children and those with serious medical conditions although we were told the demand for these exceeded availability.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday with GP appointments available from 9am to 11am and 3.30pm to 5.30pm daily. Nurse appointments were available from 8.30am until 5.30pm. Appointments with the community psychiatric nurse (CPN) were available two days per week. GP appointments were prebookable a week in advance. The practice did not offer extended opening hours.

Results from the national GP patient survey published in January 2016 showed that patients satisfaction with how they could access care and treatment was overall lower in comparison to local and national averages. For example:

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 78%.
- 80% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).
- 29% patients said they always or almost always see or speak to the GP they prefer (CCG average 37%, national average 36%).

Patients told us they sometimes had difficulty getting appointments when they needed them. This was also reflected in comments made in the survey the practice had conducted in January 2016.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. At our previous inspection we found a lack of up to date information available regarding complaints and there were no formal arrangements in place to review complaints in order to detect themes or trends and no evidence of lessons learned from complaints. At this inspection we found that there was now up to date information available regarding the complaints system for patients which included leaflets in reception, a poster in the waiting room and information on the practice website. The practice manager was the designated responsible person who handled all complaints in the practice.

- There had been 20 recorded complaints since November 2015. We saw some evidence of apologies to patients as a result of complaints but found that some complaints had been responded to with a telephone call and there was no record of the discussion. It was not always clear if any investigation had taken place and if any actions had been taken. We were still unable to evidence the sharing of any learning from complaints, discussion at meetings or any analysis of trends or themes.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

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

Since our inspection in September 2015 there had been further changes within the leadership structure. Of the partnership which was in place then, one partner had left the practice and the remaining two partners had become salaried GPs. The new partnership was made up of four GPs who would not be undertaking clinical sessions at the practice. One of these partners had registered with the Care Quality Commission (CQC) as the registered manager and we were told that going forward they would be present in the practice one day per week. The other three partners would be available for advice but not be present in the practice. The new partnership was not yet registered with the CQC. The practice had a strong practice nurse and healthcare assistant team. The nurse practitioner had left since our last inspection but a locum community psychiatric nurse had been employed to address the needs of patients suffering poor mental health. A further salaried GP was due to take up post in September 2016 and in the meantime the practice was using locum GPs.

Since our inspection in September 2015 we found that some improvements been made, particularly in the areas of palliative care and staff training. However there were areas which required further work and we found there were ongoing breaches of some regulations, including those relating to the significant event process and safeguarding children.

Governance arrangements

At our inspection in September 2015 we found there were limited governance arrangements in place, including a lack of up to date policies and procedures, not having an ongoing system of clinical and internal audits, a poor system for safeguarding patients and dealing with significant events.

At this inspection there had been improvements in some areas but little or no improvement in others. The practice did not have an overarching governance framework and systems and processes in place to support the delivery of their strategy.

We found:

- There had been some improvement in safeguarding vulnerable adult processes but the system for safeguarding children was still not robust.
- The process of identifying patients at high risk of admission to hospital had been started but was not yet complete.
- The process for reporting significant events was more open but the system was still not robust enough to ensure that reviews and investigations were thorough, learning disseminated and identified actions implemented.
- A number of key policies such as the safeguarding policies and complaints policy had been updated but others were still in draft format such as the policy for checking emergency equipment and drugs.
- The practice had undertaken the first round of a clinical audit since our last inspection but did not have a plan in place for clinical audit going forward. Despite there being issues with a lack of appointments the practice had not undertaken an audit of capacity and demand.
- The QOF data that we looked at for 2014-2015 showed that the practice was performing in line with local and national standards but we found that in some cases patients had been inappropriately exception reported.
- There were now arrangements for identifying, recording and managing risks and identified actions had been implemented.

Leadership and culture

During the course of our inspection in September 2015 we found there was a lack of experienced leadership and a lack of clarity and some confusion as to who held responsibility in some areas.

Since then the leadership in the practice had undergone further changes and at this inspection we still found that overall leadership was not effective. Although the practice was positive about future plans, we found a lack of accountable leadership and governance relating to the overall management of the service. The practice was unable to demonstrate strong leadership in respect of safety. For example, a number of issues which had been identified by us in September 2015 had not been addressed or not been addressed effectively. This was

Are services well-led?

Inadequate



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

particularly concerning in respect of significant event reporting and safeguarding as there appeared to be a lack of oversight as to the purpose and importance of these processes.

The practice's structure for meetings had improved and we saw evidence that since May 2016 meetings had taken place to discuss significant events, monthly palliative care meetings and clinical meetings. However some minutes lacked detail and it was therefore difficult to identify what had been discussed, what actions and learning had been shared and who was responsible for actions and a timeframe.

However staff we spoke with spoke positively and told us there was an open culture within the practice and they felt valued and supported. The nursing team had put forward a proposal for a new nursing structure which had been accepted by the new partnership but was not yet in place.

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

In September 2015 we found that there were limited processes in place to review patient satisfaction. At our most recent inspection we found that the practice had

taken steps to encourage feedback from patients and staff. They now had in place a patient participation group (PPG). This was still in its formative stage as there had only been one meeting so far and the member of the PPG we spoke with told us they were still in the process of setting out their aims and objectives. A patient survey had also been undertaken in January 2016. Patient comments were mixed and some raised issues with problems getting appointments. Another patient suggested having a dedicated mental health nurse. The practice had since employed a part time locum community psychiatric nurse and planned to run the survey again after the new salaried GP had started in September 2016. However there had been no audit of the appointment system as a result of patient comments around a lack of GP appointment availability.

The practice had also gathered feedback from staff through meetings and informal discussions. Staff told us they were able to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt more involved and engaged to improve how the practice was run.