

Broken Cross Surgery

Inspection report

Broken Cross Surgery, Waters Green Medical Centre
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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 location

Good 

| | |
|--------------------------|--|
| Are services safe? | Requires improvement  |
| Are services effective? | Good  |
| Are services caring? | Good  |
| Are services responsive? | Good  |
| Are services well-led? | Good  |

Overall summary

At the previous inspection on 4 December 2014 the practice was rated as outstanding for providing responsive and well led services and an overall rating of outstanding. Having now inspected all GP practices we have a better understanding of the baseline so what we assessed as being outstanding previously, now would not be rated as outstanding. This is because initiatives that were previously regarded as innovative or unusual may no longer be so because things have moved on in primary care

We carried out an announced comprehensive inspection at Broken Cross Surgery on 28 January 2019 as part of our inspection programme.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as good overall and good for all population groups.

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- There was a system in place for investigating and responding to patient feedback including complaints.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- There was a focus on continuous learning and improvement at all levels of the organisation.

We saw areas of outstanding practice including:

- We saw evidence of the practice providing support to vulnerable patients to build trust to encourage them to access the practice. The practice ensured that patients with a learning disability were supported by a named nurse to build trust, relationships and understanding of communication needs and methods.

We rated the practice as **requires improvement** for providing safe services because:

- The majority of clinical staff did not have safeguarding training appropriate to their roles and responsibilities.
- Two Patient Group Directions (PGD) were examined and we found they had not been appropriately dated, signed and authorised. We noted that a staff members name had been added after the date it had been authorised by a GP

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

- Ensure that care and treatment is provided in a safe way.
- Ensure that clinical staff have received safeguarding training at a suitable level to their role.

(Please see the specific details on action required at the end of this report).

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

- Review key policies and procedures at regular intervals to ensure they are in line with current legal requirements and best practice.
- Ensure that suitable infection control training or peer support is provided to the designated infection control lead.
- Ensure that the practice's recruitment process considers an applicant's physical and mental health in line with the requirements of the role.
- Ensure that fire drills take place at regular intervals.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Broken Cross Surgery

Broken Cross Surgery is located at

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury, surgical procedures and family planning.

Broken Cross Surgery is situated within the South Cheshire Clinical Commissioning Group (CCG) and provides services to 5,549 patients under the terms of a primary medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The practice has two female GPs, three male GPs, one GP registrar, three practice nurses, administration and reception staff and a practice management team. The practice is part of a local network of GP practices.

There are higher than average numbers of patients aged 18 years and under compared to the national average. For example, 40% of patients form 0-18 years compared to a national average of 38%. Forty percent of the patient population has a long-standing health condition which is lower than the CCG average of 53%. Life expectancy for both males and females is around the CCG and national average of 79 years for males and 83 years for females.

The National General Practice Profile states that 95% of the practice population is white British. Information published by Public Health England, rates the level of deprivation within the practice population group as eight, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Two Patient Group Directions (PGD) were examined and we found they had not been appropriately dated, signed and authorised. A staff members name had been added after the date it had been authorised by a GP. This is in breach of Regulation 12(2) HSCA (RA) Regulations 2014 |

| Regulated activity | Regulation |
|--|---|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Service users must be safeguarded from abuse and improper treatment. How the regulation was not being met: The provider had failed to ensure clinical staff had received training at a suitable level to their role. This was in breach of Regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |