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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crossroads Medical Practice in September 2015. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. On 7 July 2016 we carried out an announced comprehensive inspection to ensure that sufficient improvement had been made following the practice being placed in to special measures as a result of the findings in September 2015. The full comprehensive reports on the September 2015 and July 2016 inspections can be found by selecting the 'all reports' link for Crossroads Medical Practice on our website at www.cqc.org.uk.

This inspection was undertaken following the second period of special measures and was an announced comprehensive inspection on 9 March 2017. Overall the practice is rated as inadequate.

Our key findings were as follows:

- Patients were at risk of harm because inadequate systems were in place to keep patients safe including those for dealing with high risk medicines and patient safety alerts.
- There had been no improvement in the management of high risk drug prescribing.
- The system for safeguarding children had been strengthened and the practice had reviewed the clinical coding so they could identify those children at risk. However, there had been no consistent discussions to review these patients.
- The process for managing patient safety alerts was not effective. There was no evidence of searches being carried out to identify if the alerts were applicable and no evidence of action taken. We looked for five alerts that that had been issued related to primary care in 2016/17 and found one in the folder. The other four alerts had not been received.

Summary of findings

- 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 all staff including locums.
- We found no evidence of a process for disseminating NICE guidance. Clinical meetings did not have NICE guidance on the agenda or in the minutes that we viewed.
- The practice had a plan in place for clinical audit. However this plan had not been adhered to and there was no evidence of quality improvement.
- 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 saw examples of patients not coded correctly for their diagnosis. This meant that these patients would not be included in the QOF for that area and patients would not be invited for any reviews that were necessary.
- Some of the national patient satisfaction survey results from July 2016 were below national and CCG averages results. For example
  - 72% of patients were satisfied with the surgery's opening hours CCG average of 78% and national average of 76%.
  - 43% of patients usually get to see or speak to their preferred GP CCG average of 61% and national average of 59%.
- The practice did not have enough appointments available on a daily basis. There were no pre-bookable appointments for GPs.
- 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.
- Complaints had been acknowledged and responded to. However, we were still unable to see evidence of sharing the learning of complaints, or any discussion or analysis at meetings.
- The process of identifying patients at high risk of admission to hospital which had commenced in July 2016 was still not complete.
- The process for reporting significant events had improved but the system for reviewing and investigating was not effective as we saw 20 significant events that had been completed that were not reviewed, actioned or discussed.

Importantly, the provider must:

- Ensure patients receive safe care and treatment to include the proper and safe management of high risk medicines.
- Ensure that an accurate, complete and contemporaneous record is maintained for every patient to include a record of the care and treatment provided to them and of decisions taken in relation to the care and treatment provided
- Ensure that the risks to patient health, safety and welfare are assessed, monitored and managed, taking into account the most up to date evidence based guidance such as through the use of MHRA alerts.
- Ensure effective systems are in place to ensure that care and treatment is delivered to patients in a safe way by using the significant events, incidents, near misses and complaints to continually evaluate and improve.
- Ensure effective systems are in place that enables the provider to assess, monitor and improve the quality of the clinical care services provided. Assess whether clinicians have the up to date clinical information available to them and mitigating any such risks identified such as implementing a system of effective clinical audits.
- Ensure there is an effective and consistent system for employment checks to be carried out for all staff including locums.
- Ensure people working at the service receive the appropriate training to carry out their role.
- Use the feedback from the national GP survey to evaluate and improve services.

Summary of findings

This service was placed in special measures in September 2015. Insufficient improvements have been made such that there remains a rating of inadequate for safe and well-led. Therefore we are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration. Conditions were imposed on 13 March 2017.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

This practice remains rated as inadequate for providing safe services.

- The system for safeguarding children had been strengthened and the practice had reviewed coding so they could identify those children at risk however there were no consistent discussions to review these patients.
- 20 significant events were in a folder and had not been reviewed or actioned. The oldest one was dated 16 September 2016.
- The management of high risk drug prescribing had not been improved.
- The process for managing patient safety alerts was not effective.
- 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.

Are services effective?

Requires improvement

This practice remains rated as requires improvement for providing effective services.

- The practice had started to identify high risk patients but the process was not yet completed.
- There was no process for dissemination and actioning of NICE guidance.
- There was evidence of data collections being collated but there were was no evidence of quality improvement taking place.
- 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 saw examples of patients not coded correctly for their diagnosis. This meant that these patients would not be included in the QOF for that area and patients would not be invited for any reviews that were necessary.

Are services caring?

Requires improvement

This practice remains rated as requires improvement for providing caring services.

- Results from the national GP patient survey published in July 2016 showed little improvement in patient satisfaction.

Summary of findings

- 87% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%). This was no change from the previous survey results.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%). This was no change from the previous survey results.
- 91% of patients said the last nurse they saw or spoke to was good at treating them with care and concern CCG average of 94% and national average of 91%. This was a 4% decrease on previous survey results.
- 84% of patients said they found the receptionists at this surgery helpful compared with the CCG average of 90% and national average of 87%. This was a 5% increase on previous survey results but still below the national and CCG averages.
- Comment cards completed showed that the majority of patients said they were treated with compassion, dignity and respect.
- 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.

Are services responsive to people's needs?

Requires improvement

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

- The results of the national patient survey in July 2016 had showed patients were not satisfied with the responsiveness of the service and some areas the satisfaction had decreased. For example:
- 72% of patients were satisfied with the surgery's opening hours (CCG average of 78% and national average of 76%). This was a 5% decrease on previous survey results.
- 75% of patients said they found it easy to get through to this surgery by phone (CCG average of 76% and national average of 73%). This was a 5% decrease on previous survey results.
- 43% of patients usually get to see or speak to their preferred GP (CCG average of 61% and national average of 59%). This was a 14% increase on previous survey results although still below the national and CCG average.
- The practice did not have enough appointments on a daily basis. There were no pre-bookable appointments for GPs.

Summary of findings

- 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.
- Patients that had requested an appointment on the day had been told to contact NHS111 when all appointments had been booked or to phone back to try again the next morning.
- At the most recent inspection we found that complaints had been acknowledged and responded to however, we were still unable to see evidence of sharing the learning of complaints, or any discussion or analysis at meetings.

Are services well-led?

Inadequate

The practice remains rated as inadequate for providing well-led services.

- Some improvements had been made but some areas still required further work. We found on-going breaches of regulations.
- There was a lack of stability in the clinical team and the practice having only one salaried GP working in the practice.
- The process of identifying patients at high risk of admission to hospital which was started in July 2016 was still not completed.
- The process for prescribing high risk drugs was not effective.
- The process for reporting significant events was had improved but the system for reviewing and investigating was not effective as we saw 20 significant events that had been completed that were not reviewed, actioned or discussed.
- The practice had a plan in place for clinical audit. However this plan had not been adhered to and there was no evidence of quality improvement.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Inadequate

The practice is rated as inadequate for the care of older people. The provider was rated as 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.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. The provider was rated as 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 however two of the nursing team were leaving the practice.
- The practice had started to identify patients at risk of hospital admission as a priority at the inspection in July 2016. However this was still not completed.
- 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. However lack of patients being coded correctly would mean that there were patients that would not be called for reviews.
- For those people with the most complex needs, the practice worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as requiring

Summary of findings

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 discussing children who were the subject of child protection plans. Not all GPs that had been employed at the practice could evidence that they had completed the required level of safeguarding training.
- 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 although GP appointments had to be booked on the day and therefore it would have been more difficult to obtain.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working age people (including those recently retired and students). The provider was rated as 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.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as 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.

Summary of findings

- It had told vulnerable patients about how to access support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care 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.

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 were published in July 2016 showed the practice had shown some improvement since the last results. However, the practice was still lower in terms of patient satisfaction when compared with the local clinical commissioning group (CCG) and national averages.

216 survey forms were distributed and 113 forms were returned. This was a 52% response rate and amounted to approximately 1.6% of the patient population. Results from the survey showed:

- 85% of patients said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%) This was a 20% increase on previous survey results.
- 81% of patients described their overall experience of this surgery as good (CCG average 89%, national average 85%). This was a 6% increase on previous survey results.
- 75% of patients found it easy to get through to this surgery by phone (CCG average 76%, national average 73%). This was a 5% decrease on previous survey results.
- 67% said they would recommend this surgery to someone new to the area (CCG average 82%, national average 78%). This was a decrease by 3% on previous survey results.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards, four of which were positive about the standard of care received. Eight of the comment cards reflected dissatisfaction with the appointment system; specifically, not being able to book appointments, lack of continuity of care and difficulty getting through to the practice. The other seven cards mentioned the problems with appointments. However, also reflected that the reception staff and nursing team were friendly and helpful.

Areas for improvement

Action the service MUST take to improve

- Ensure patients receive safe care and treatment to include the proper and safe management of high risk medicines.
- Ensure that an accurate, complete and contemporaneous record is maintained for every patient to include a record of the care and treatment provided to them and of decisions taken in relation to the care and treatment provided
- Ensure that the risks to patient health, safety and welfare are assessed, monitored and managed, taking into account the most up to date evidence based guidance such as through the use of MHRA alerts.
- Ensure effective systems are in place to ensure that care and treatment is delivered to patients in a safe way by using the significant events, incidents, near misses and complaints to continually evaluate and improve.
- Ensure effective systems are in place that enables the provider to assess, monitor and improve the quality of the clinical care services provided. Assess whether clinicians have the up to date clinical information available to them and mitigating any such risks identified such as implementing a system of effective clinical audits.
- Ensure there is an effective and consistent system for employment checks to be carried out for all staff including locums.
- Ensure people working at the service receive the appropriate training to carry out their role.

Summary of findings

- Use the feedback from the national GP survey to evaluate and improve services.

Crossroads Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a second CQC Inspector and two GP specialist advisors.

Background to Crossroads Medical Practice

Crossroads Medical Practice is a GP practice which provides a range of primary medical services to around 7,066 patients from a surgery in North Hykeham, a suburb on the outskirts of the city of Lincoln. The practice's services are commissioned by Lincolnshire West Clinical Commissioning Group (LWCCG).

At the time of our inspection the service was provided by one full time salaried female GP, a long term male locum GP, a part time locum community pharmacist, three part time practice nurses and two part time health care assistants. They are supported by a practice manager two days per week, an operations manager and reception and administration staff. There are four GP partners who are not based at the practice.

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Local community health teams support the GPs in provision of maternity and health visitor services.

The practice has one location registered with the Care Quality Commission (CQC). The location we inspected was Crossroads Medical Practice, Lincoln road, North Hykeham, LN8 6NH.

The surgery is a two storey purpose built premises with a large car park which includes car parking spaces designated for use by people with a disability. All patient facilities were on the ground floor.

We reviewed information from Lincolnshire West CCG and Public Health England which showed that the practice population had much lower deprivation levels compared to the average for practices in England.

The surgery is open between 8am and 6.30pm Monday to Friday with appointments available from 9am to 11.30am and 2.30pm to 5.30pm.

The practice has opted out of providing GP consultations when the surgery is closed. Out-of-hours services are provided through Lincolnshire out-of-hours Service which is provided by Lincolnshire Community Health Services NHS Trust. Patients access the service via NHS 111.

Why we carried out this inspection

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 a further comprehensive inspection on 7 July 2016 to ensure that sufficient improvement had been made in order for the practice to be taken out of special measures. At this

Detailed findings

inspection we found that the practice had not improved sufficiently to be taken out of special measures and remained inadequate overall. Specifically the rating for safe and well-led was inadequate whilst effective, caring and responsive was found to be requires improvement.

The full comprehensive report on the previous inspections can be found by selecting the 'all reports' link for Crossroads Medical Practice on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Crossroads Medical Practice on 7 March 2017. This inspection was carried out following the second period of special measures to ensure improvements had been made and to assess whether the practice could come 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, NHS England, Health watch and the CCG to share what they knew. We carried out an announced visit on 9 March 2017. During our visit we:

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

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.

Inadequate

Are services safe?

Our findings

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

These arrangements had not improved when we undertook a follow up inspection on 9 March 2017. The practice is still rated as inadequate for providing safe services.

Safe track record and learning

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

- The system of reporting and recording significant events was evident. However we found that significant events had not been reviewed and no learning or improvements had taken place.A significant event review meeting had taken place on 8 February 2017. The plan following this was to incorporate into the practice meetings as a standing agenda item. The meeting in February had included all staff. However, only five significant events had been discussed. The folder contained 20 significant events to be reviewed and actions and lessons learned had not been completed. The oldest one was dated 16 September 2016.
- Other significant events included a task to increase medication for a patient that had not been completed, three boxes of prescriptions not been booked out of stock and high risk drugs prescribed without following the required monitoring. One significant event concerned a patient who was being prescribed a chemotherapy medicine which had been put on a repeat prescription inadvertently. This was a drug that should not be prescribed in primary care and should be prescribed at consultant level. This patient when we checked was found to still be prescribed this drug by the practice and had last been issued to the patient on 8 March 2017. There was no evidence that this had been queried or clarified with the consultant or the patient after the significant event was raised.
- 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.
- We viewed the process and were shown a folder containing copies of some safety alerts. There was no evidence of searches being carried out to identify if the alerts were applicable and no evidence of action taken. We looked for five alerts that related to primary care in 2016/17 and found one in the folder. The other four had not been received. We ran a search in relation one of these alerts which showed that there were nine patients involved that needed a review in line with the alert received.

Overview of safety systems and process

- We were shown a list of the patients coded as 'at risk' and two meetings since the last inspection with the health visitor one in November 2016 and February 2017 to reconcile the different lists. We did not see that there were any ongoing meetings set with the health visitor.
- The safeguarding lead in the practice was one of the GP partners who did not work in the practice and the salaried GP that worked full time had not completed the required level of safeguarding training. However we saw that this had been booked for May 2017.
- There was an effective process in place to monitor the movement of all prescriptions through the practice. However, a significant event that was waiting review suggested that this was not been followed as three boxes of prescription forms had not been booked out of stock as per the process.
- We reviewed records of patients on high risk drugs. We found that there were 20 patients on one of the high risk medicines and viewed eight of these records. Out of the eight, two had the high risk medication stopped but it was still on a repeat prescription although had not been collected. One patient had not had a medication review since 2015. Whilst viewing these we saw that patients were not coded correctly which meant that these patients would be missed for any monitoring or reviews. Another of the high risk medication we reviewed showed 11 patients. We viewed these records and found that four of the 11 patients that were prescribed high

risk drugs had general monitoring that was satisfactory. However, only one patient was coded and one patient had not had their medication stopped as per a letter dated September 2016 and this patient was still collecting the medication.

- We found that there were some gaps in recruitment files that had not been acted on and that locums had been employed without the required checks. Locum files were not clear. There was a checklist of recruitment checks for locums which were not consistent. One had a safeguarding training section and the other one did not. Most of the locums employed had no evidence of basic life support training. One GP had safeguarding training booked for May 2017. Some had no evidence of the training even though the form was ticked to say that the practice had checked. Some of these boxes were blank and some had stickers on saying that information had been requested. These were all locums that were or had worked in the practice therefore we could not be assured that the staff working were fit for work prior to commencing employment.
- Two GPs working in the practice had conditions with the (General Medical Council) GMC that required them to have supervision. We were unable to speak with the salaried GP on the day of the inspection although we tried on numerous occasions throughout the day. The practice had not completed (Nursing Midwifery Council) NMC checks for members of the nursing team which included a locum (Advanced Nurse Practitioner) ANP.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, the practice nurse was due to leave the practice within the next four weeks. We were told by one of the partners at the practice that two nurses had been recruited. We were not given assurance that one of these staff members would be the lead for infection control and that they were trained for that role. There was no plan to manage infection control going forward. This meant that we could not be assured of the infection control processes for the future.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. However staff we spoke with said that there was not always enough GP cover to provide appointments on the day.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Most staff received annual basic life support training and there were emergency medicines available in the reception office.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

Inadequate

Are services safe?

- Emergency medicines were easily 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 securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection July 2016, we rated the practice 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 and the practice did not have an effective system in place to keep all clinical staff up to date with national guidance.

These arrangements had not improved when we undertook a follow up inspection on 7 March 2017. The provider is still rated as requires improvement for providing effective services.

Effective needs assessment

There was no evidence of a process for disseminating current National Institute for Health and Care Excellence (NICE) best practice guidelines. Clinical meetings did not have NICE guidance on the agenda or in the minutes that we viewed. We were told that the clinicians could access the practice intranet and view the latest guidance. We saw no evidence that the practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results (2015-16) were 90% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%. This showed a decrease at the practice of 4% from the previous year.

Overall exception reporting was 6.5% which was below the CCG average of 9.1% and the national average of 9.8%. (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 partners we spoke with said that the QOF was led by the nursing team, two of which were leaving the practice within the next four weeks. We saw examples of patients not coded correctly for their diagnosis. This meant that these patients would not be included in the QOF for that area and patients would not be invited for any reviews that were necessary.

Performance for diabetes related indicators was slightly lower in some areas when compared to the CCG and national average for diabetes indicators.

- 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 77% compared to a CCG average of 81% and national average of 79%.

The practice was not an outlier for any of the data.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months is 150/90mmHg or less was 86% compared to the CCG average of 85% and the national average of 83%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record was 92% compared with 89% national average.

We did not see evidence of quality improvement activity such as completed clinical audits. There was evidence of data collection for one of the audits that the practice had planned. There was no coherent structure to the audit and the search had not yet been acted on. There was no evidence of any action on the other audits on the plan.

Effective staffing

Staff generally had the skills and knowledge to deliver effective care.

From recruitment files we saw and we were told that clinical staff had not received an appraisal since 2015. We saw from the staff locum files that the practice had not ensured staff were appropriately trained in safeguarding or basic life support. The practice had a new e-learning system that we were told would monitor and provide training in the future but this was not in place at the time of our inspection.

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at meetings.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The 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 saw no evidence that the work on risk profiling patients and implementing care plans for those identified had commenced.
- 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 professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings were not taking place with other health care professionals at the time of our inspection. However, the practice planned to commence this when the clinical team were more stable.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. 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 unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 84%, which was comparable with the CCG average of 84% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 97% to 99%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Requires improvement

Are services caring?

Our findings

At our previous inspection in July 2016, we rated the practice as requires improvement for providing caring services as there was low patient survey scores that were below national and CCG averages and there had been no discussions as to how this could be improved.

We found that the patient survey scores were still below national and CCG averages in some areas at the follow up inspection on 9 March 2017. Although there had been discussions with the partners in how this could be improved the action plan showed that actions had not been completed at the time of the most recent inspection. The practice is still rated as requires improvement for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- Patients could be treated by a male or female clinician.

Four of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Eight of the comment cards reflected dissatisfaction with the appointment system; specifically, not being able to book appointments, lack of continuity of care and difficulty getting through to the practice. The other seven cards mentioned the problems with appointments. However, these also reflected that the reception staff and nursing team were friendly and helpful.

We spoke with one member of the patient participation group (PPG). They told us their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed that the practice was significantly below average for its satisfaction scores in July 2016 results. For example:

- 78% of patients said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 78% say the last GP they saw or spoke to was good at giving them enough time CCG average of 90% and national average of 87%.
- 87% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 72% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 91% of patients said the last nurse they saw or spoke to was good at treating them with care and concern CCG average of 94% and national average of 91%. This was a 4% decrease on previous survey results.
- 84% of patients said they found the receptionists at this surgery helpful compared with the CCG average of 90% and national average of 87%. This was a 5% increase on previous survey results.

We spoke with the practice manager and the member of the PPG in relation to this. The practice said that they were unable to provide any more GP appointments and this meant that patient satisfaction was unlikely to improve. The practice had and were still using locums which also meant that patients were not always able to see the same GP if they wished.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey in July 2016 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 consultations.

For example:

- 76% of patients said the last GP they saw or spoke to was good at explaining tests and treatments CCG average of 89% and national average of 86%.

Requires improvement

Are services caring?

- 69% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care CCG average of 85% and national average of 82%.
- 85% said the last nurse they saw or spoke to was good at involving them in decisions about their care CCG average of 88% and national average of 85%.

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 1.3% of the practice list as carers. If requested, written information was available to direct carers to the various avenues of support available to them.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection in July 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of learning from complaints needed improving and poor patient feedback had not been addressed.

These arrangements had not improved when we undertook a follow up inspection on 9 March 2017. The practice is still rated as requires improvement for providing responsive services.

The results of the national patient survey in July 2016 showed patients were not happy with the responsiveness of the service. For example:

- 72% of patients were satisfied with the surgery's opening hours CCG average of 78% and national average of 76%.
- 75% of patients said they found it easy to get through to this surgery by phone CCG average of 76% and national average of 73%.
- 43% of patients usually get to see or speak to their preferred GP CCG average of 61% and national average of 59%.

Responding to and meeting people's needs

The practice understood its population profile however it had not used this understanding to meet the needs of its population:

- The practice did not provide enough appointments on a daily basis. There were no pre-bookable appointments for GPs.
- 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 required one.
- 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.
- Patients that had requested an appointment on the day had been told to contact NHS111 when all appointments had been booked or to phone back to try again the next morning.

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 GPs were not pre-bookable. Patients would have to telephone or attend the practice to make an appointment. When all the appointment slots were taken the reception staff told patients they would have to try again to book an appointment the next day. Dependant on the practice being able to provide extra locum sessions there would at times be a triage system available. This meant that any urgent appointments could be added to a list for a GP to triage. On days were there was no extra locum available, the reception staff would take patients details and then speak to the GPs on duty to ask if they could see an extra patient if they felt it was urgent.

Listening and learning from concerns and complaints

We looked at five complaints and found that complaints had been acknowledged and responded to however we were still unable to see evidence of sharing the learning of complaints, or any discussion or analysis at meetings.

One complaint that we viewed had been responded to without the appropriate regard for confidentiality. The complaint was in relation to a deceased patient and the practice had accessed the patient care record to respond to the complainant. There was no policy or process in place for dealing with complaints on behalf of deceased patients.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection in September 2015 and July 2016 we rated the practice as inadequate for providing well-led services as there was no vision or strategy for the practice, no overarching governance structure and no clear leadership arrangements. We found on-going breaches of some regulations.

These arrangements had not improved when we undertook a follow up inspection on 9 March 2017. The practice is still rated as inadequate for being well-led.

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.

The practice had employed a salaried GP who was working alongside locum GPs. The new partnership had registered with the CQC. Two of the nurses were due to leave in the next four weeks.

Governance arrangements

The practice did not have an overarching governance framework and systems and processes in place to support the delivery of their strategy.

- The process of identifying patients at high risk of admission to hospital which was started in July 2016 was still not complete.
- The process for prescribing high risk drugs was not effective.
- The process for reporting significant events had improved but the system for reviewing and investigating was not effective as we saw 20 significant events that had been completed that were not reviewed, actioned or discussed.
- The practice had a plan in place for clinical audit. However, this plan had not been adhered to and at this inspection there were no evidence of quality improvement.There was evidence of data collection being completed but with no summary, or rationale and these did not relate to those that were planned for the year on the action plan submitted
- The QOF data that we looked at for 2015-2016 showed that the practice was performing in line with local and national standards but we found that in some cases patients were not been coded correctly which meant that there may be patients that had not had their required monitoring that QOF would have expected. The practice nursing team led QOF and the partners had no oversight of this.

Leadership and culture

We 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 and July 2016 had not been addressed or not been addressed effectively. This was particularly concerning in respect of significant event reporting and high risk drugs monitoring 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 there was a schedule of meetings in place from February 2017. However there were no significant reviews scheduled for the coming year despite there been 20 outstanding.

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

The practice had in place a patient participation group (PPG). The member of the PPG we spoke with told us that the PPG was still in its infancy. The PPG were on the day of our inspection completing a survey in relation to patient satisfaction. However we were told by the practice manager and the PPG member that we spoke with that the GP availability for appointments was the main concern and this had not improved and could not until they recruited more GPs.

Continuous improvement

The GP partners did not give any assurance that there was a focus on continuous learning and improvement at all levels within the practice.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Urgent conditions were applied to this provider on 13 March 2017**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Urgent conditions were applied to this provider on 13 March 2017**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Urgent conditions were applied to this provider on 13 March 2017**