

Cross Keys Practice

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Cross Keys Practice is located in a converted listed building in Princes Risborough. The practice has three registered locations. This practice has approximately 14,500 patients. We carried out an announced comprehensive inspection of the practice on 4 December 2014 and we visited Cross Keys Practice, 60 High Street, Princes Risborough, HP27 0AX. This was the first inspection of the practice since registration with the CQC.

Adaptations have been made to ensure the practice is accessible. The local community has a high proportion of older patients, low deprivation and low ethnic diversity. The appointment system allows advanced appointments to be booked. Urgent appointment slots were also available. Patients told us they were able to make appointments when they needed them, although some patients told us booking an appointment could be difficult. Patients told us staff were caring, friendly and considerate. We found concerns regarding safety, particularly protecting patients from abuse.

We spoke with eight patients during the inspection. We spoke with three GPs, a trainee GP the practice manager, five members of the nursing team, receptionists and the prescribing clerk.

Cross Keys Practice was rated requires improvement overall.

Our key findings were as follows:

The practice was clean and medicines were stored safely.

Clinical care was managed effectively. Patients with health conditions were well cared for and national data placed the practice close to the national average for caring for long term conditions.

The practice did not maintain a safe environment for patients due to a lack of processes and training including chaperoning and the Mental Capacity Act 2005. There were concerns about staff recruitment.

Patient records were up to date to ensure safety in the delivery of medical care.

Summary of findings

Patients told us the practice was caring and they felt well supported.

Physical access to the practice was poor in the older part of the building, with steps inhibiting the access for patients with buggies and prams. Level access from the car park was provided for wheelchair users and consultations were in wheelchair friendly rooms.

The leadership were not always proactive in ensuring there was a strategic plan for the practice to meet the changing needs of its patient population. The practice sought the feedback of its patients.

There were areas of improvement for the provider:

The provider must

- undertake all staff checks including DBS checks in line with DBS guidance and a risk assessment undertaken by the practice (this must include staff performing chaperoning) and health checks such as Hepatitis B immunity status.

- identify and monitor the training needs of staff to ensure they have an appropriate awareness in key areas of health provision including; the Mental Capacity Act 2005, information governance, equality and diversity and safeguarding vulnerable adults and children.

- effectively monitor the quality of the service and identify, assess and manage risks to patients and others including;

the appointment system, control of substances hazardous to health assessments, information security, staff training and consistently identify, record and investigate incidents and disseminate learning from significant events to staff.

Additionally the provider should:

- consider all patients needs and respond appropriately to ensure they can access the practice safely and where possible independently, including phone translation services and supporting reception staff to identify patients who require additional support

- Involve nurses in clinical governance including audits and meetings

- improve its strategic and clinical leadership to ensure that the statement of purpose is reflected in practice. Potential changes to demands, staffing and other contingencies should be planned for and managed.

We have issued compliance actions for Safety and Suitability of Premises, Monitoring and Assessing the Quality of the Service, Requirements Related to Workers and Supporting Workers.

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 requires improvement for providing safe services. Incidents were not always investigated robustly in line with the practice's significant event policy and learning outcomes were not shared with staff to improve safety. Some risks to staff were not identified and managed. Medicines were stored safely. Recruitment processes were not always robust. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Staff were trained in responding to medical emergencies and fire safety. There were arrangements to assist staff in identifying and responding to any concerns regarding vulnerable adults and children. There were enough staff to keep patients safe. The practice was clean and infection control processes were in place to ensure patients and others were protected from infection.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services. Data showed most clinical outcomes related to patient care were close to the national average. National guidelines were used in planning and delivering care and treatment. Patients' needs were assessed and delivered in collaboration with other services to ensure continuity of care. Staff did not receive all training appropriate to their roles and there was no system to identify when staff had training and when it would need to be refreshed. Staff did not have an appropriate understanding of the Mental Capacity Act 2005 to ensure that patients were able to provide consent and have their rights protected. The practice provided various opportunities for patients to access health checks and was pro-active in promoting patient health and well-being.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services. Patient feedback from the national survey and practice survey showed patients were positive about staff, reporting that they were caring, considerate and treated them with dignity and respect. Patients understood the care options available to them and were involved in decisions about their treatment decisions. We saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. Staff understood the needs of their local population and mostly considered patients' needs. However,

Requires improvement



Summary of findings

patients with extra support needs such as those who cannot speak English, parents with buggies or prams or those with limited mobility did not always have their needs considered. Some patients reported good access to the practice, but some told us it was difficult to book appointments. Urgent appointments were available the same day. The practice had suitable facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system with evidence demonstrating that the practice responded to patients when they raised concerns.

Are services well-led?

The practice is rated as requires improvement for being well-led. The practice had a clear vision including what its objectives were in meeting patients' needs. However, there was a lack of strategy as to how the practice planned to maintain the service and meet demands such as increases to the patient population. The lead partner was changing and this meant the practice was in a state of transition. Staff were clear about their responsibilities in the day to day running of the practice. However, nurses felt they had limited opportunity to contribute to clinical leadership and influence the running of the practice. The practice had employed a new lead nurse in order to provide a support and improve governance arrangements for the nursing team. Policies and procedures were available to support and assist staff. There were systems in place to monitor and improve quality and identify risk, but not all risks had been identified and managed. Staff training was not monitored effectively. The practice had a patient participation group (PPG) which was involved in the running of the practice. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Requires 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

Nurses and GPs had systems to identify vulnerable adults. Patients over 75 had a named GP to promote continuity of care. Parts of the premises were accessible to those with limited mobility. However, the practice did not always provide appointments in accessible areas to patients with limited mobility in order to ensure they could access the practice safely. Flu vaccines for patients over 65 were close to the national average. There was a register to manage end of life care. There were strong working relationships with external services such as district nurses. The practice provided care to patients in local care homes and hospices and the feedback we received from a local hospice was very positive. Care homes were visited regularly by GPs and patients got to see their named GP when they needed to. The provider was rated as requires improvement for safe, effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



People with long term conditions

Patients with health conditions were well managed by the practice. National data showed the practice achieved above the national average in managing some long term conditions. Patients were provided with access to regular health reviews in line with national standards. Flu vaccination rates for patients with diabetes was above the national average and for other patients with medical conditions was slightly below the national average. Smoking cessation was offered to patients. The provider was rated as requires improvement for safe, effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Families, children and young people

Nurses and GPs had systems to quickly identify children at risk of abuse. There were regular meetings with the local child safeguarding team and other relevant services. Allowances were not always made for patients with limited mobility or for patients with prams and buggies. Walk in antenatal clinics were provided weekly and postnatal clinics were available. The practice worked with health visitors to share information and provide a continuity of care for new babies and families. The uptake of childhood immunisations was close to the national average for different vaccines and age groups. The practice has achieved a high percentage of cervical smears with 84% of patients having received a cervical screening

Requires improvement



Summary of findings

test in the last five years. The provider was rated as requires improvement for safe, effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Working age people (including those recently retired and students)

Appointments were available from 8am to 6.30pm Monday to Friday. The website stated that appointments were only available until 5pm on Friday. Extended hours appointments were available and varied week to week. They were made available on some weekdays from 7am and until 8pm and on Saturdays 8am to 2pm. Some patients found the appointment system difficult to use and it was inconsistent. This limited the availability of patients to attend the practice if they worked. Phone consultations were available but each GP provided approximately 20 phone consultations a day which helped patients who worked to access the service. The provider was rated as requires improvement for safe, effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



People whose circumstances may make them vulnerable

Nurses and GPs had systems to identify patients who may be vulnerable so they could take appropriate action when planning or delivering care. Disabled patients were considered in the design and layout of the building and the practice was responsive to wheelchair users. However, some patients with limited mobility were not cared for in the easily accessible areas of the practice and there was a risk to their safety and their ability to access the practice independently. Patients in local hospices and care homes were well cared for and regular visits of care homes took place. A translation service was available for patients who did not speak English, but this was not routinely offered to patients to ensure they could access the service independently. The provider was rated as requires improvement for safe, effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



People experiencing poor mental health (including people with dementia)

External support services were advertised on the practice website and in the waiting area for patients experiencing poor mental health. Staff had contact with community mental health team (CMHT) to discuss and plan patient care. Annual health checks were offered. Psychiatric counselling was provided in the practice on a weekly basis. There was a dedicated GP for a supported living

Requires improvement



Summary of findings

scheme for adults with mental health problems. Risk assessments were undertaken for patients with dementia as part of their care planning. The provider was rated as requires improvement for safe, effective, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey and a survey of over 156 patients undertaken by the practice's Patient Participation Group. The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice received positive feedback for treating patients with care and concern. The practice satisfaction scores on consultations showed 87% of practice respondents said GPs were good at listening to them and 84% of nurses were good at listening to them. The survey also showed 81% (below the local average) said the last GP they saw and 86% (above the local average) said the last nurse they saw was good at giving them enough time.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 10 completed cards and they were all positive about the care patients experienced. Patients said they felt the practice staff were friendly and considerate. They said staff treated them with dignity and respect. There were some comments stating that it was sometimes difficult to book an appointment with a GP. We also spoke with eight patients on the day of our inspection. Most told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We saw no evidence that patients experienced any kind of discrimination.

Some patients were satisfied with the appointments system. Some told us that it was difficult to book an appointment if they needed to. There were urgent slots for patients allocated on the same day. Urgent appointments were booked through the duty GP who would call patients requesting an urgent appointment to decide who was best to see them. However, patients told us booking non-urgent appointments could mean a long wait to see a GP. The practice survey found that approximately 17% of patients waited more than five days to see any GP. The national survey found 83% of patients were able to get to see or speak to someone last time they tried. This is below the national average. The practice offered a very high number of phone consultations for each GP every day. This meant that a lot of patients were offered phone consultations. One patient told us they had tried to book an appointment for three days and were offered a phone consultation on the fourth day, which resulted in a face to face appointment being booked. Another patient told us they wanted to book an appointment in person but were told they could not and but found that appointments for the same afternoon were being booked over the phone. One patient walked into the practice and spoke to the duty GP, who offered them an appointment straight away. The appointment system was not clear for patients and was not consistent. The practice survey identified some areas of review regarding appointments but not a comprehensive review to determine if the system was meeting patients' needs.

Areas for improvement

Action the service MUST take to improve

Action the provider MUST take to improve:

- undertake all staff checks including DBS checks in line with DBS guidance and a risk assessment undertaken by the practice (this must include staff performing chaperoning) and health checks such as Hepatitis B immunity status.

- identify and monitor the training needs of staff to ensure they have an appropriate awareness in key areas of health provision including; the Mental Capacity Act 2005, information governance, equality and diversity and safeguarding vulnerable adults and children.

- effectively monitor the quality of the service and identify, assess and manage risks to patients and others including; the appointment system, control of substances

Summary of findings

hazardous to health assessments, information security, staff training and consistently identify, record and investigate incidents and disseminate learning from significant events to staff.

Action the service SHOULD take to improve

-consider all patients needs and respond appropriately to ensure they can access the practice safely and where possible independently, including phone translation services and supporting reception staff to identify patients who require additional support

-Involve nurses in clinical governance including audits and meetings

-improve its strategic and clinical leadership to ensure that the statement of purpose is reflected in practice. Potential changes to demands, staffing and other contingencies should be planned for and managed.

Cross Keys 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 and a practice manager.

Background to Cross Keys Practice

Cross Keys Practice has a patient population of approximately 14,500 patients. We carried out an announced comprehensive inspection of the practice on 4 December 2014. We visited Cross Keys Practice during this inspection. This was the first inspection of the practice since registration with the CQC. The practice was located over three registered locations and GP services were provided from one other site; Cross Keys Practice, Church Road, Chinnor, OX39 4PG. We did not visit this site as part of the inspection. Cross Keys Practice is a converted listed building with a large extension. Patient services were predominantly located on the ground floor with administration functions on the first floor. Adaptations have been made to ensure the practice is accessible for wheelchair users but there were difficulties for prams and buggies and patients with limited mobility to use the older part of the premises. The practice has an older population and the staff were aware of the needs of this section of the population. There were a smaller number of patients from different ethnic and cultural backgrounds.

We spoke with eight patients during the inspection. We spoke with a GP, five members of the nursing team, receptionists, a trainee GP and administration staff.

There were six GP partners and a total of 7.6 full time equivalent GPs working at the practice. There was a mix of

male and female GPs. The nursing team consisted of practice nurses, nurse practitioners and three health care assistants. Administrative and reception staff also worked at the practice. Cross Keys Practice was a training practice.

The practice has a General Medical Services (GMS) contract.

This was a comprehensive inspection. We visited Cross Keys Practice Cross Keys Practice, 60 High Street, Princes Risborough, HP27 0AX as part of this inspection.

The practice has opted out of providing Out Of Hours services to their patients. There are arrangements in place for services to be provided when the practice is closed and these are displayed on the website. The practice website stated the practice closed at 5.00pm on Fridays, but both face to face appointments and telephone consultations were available, through the triage doctor between 5pm and 6.30 pm. The website did not make this clear.

The CQC intelligent monitoring placed the practice in band five. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

Why we carried out this inspection

We 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. This inspection was planned to check whether the provider is meeting the legal

Detailed findings

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.

This provider had not been inspected before and that was why we included them.

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.

How we carried out this inspection

Before visiting we checked information about the practice such as clinical performance data and patient feedback. This included information from the clinical commissioning group (CCG), Buckinghamshire Healthwatch, NHS England and Public Health England. We visited Cross Keys Practice on 4 December 2014. During the inspection we spoke with GPs, nurses, the practice manager, deputy manager, reception staff, patients and representatives of the patient participation group (PPG). We looked at the outcomes from investigations into significant events and audits to determine how the practice monitored and improved its performance. We checked to see if complaints were acted

on and responded to. We looked at the premises to check the practice was a safe and accessible environment. We looked at documentation including relevant monitoring tools for training, recruitment, maintenance and cleaning of the premises.

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

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

- Older patients
- Patients with long-term conditions
- Families, children and young patients
- Working age patients (including those recently retired and students)
- Patients living in vulnerable circumstances
- Patients experiencing poor mental health (including patients with dementia)

The practice locations were in areas of low economic deprivation and significantly older population. The estimated levels of long term conditions such as hypertension, cardiovascular disease and respiratory diseases were above national averages.

Are services safe?

Our findings

Safe Track Record

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns and how to report incidents and near misses. Significant event forms were available for staff to access. However, there was a very low number of significant events reported during 2014, only four had been identified up until the beginning of December. A whistleblowing policy and safeguarding information was available for staff.

We reviewed significant events and minutes of meetings where these were discussed individually for the last year. This showed the practice had managed these consistently.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Records were kept of significant events that had occurred in recent years and these were made available to us. The four events that had been recorded in 2014 were investigated and discussed at clinical team meetings. The practice manager explained the learning outcomes were shared with heads of departments to disseminate the findings. The practice was introducing six monthly reviews of significant events to ensure learning outcomes were discussed but at the time of the inspection periodic reviews of all significant events to identify trends did not take place. We saw complaints were investigated in a similar way to the significant events but we saw some complaints which should have constituted significant events were not recorded as such. For example, we saw a misdiagnosis of a condition which was not investigated as a significant event. There was a risk that the investigations of such incidents would not have led to learning outcomes for staff.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young patients and adults. Practice training records made available to us showed that some staff received relevant role specific training on safeguarding. However, staff were not aware when they had last received safeguarding training or when they were due to undertake it again. Staff knew how to recognise signs of

abuse in older patients, vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and had access to contact information for relevant external agencies in and out of hours. The practice had dedicated GPs appointed as leads in safeguarding vulnerable adults and children.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so staff were aware of any relevant issues when patients attended appointments. This could include children who were subject to child protection plans. This also enabled nurses and GPs to identify vulnerable patients and take appropriate action when seeing them. However, reception staff would need to access a patient's notes to be able to know if they had a specific need that should be considered. There was no automatic flag on the electronic system for reception staff when booking appointments.

A chaperone policy was in place and visible on the waiting room. We found that chaperone training was not undertaken by all staff who performed the role, including reception staff. Therefore staff were not prepared to undertake their full responsibilities when acting as chaperones.

We looked at minutes from multi-disciplinary meetings which included child protection meetings. The practice discussed concerns about children on the at-risk register (a register of children whose circumstances make them vulnerable to abuse) and what considerations staff should take when caring for these children.

One consultation room used by nurses was isolated towards the rear of the surgery. There was a risk to the safety of nurses who worked alone in this room from any patients who may have a history of violence or who were confrontational, for example. There was a facility to raise an alarm for staff on the computer system.

Medicines Management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates.

Vaccines were administered in line with legal requirements. Vaccines were stored within appropriate temperatures and

Are services safe?

there was a log of temperatures which indicated the practice checked the fridges regularly. The fridges were alarmed to ensure that staff were alerted if the temperature range required for the vaccines was not maintained. Staff received training on how to receive and administer vaccines.

There were procedures and policies in place to manage prescriptions and repeat prescribing. Staff worked closely with the local clinical commissioning group (CCG) medicines optimisation team, which included annual meetings and regular audits. Clinical and consulting doors were always locked when staff vacated rooms and this ensured that prescription pads were secure when unattended.

Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and the latest prescribing guidance was being used. The IT system flagged up relevant medicine alerts when a GP prescribed medicines.

Cleanliness & Infection Control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had an infection control lead. They told us staff received training on hygiene and infection control and the lead had done so within the last year. We saw an infection control audit carried out in October 2014 and improvements were identified and actions listed. For example, one audit identified that some clinical worktops were cluttered in treatment rooms. We found clinical work surfaces to be free from clutter and clean. Improvements and maintenance to clinical treatment rooms were planned as a result of the audit.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement control of infection measures. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use. There was also a policy for the event of a needle stick injury. This was available on the intranet and we saw it displayed on clinical treatment room walls.

The practice had undertaken a risk assessment for legionella (a germ found in the environment which can contaminate water systems in buildings). We saw regular monitoring of the water temperatures took place in line with the risk assessment.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. Equipment was in good working order. All portable electrical equipment we looked at had portable appliance test (PAT) stickers to indicate when they were tested. We saw evidence of calibration of relevant equipment. There were arrangements for the ordering and stock checking of medical supplies such as single use medical equipment for clinical procedures. These items were stored securely and in a hygienic location.

Staffing & Recruitment

Records we looked at contained evidence that some recruitment checks had been undertaken prior to employment. For example, proof of identification, and full employment histories were in place. However, there were no references or other evidence of conduct during employment in previous health and social care settings for nurses or GPs. Some DBS certificate checks were not available for nurses. GPs DBS checks were undertaken as a requirement of their registration with the General Medical Council (GMC). Receptionists performing a chaperone role did not have Disclosure and Barring Service (DBS) checks to ensure they did not pose a risk to patients. Registration certificates from the Nursing and Midwifery Council and General Medical Council were in place. The practice did not check that staff had up to date Hepatitis B inoculations to protect them and patients from infection.

GP partners and the practice manager told us about the allocation of staff and skill mix within the practice. The number of GPs allocated to provide appointments was balanced with the providing phone consultations and each day GPs provided approximately 20 phone consultations as well as their usual appointment lists. Nurses told us they felt overworked at times. Locum GPs were used and appropriate checks were undertaken on locums before they began providing care.

Are services safe?

Monitoring Safety & Responding to Risk

The practice did not always have systems and policies in place to monitor and manage risks to patients, staff and visitors to the practice. Risks were not always identified, assessed and managed. We reviewed the risk assessment for the control of substances hazardous to health (COSHH). The COSHH risk assessment did not list what chemicals were stored in the building and what the individual risks associated with each of them was.

Regular checks and risk assessments of the building, staffing, dealing with emergencies and equipment had mostly been undertaken and we saw records of these. For example, the fire risk assessment listed action to manage the fire risks. Fire protocols were in place including fire drills. We observed tests on the fire alarm safety were undertaken. There was a health and safety policy.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received

training in basic life support. Emergency equipment was available including access to oxygen, a pulse oximeter and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). Records we saw confirmed these were checked regularly and we found they were working.

Emergency medicines were available in a secure area of the practice. These included medicines for the treatment of a number of conditions including adverse reactions to the administration of certain vaccines and treatments. Processes were in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

There was business continuity plan which listed action to take for potential scenarios such as loss of premises or adverse weather conditions.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice used current best practice guidance from the National Institute for Health and Care Excellence (NICE) and from local commissioners. Staff had access to templates for managing and accessing certain conditions. We found they reflected up to date national guidance. Staff told us that changes to national guidance were disseminated to them through meetings, emails and through informal discussions. The patient records we reviewed showed GPs and nurses managed patients' care, in line with NICE guidelines. The review of the clinical meeting minutes confirmed staff discussed guidance and shared learning.

Patients had a named GP which helped the practice to provide continuity in patients' care. There were GPs who specialised in specific clinical areas such as diabetes and could provide support to other staff. Nurses led some reviews on chronic conditions.

There was a dedicated GP for a supported living scheme for adults with mental health problems. Risk assessments were undertaken for patients with dementia as part of their care planning. Specialist services were available for patients at the practice such as cryopathy clinics and treatment for dermatological symptoms.

National data showed the practice was in line with referral rates to secondary and other community care services for all conditions. The Quality and Outcomes Framework (QOF) showed patients with long term conditions were assessed at regular intervals and their care planning ensured that they were seen by a GP or nurse when they needed a health check. The practice achieved 97% on the QOF in 2013.

Staff told us referrals were not reviewed regularly between GPs to ensure that they were appropriate. There were some informal discussions between staff where expertise within the practice could reduce the need to refer to external services. Patient discharges were discussed in clinical meetings to ensure patients' needs were assessed and the right care in place from the practice.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for patients

Staff from across the practice had roles in the monitoring and improvement of outcomes for patients. These roles included data input, clinical review scheduling, child protection alerts, prescriptions management and medicines management.

The practice showed us two clinical audits that had been undertaken in the last year. They were examples of completed audits where the practice was able to demonstrate the changes resulting since the initial audit. One was in response to a concern about the under recording of patients being prescribed a certain medicine. Nurses were not involved in the audit process. The prescribing lead told us there were audits into the usage of specific medicines to determine whether this changed over time and that these audits had led to a change in practice in some circumstances. We saw audits were stored in a location accessible for all staff and the outcomes were discussed at clinical team meetings.

The practice used the QOF (a national performance measurement tool) to identify whether patient assessment and care met national standards. The practice achieved 97% on the 2013 QOF which was above the national average of 96%.

Effective staffing

Practice staffing included GPs, nurses, nurse practitioners, healthcare assistants, managerial and administrative staff. We reviewed staff files and saw that there were records of some training in areas such as hygiene and infection control, medical emergencies, and safeguarding adults and children. However, there was no training log to identify whether staff had training or when they would require it again. Staff were not sure when they had last undertaken some training such as safeguarding or hygiene and infection control. Staff attended training days with other practices and spoke positively about the culture of learning and development within the practice. However, we found there was a lack of formal training in the Mental Capacity Act 2005 in order to enable staff to obtain consent, protect patients' rights and protect them from potential abuse. Some chaperones were not trained appropriately to perform the role. Staff were unsure what training they had undertaken due to a lack a system to monitor training. For example, some staff said they had not undertaken

Are services effective?

(for example, treatment is effective)

information governance or equality and diversity training. Training certificates in staff files were inconsistent, as some staff had records of completing certain training courses while others performing the same role did not.

All staff undertook annual appraisals which identified learning needs from which action plans were documented. Staff interviews confirmed that the practice was proactive in providing training and funding for relevant courses. Practice nurses were able to demonstrate they were trained to fulfil their clinical roles. As this was a training practice, staff who were in training to be qualified as GPs were supervised and supported by their GP mentors. Nurse prescribers were mentored by the GP lead prescriber every three months.

Working with colleagues and other services

The practice had close links with staff from other services including district nurses, health visitors and midwives who they worked with in delivering patients' care. A local community bus service provided patients with access to the practice and staff promoted its availability to patients. Patients in local care and nursing homes as well as a local hospice received care from the practice. The local hospice provided feedback to us and this was very positive regarding the care and treatment from the practice staff.

The practice held multidisciplinary team meetings and other means of communication with external services. This included liaison with district nurses, health visitors, and midwives. Gold standards meetings were held to manage the care for patients who were on the end of life register. The practice participated in child protection meetings where specific cases of concern were discussed. The staff we spoke with told us information sharing with district nurses, health visitors and the local social care team worked well. The practice provided care to patients in two local care and nursing homes where GPs attended regularly to review patients' care and treatment needs.

Information Sharing

There was a procedure for taking action on any issues arising from communications with other care providers on the day they were received. Any communications about patients were scanned and passed onto the relevant GP quickly. The practice used electronic systems to communicate with other providers. For example, GPs told

us patient information was frequently shared via special notes from the local out of hours providers. The system used by the practice meant the information could be shared instantly.

The practice had systems in place to provide staff with the information they needed. An electronic patient record system called Emis web was used by all staff to coordinate, document and manage patients' care. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that not all staff were aware of the Mental Capacity Act (MCA) 2005. The GPs we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. A GP explained they provided a guide to staff on the MCA 2005 and we saw staff had access to a protocol on the MCA 2005 on the practice intranet. This included steps to ascertain whether someone could consent to care and treatment, and what to do if there was evidence an individual did not have the capacity to consent. Nurses we spoke with were aware of the Act and the potential implications on gaining consent from someone who potentially lacked capacity to make decisions. They told us nurses would ask GPs for help on assessing patients' capacity if needed and implementing the principles of the Act. However nursing staff lacked understanding of who was able to provide consent on behalf of patients who may lack mental capacity. Training on the MCA 2005 was not formalised and one staff member had only been given an information sheet to provide them with an awareness of the Act but no other means of testing or ensuring their awareness or that the internal protocol was followed.

Health Promotion & Prevention

The practice provided clinics for long term conditions and pre and post natal care. Check-ups for patients with long term conditions were provided in nurse led clinics or through arranged appointments. QOF data showed the practice was close to the national average on meeting annual health checks for chronic conditions. Health checks were offered to patients over 40 years of age. Health checks were offered to patients with mental health concerns.

The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a

Are services effective?

(for example, treatment is effective)

register of all patients with learning disabilities and these patients were offered an annual physical health check. Psychological counselling was offered and delivered daily to patient's onsite. Non-psychological counselling was available to patients on a weekly basis. The practice had achieved a high percentage of cervical smears with 84% of patients recommended by national guidance having a smear over the last five years.

The practice offered a full range of immunisations for children, patients at risk of specific conditions and travel

advice and vaccines. Last year's performance for child immunisations was similar to the national average or higher for some vaccinations. Flu vaccination rates for patients with diabetes was above the national average and for other patients with medical conditions was below the national average. Flu vaccines for patients over 65 were slightly below national average.

External support services were advertised on the practice website and in the waiting area. This included mental health, carer support and drug addiction support services.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey and a survey of over 156 patients undertaken by the practice's Patient Participation Group. The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice received positive feedback for treating patients with care and concern. The practice satisfaction scores on consultations showed 87% of practice respondents said GPs were good at listening to them and 84% of nurses were good at listening to them. The survey also showed 81% (below the local average) said the last GP they saw and 86% (above the local average) said the last nurse they saw was good at giving them enough time.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 10 completed cards and they were all positive about the care patients experienced. Patients said they felt the practice staff were friendly and considerate. They said staff treated them with dignity and respect. There were some comments stating that it was sometimes difficult to book an appointment with a GP. We also spoke with eight patients on the day of our inspection. Most told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We saw no evidence that patients experienced any kind of discrimination.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The reception desk was open and patients queued close to it which made it difficult for staff to prevent other patients overhearing conversations.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 77% (above the local average) of practice respondents said GPs involved them in care decisions and 81% (below the local average) felt GPs were good at explaining treatment and results.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. This included decisions about referrals which they said were explained clearly. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. However, staff told us some non-English speaking patients attended the practice with friends or relatives to translate for them without being offered an independent translator through either a language line service or in person.

Patient/carer support to cope emotionally with care and treatment

Patients were positive about the emotional support provided by the practice. Notices in the patient waiting room, on the TV screen and patient website sign posted patients to a number of support groups and organisations, such as dementia and carer support and drug and alcohol services. Counselling services were available on site and staff told us they would refer patients if they thought this would help support any emotional needs. The practice's computer system alerted staff if a patient was potentially vulnerable.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

External service providers operated from the practice including counselling and some mental health services. The practice worked closely with health visitors and district nurses to ensure that patients with babies and young families had good access to care and support. GPs provided care to patients in local care homes and a hospice. We received positive feedback from the hospice regarding the care and treatment received by patients there.

We found the practice was responsive to some patients' needs. Most of the needs of the practice population were understood by the leadership team and staff who delivered care to patients. Longer appointments were available for patients who required them such as long term condition reviews, postnatal check-ups and health checks for patients with learning disabilities. This also included appointments with a named GP or nurse. Home visits were made to four local learning disability care homes to provide health checks, by a named GP. Patients who could not attend the practice were offered home visits when needed. The practice worked with health visitors in providing postnatal care. We spoke with mothers who were attending with babies and young children. They said the postnatal walk in clinic worked well for them. However, another mother said they had to travel from Chinnor to get to this practice as there were no appointments at the branch site. This was a journey of five miles.

The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the Patient Participation Group (PPG) and patient surveys. For example, changes were made to the rear entrance of the practice to make it more accessible to older patients or those with limited mobility.

Tackle inequity and promote equality

The practice had recognised the needs of different groups in the planning of its services. However, the practice was not always responsive to the needs of ethnic minority groups who may not speak English by ensuring that a translation service was offered to them. The practice had been adapted to meet the needs of patients with limited mobility in the extended part of the premises where access

could be gained from the car park. Automatic double doors and level access had been installed. A phone for contacting reception and check-in screen were available for wheelchair users and there was access to wheelchair friendly consultation rooms on the ground floor. However, patients with mobility problems, prams or buggies, who needed to access the old part of the building for their appointments, were restricted by steps in the reception area. We saw a mother had to wheel a pram up steps from where their appointment had been in order to exit the practice to the car park. They had not been provided with an appointment in the accessible area of the premises. Nurses treatment rooms were in the easily accessible part of the premises, meaning GPs would need to book the rooms for mothers or patients with mobility problems. There was no system for identifying all patients who needed to use these rooms for their appointments. Accessible toilet facilities were available for all patients.

Access to the service

Appointments were available from 8am to 6.30pm Monday to Friday. The website stated the practice closed 6pm Monday to Thursday and 5pm on Fridays, but both face to face appointments and telephone consultations were available, when required, through the triage GP until 6.30. The lack of clarity regarding opening hours on the website may have been misleading for patients. Extended hours appointments were available and varied week to week. They were made available on some weekdays from 7am and until 8pm and on Saturdays 8am to 2pm. Patients needed to book these appointments to attend during extended hours and would find out through booking when extended hours were available. Information on how to book appointments was only on the website. This included how to arrange appointments over the phone and online. There was also information on the website for patients on how to access treatment or advice when the practice was closed.

Some patients were satisfied with the appointments system. Some told us that it was difficult to book an appointment if they needed to. There were urgent slots for patients allocated on the same day. Urgent appointments were booked through the duty GP who would speak with patients requesting an urgent appointment to deduce who was best to see them. However, patients told us booking non-urgent appointments could mean a long wait to see a GP. The practice survey found that approximately 17% of

Are services responsive to people's needs?

(for example, to feedback?)

patients waited more than five days to see any GP. The national survey found 83% of patients were able to get to see or speak to someone last time they tried. This is below the national average.

The practice offered a very high number of phone consultations for each GP every day. This meant that a lot of patients were offered phone consultations. One patient told us they had tried to book an appointment for three days and were offered a phone consultation on the fourth day, which resulted in a face to face appointment being booked. Another patient told us they wanted to book an appointment in person but were told they could not, but found out that appointments for the same afternoon were being booked over the phone. One patient walked into the practice and spoke to the duty GP, who offered them an appointment straight away. The appointment system was not clear for patients and was not consistent.

The practice survey identified some areas of concern regarding appointments but no comprehensive review to determine if the system was meeting patients' needs was

undertaken. Patients had access to nurse practitioners, GPs, healthcare assistants and practice nurses. GPs provided approximately 20 phone consultations as well as their usual appointment lists. The national survey found that 61% of respondents found it easy to get through to this surgery by phone, which is below the regional average and 96% said the last appointment they got was convenient, which is above the regional average. The national survey identified that 68% of patients were satisfied with waiting times in the practice.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. We saw that information on the complaints policy was displayed in the reception area in the form of a small notice. We looked at several complaints received in the last twelve months and found these were acknowledged and responded to in a timely manner. Lessons learnt from individual complaints had been discussed at meetings and acted upon. We saw complaints were discussed regularly at meetings.

Are services well-led?

(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 statement of purpose displayed on its website. This included the core principles of the practice which were to provide modern and high quality medical care to all its patients in a friendly environment as well as continually improve and to be responsive to patient's needs and expectations.

Some staff were proactive in identifying areas of improvement in the practice. For example, a practice nurse had implemented a new system for monitoring hygiene and infection control and had brought in external professionals to assist the practice in monitoring infection control procedures as they identified that the existing processes were not fit for purpose. However, there was a lack of strategic leadership in regard to potential improvements that may be required for the practice to continue to provide its current services to patients and to improve. For example, there was no strategic plan for the coming years regarding meeting capacity demands despite a housing development of several hundred homes being underway in Princes Risborough.

A GP partner and a nurse had left the practice within the last 18 months. Staff told us this had impacted on the remaining staff due to increased demands. However, it took six months to recruit a new nurse, which was seven months after the previous nurse had given notice that they were leaving. There was no formal strategy for succession planning.

Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the intranet on any computer within the practice. We looked at several of these policies and procedures and noted reviews were undertaken as well as a date for future review.

The practice held regular meetings. Clinical meetings were held regularly and business meetings took place once a week. Nurses were represented by the lead nurse at business and clinical team meetings. Nurses had their own team meetings, as did administration staff. We saw staff appraisal feedback identified a lack of team meetings as a staff concern.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards, and had achieved 97% in 2013. The practice had completed a number of clinical audits, where action was taken to improve the service. However, some incidents were not identified as learning outcomes that should have been investigated in line with the practice's significant event procedure.

Staff training was not identified and monitored appropriately. The training needs of staff were not met. For example, we found staff did not have an adequate understanding of the Mental Capacity Act 2005 or their role in chaperoning. We were not able to ascertain which staff had training in equality and diversity, information governance and safeguarding.

The practice had some arrangements for identifying, recording and managing risks. There was a legionella risk assessment and regular checks on the water system were undertaken. There was no portable appliance testing (PAT) log, but the equipment we looked at had been PAT tested. Risks related to access were not identified, such as patients attending with prams and buggies needing to use steps to access areas of the practice. The COSHH risk assessment was not adequate. A fire risk assessment was in place.

Leadership, openness and transparency

The practice was in the process of changing the lead partner. There had been a shortage of staff during 2013 due to a partner being on long term sick leave and the partners told us this had caused difficulty in the running of the practice. Staff told us there was a clear leadership structure which had named members of staff in lead roles. For example there were lead nurses for infection control and a GP partner was the lead for safeguarding. We spoke with 11 members of staff and they were all clear about their own roles and responsibilities. They all told us that they mostly felt valued. However, the nursing team did not feel involved in the running of the practice or well supported to undertake their roles. Nurses were not involved in audits. The practice had recently employed a nurse manager to change the structure of the nursing team and promote the team's needs. The nursing manager told us they were keen to involve the nursing team more centrally in the running of

Are services well-led?

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

the practice and was confident this was also the aim of the partners. We were shown induction packs for locums and trainee GPs which included clinical processes and practice policies.

Practice seeks and acts on feedback from users, public and staff

The practice had gathered feedback from patients through patient surveys and comments and complaints. We looked at the results of the annual patient survey and saw that the findings were considered and some action to improve the service was included in the survey report. The survey included some common questions related to key concerns for patients. However, the practice could consider more specific questions in the survey to identify broader patient opinion, specifically in relation to the appointment system.

The practice had a patient participation group (PPG). The PPG contained representatives from the local community. The PPG was fully involved in the last patient survey and had written the resulting action plan. This was displayed in the reception area and on the website for patients to review.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues or the leadership team. The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice. Staff were aware of the whistleblowing policy and told us they would use it if they needed to.

Management lead through learning & improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at three staff files and saw that appraisals took place. Staff told us that the practice was supportive of training and that they had regional training away days where guest speakers and trainers attended. Cross Keys Practice was a GP training practice and fully supported GP trainees. The nursing team felt they and the practice would benefit from nurses having an opportunity to provide more feedback to the leadership team. Nurses were complimentary about the appraisals they received but also told us the process could be improved to help them become more involved in the practice and better support their needs. Staff training was not monitored properly to enable the practice to manage staff training and awareness needs. Training recorded on staff files was not consistent between staff who performed the same role and there was no training matrix or log to monitor who had completed which training courses.

The practice had completed reviews of significant events but had not identified many over the course of 2014. There were complaints relating to misdiagnoses that were not identified as significant events.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity

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

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations
2010 Safety and suitability of premises

The provider was not ensuring that service users and others who require access to the service were protected against the risk of unsuitable and unsafe premises by suitable design and layout. Regulation 15(1)(b)(i)(ii)

Regulated activity

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

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations
2010 Assessing and monitoring the quality of service providers

The provider did not regularly assess and monitor the quality of all services provided or identify, assess and manage all risks related to health, welfare and safety.

Regulation 10(1)(a)(b)

Regulated activity

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

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations
2010 Supporting staff

The provider did not ensure that staff were appropriately supported by receiving training to enable them to undertake their responsibilities safely and to an appropriate standard. Regulations 23 (1)(a)

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures

Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations
2010 Requirements relating to workers

This section is primarily information for the provider

Compliance actions

Treatment of disease, disorder or injury

The provider did not take reasonable steps to ensure that employees were of good character, were physically fit to perform their roles and that information required under schedule 3 was available. Regulation 21 (a)(i)(iii)(b)(c)