

Crossroads Medical 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? | Good |  |
| Are services effective? | Requires improvement |  |
| Are services caring? | Requires improvement |  |
| Are services responsive to people's needs? | Requires improvement |  |
| Are services well-led? | Good |  |

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – requires improvement

Are services caring? – requires improvement

Are services responsive? – requires improvement

Are services well-led? - Good

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

Older People – requires improvement

People with long-term conditions – requires improvement

Families, children and young people – requires improvement

Working age people (including those recently retired and students – requires improvement

People whose circumstances may make them vulnerable – requires improvement

People experiencing poor mental health (including people with dementia) – requires improvement.

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.

An inspection was undertaken following the second period of special measures and was an announced comprehensive inspection on 9 March 2017. Overall the practice was rated as inadequate as insufficient improvements had been made. We carried out an announced focussed inspection of Crossroads Medical Practice on 17 May 2017. This was to check compliance relating to the serious concerns found during the comprehensive inspection on 9 March 2017 which resulted in conditions being imposed on the registration and a notice of proposal to cancel the practice registration was served. We found at that inspection sufficient improvements had been made in relation to breaches of Regulation 12 (Safe care and Treatment) and Regulation 17 (Good Governance). We therefore withdrew the notice of proposal to cancel the service and the practice remained in special measures.

Summary of findings

This inspection on 7 November 2017 carried out following the third period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

At this inspection we found:

- Significant improvements had been made since the inspection in March 2017.
- Patients were no longer at risk of harm because adequate systems were in place to keep patients safe including those for dealing with high risk medicines and patient safety alerts.
- Management of high risk medicine prescribing had improved and regular audits were completed to ensure effectiveness.
- The practice had regular monthly meetings with the health visitor to enable joint working, discussion and review of children at risk.
- The process for managing patient safety alerts was effective. We saw that searches had been completed and patients contacted where needed. We saw ongoing evidence of repeated searches to check that any new patients were captured if affected by an alert.
- The system to ensure employment checks were carried out was effective. The locum files were organised, structured and had documented evidence of all checks and training required.
- There was a process for disseminating NICE guidance. Clinical meetings included discussion of NICE guidance in the minutes that we viewed.
- The practice had a plan in place for clinical audit. We saw audits had been completed and were scheduled to have a second cycle. Non clinical audit was in place to evaluate and inform decisions on future staffing and improving patient outcomes.
- 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, there had been a decrease in scores from 2015/16 compared with 2016/17. We saw evidence of work to look at ways this would be improved for the future, including recruitment and ensuring the correct skill mix.
- Some of the national patient satisfaction survey results from July 2017 that were below national and CCG averages results had decreased. However scores regarding nurse consultations had improved.
- The practice had reviewed the patient satisfaction survey and had an action plan for work to improve further.
- The practice had developed a triage system for patients which meant that any patient who felt they needed an appointment on the day would be passed to a nurse practitioner or GP who would contact the patient. The clinician would then book an appointment if required. Pre-bookable appointments were available for GPs. However this was one week in advance which was problematic for patients and reception staff when the GP told the patient they should re-book for two weeks time.
- Staff had the skills, knowledge and experience to deliver effective care and treatment although the practice had highlighted that they needed some further knowledge and staff to manage some long term conditions more effectively.
- Information about services and how to complain was available and easy to understand.
- Complaints had been acknowledged and responded to. We saw that learning from complaints was shared as part of the bi-monthly significant event meetings.
- The process for reporting, reviewing and investigating significant events was effective. We saw that there were no outstanding significant events for review and those that had been reported had been actioned, reviewed and lessons learned had been discussed. There were detailed minutes for staff who had been unable to attend the meetings.

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

- Continue to establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. For example, ensuring there are systems in place in order to provide patient care in relation to the monitoring of patient's health conditions.

Summary of findings

- Review the procedure to ensure that fridge temperatures are checked and emergency equipment checks are completed in line with the practice protocol.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Summary of findings

The six population groups and what we found

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

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

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, a GP specialist advisor and a practice nurse specialist advisor.

Background to Crossroads Medical Practice

Crossroads Medical Practice is a GP practice which provides a range of primary medical services to around 6551 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). The patient list size had decreased by 9.3% since March 2017.
- At the time of our inspection the service was provided by two full time salaried GPs (one male and one female), an advanced nurse practitioner, two nurse practitioners, one part time practice nurse and two part time health care assistants. They are supported by a full time practice manager, reception 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, LN6 8NH.
- 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 surgery had extended hours and was providing pre-bookable appointments until 7.30pm Monday and Tuesday, 7am to 7pm on Wednesday and from 7am on Friday.
- 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.

Are services safe?

Our findings

At our previous inspections in September 2015, July 2016 and March 2017, we rated the practice as inadequate for providing safe services as the arrangements in respect of significant events, safeguarding children, high risk medicine prescribing, patient safety alerts and recruitment checks needed improving.

These arrangements had improved when we undertook a follow up inspection on 17 May 2017 and had continued to do so at this inspection.

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

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. We saw that as changes had been made in the previous six months the policies had been updated accordingly. Staff received safety information for the practice as part of their induction and training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. There was information in the policies and on posters in treatment rooms that outlined clearly who to go to for further guidance.
- The GP met with the health visitor monthly to discuss safeguarding of children and adult safeguarding meetings were held monthly in the practice. We viewed minutes of these meetings.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS

checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- Locum files were complete and there was evidence of references and all relevant training that was required prior to employment. The files were clear and organised and included evidence of the required indemnity and registration to the appropriate bodies.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. One of the nurse practitioners was the infection control lead. We saw that infection control audits were in place and actions identified were completed. For example, areas that needed addressing for further cleaning had been highlighted and actioned by the cleaner. Chairs that had been identified as needed to be replaced had been.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. Work was in progress to look at future planning and identify additional clinical staff required to manage long term conditions. The practice had introduced a book on the day and triage system for patient appointments and told us that anyone who needed an appointment that day would be triaged and called in that day if required.
- There was an effective induction system for temporary staff tailored to their role.

Are services safe?

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information. However referrals were being requested in different ways depending on the clinician. Some completed this as a task on the system for the administrative staff to complete whilst others booked directly on the electronic booking system. This had led to some referrals not being completed on time and following this there had been instructions included in the locum pack so that new locums understood the correct processes.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines and medical gases minimised risks. We saw that emergency medicines and equipment were checked regularly. Medicines fridge temperatures were recorded daily. However, there were four occasions in the previous two months when this had not been completed. This was when the practice had locum nursing staff. On the day of the inspection the practice manager created a template for temporary nursing staff to complete and agree to this task. The practice kept stocks of prescription stationery securely. The practice had a prescription security policy and were tracking

prescriptions and their serial numbers. Audits were completed to ensure that the serial number documentation was correct. Prescriptions were removed from the printers at the end of each day.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- The practice were monitoring patients on high risk medicines. We viewed records of patients and found that they were appropriately monitored with the required blood tests. Audits on these medicines were completed to ensure that patients' health was monitored and medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity, such as significant events. This helped it to understand risks and gave a clear, accurate and current picture that led to developments for safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- The system for recording and acting on significant events and incidents had been improved and was being embedded. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. Incidents were reviewed as they occurred and immediate actions put in place and these were then taken to significant event and complaints meetings that the practice held bi-monthly. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, an incident regarding a blood sample had led to a change in a process. Blood samples

Are services safe?

were now marked urgent or routine for the administrative staff to deal with accordingly. We saw that actions and lessons learned were documented and discussed in detailed minutes of meetings so that staff who could not attend could see the outcomes.

- There was a system for receiving and acting on safety alerts. The practice learned from external safety events

as well as patient and medicine safety alerts. The practice had set up audits in their clinical system which would alert them to any prescribed medicines for new patients that may need to be reviewed. These were also discussed at clinical meetings.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspections in September 2015, July 2016 and March 2017, we rated the practice as requires improvement for providing effective services as the process to identify high risk patients had not been completed, there was no process for the dissemination and actioning of NICE guidance. There was no evidence of quality improvement taking place and 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.

At this inspection in November 2017 we found that there had been some improvement however there were still areas to be improved.

We rated the practice as remaining requires improvement for providing effective services overall and for the population groups of long term conditions and people experiencing poor mental health.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. There were procedures in place for reception staff to follow.

Older people:

- Patients over 75 had a named GP.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check.

- The practice followed up on older patients discharged from hospital. Patients were contacted by the practice and a home visit was provided for those who needed one.

People with long-term conditions:

- Patients with long-term conditions had a review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The GP's were responsible for reviews of patients with long term conditions. The nursing staff had identified areas that they would lead in once they had the required training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women. Patients self referred to ante-natal clinic and those patients with long term conditions were managed in secondary care.

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

- The practice's uptake for cervical screening was 84%, which was in line with the 8% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice nurse had reviewed palliative care in the practice to improve the end of life stage for patients.

Are services effective?

(for example, treatment is effective)

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- 59% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was below the national average of 84%.
- 83% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 78%; and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 100%.

Monitoring care and treatment

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 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.

The most recent published results (2016/17) were 86% of the total number of points available compared to 93% (CCG average) and 96% nationally. Again this was a decrease of 4% for the second year.

Overall exception reporting in 2016/17 was 4.9% which was in line with the CCG and national average of 5.1%. (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 clinical lead in the practice we spoke with said that the QOF was one of the areas that was to be looked at next. However the practice had prioritised other safety concerns from our previous inspections to be corrected first. A sample of records we viewed showed that patients were coded correctly for their diagnosis. This meant that these patients would be included in the QOF for that area and patients would 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 in 2015/16.

- 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 percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months was 150/90mmHg or less was 86% compared to the CCG average of 85% and the national average of 83%.

However in 2016/17 data showed

- 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 89% compared to a CCG average of 90% and national average of 92%. An increase of 12% from last year.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months was 150/90mmHg or less was 86% compared to the CCG average of 85% and the national average of 83%.

The practice had a programme of quality improvement. However this was in progress and activity was being reviewed to check the effectiveness and appropriateness of the care provided. One of the GPs had devised a data collection sheet which the practice planned to use to randomly monitor each clinician on a 20 patient record sample. The practice had reviewed patient demand and the time required to enable the practice to effectively manage patients including those with long term conditions. Nursing staff had been identified as lead roles and the practice had identified Diabetes as an area that they needed a lead for the future. Where appropriate,

Are services effective?

(for example, treatment is effective)

clinicians took part in local and national improvement initiatives. The practice were identifying patients using the frailty score and the nurse was implementing care plans for these patients.

Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop when possible. One of the reception staff had been trained in phlebotomy to cover staff shortages and was enrolling in the health care certificate training course.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. Locum sessions were reviewed so that performance could be managed when applicable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- 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.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. The practice were in discussion with a service to enable patients to be referred to improve lifestyle such as exercise and weight management.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

Our findings

At our previous inspections in September 2015, July 2016 and March 2017, we rated the practice as requires improvement for providing caring services as there had been little improvement in the national GP patient survey published in July 2016. Although the practice had an action plan of how this could be improved the actions had not been completed at the time of the inspection.

At the inspection on 7 November 2017 we found that there had been some improvement however there were still areas to be improved.

We rated the practice, and all of the population groups, as requires improvement for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 18 patient Care Quality Commission comment cards we received were positive about the service experienced. However one commented negatively on the attitude of the reception staff.

Results from the national GP patient survey showed that the practice was significantly below average for its satisfaction scores in July 2016 results. Results from the July 2017 annual national GP patient survey showed satisfaction had decreased in most areas. 219 surveys were sent out and 125 were returned. This represented about 2% of the practice population. The practice was below average for its satisfaction scores on consultations with GPs and above average for satisfaction with nurses. For example:

- In 2016, 78% of patients said the GP was good at listening to them. In 2017, this had decreased to 73% compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.

- In 2016 78% of patients who responded said the GP gave them enough time. In 2017 this had decreased to 74% compared with the CCG average of 87% and the national average of 86%.
- In 2016 87% of patients who responded said they had confidence and trust in the last GP they saw. In 2017 this had decreased to 83% compared with the CCG and national average of 95%.
- In 2016 72% of patients who responded said the last GP they spoke to was good at treating them with care and concern. In 2017 this had decreased to 70% compared with the CCG average and the national average of 86%.
- In 2016 91% of patients who responded said the last nurse they spoke to was good at treating them with care and concern. In 2017 this had increased to 95% compared with the CCG average of 93% and the national average of 91%.
- In 2016 84% of patients who responded said they found the receptionists at the practice helpful. In 2017 this had decreased to 82% compared with the CCG average of 88% and the national average of 87%.

Involvement in decisions about care and treatment

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

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

The practice proactively identified patients who were carers. This was done in two ways; staff identified carers from conversations with patients and their knowledge of the patients and the new patient registration form asked patients if they were also carers. There was a poster

Are services caring?

in the waiting area asking if patients were carers and support group information was provided. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 76 patients as carers (1.2% of the practice list).

- The practice had a carers protocol and information had been given to staff to help them understand the role of a carer and the ways in which the practice could support them once identified.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 was significantly below local and national averages for consultations. In 2017 the satisfaction results showed this had decreased in cases with the GP. However satisfaction with the nurses had increased.

For example:

- In 2016 76% of patients who responded said the last GP they saw was good at explaining tests and treatments. In 2017 this had decreased to 73% compared with the clinical commissioning group (CCG) average and the national average of 86%.
- 69% of patients who responded said the last GP they saw was good at involving them in decisions about their care. In 2017 this had decreased to 61% compared with the CCG average and the national average of 82%.
- 85% of patients who responded said the last nurse they saw was good at involving them in decisions about their care. In 2017 this had increased to 95% compared with the CCG average of 93% and the national average of 90%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspections in September 2015, July 2016 and March 2017, we rated the practice as requires improvement for providing responsive services as 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. The practice did not have enough appointments on a daily basis and there were no pre-bookable appointments for GPs. A number of urgent access appointments were available for children and those with serious medical conditions although we were told that 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. 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.

At the inspection on 7 November 2017 we found that there had been some improvement however there were still areas to be improved.

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, book on the day appointments, in addition to some advanced booking of appointments).
- The practice improved services where possible in response to unmet needs. For example, one of the reception staff had been trained in phlebotomy to cover annual leave or staff shortage so there was no delay to the patients.
- The facilities and premises were appropriate for the services delivered.

- The practice made reasonable adjustments when patients found it hard to access services. The patient areas were on the ground floor and there were automated doors on entry. The practice had a hearing loop at reception and a second mobile one that could be used in treatment rooms when required. Translation services were available.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had changed the appointment system and had a triage system in place. Any patient who said they needed to be seen on the day would be triaged on the day and given an appointment to come in if required. Patients could pre-book GP appointments, however this was only for a week in advance which some patients told us caused a problem if the GP asked to see them again in a fortnight.
- 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.

Older people:

- All patients over 75 had a named GP. Patients were supported in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice. HCA's were visiting patients home to provide flu vaccinations for patients that were unable to attend.

People with long-term conditions:

- Patients with a long-term condition received reviews to check their health and medicines needs were being appropriately met.
- Diabetic reviews were completed with referrals for retinopathy screening and podiatry services for patients.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- Appointments were available outside school hours.
- Patients could book for immunisations without having to wait for a particular clinic day.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, the practice had regular meetings with the health visitor.
- The midwife visited the practice each week so patients could have appointments in the practice.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. Extended hours appointments were available.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Patients were able to book appointments on line.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. These patients had annual health checks.
- The practice had applied to work toward a Pride in Practice award to enable them to be able to support lesbian, gay, bisexual, and transgender patients in the community.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

- The practice was taking part in a new initiative with a lottery funded mental health scheme to manage and prevent problems such as anxiety and depression. The initial meeting was scheduled for the 13 November 2017.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. The practice were working to improve the appointments system and had identified issues with the telephone system and were reviewing their contractual arrangements with their providers.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower compared to local and national averages. Three of the 18 completed comment cards mentioned that it was difficult to get through on the telephone and that they were not always able to get an appointment when they tried. 219 surveys were sent out and 125 were returned. This represented about 2% of the practice population.

- In 2016, 43% of patients usually get to see or speak to their preferred GP. In 2017 this had decreased to 10% compared with a CCG average and national average of 59%.
- In 2016, 72% of patients who responded were satisfied with the practice's opening hours. In 2017 this had decreased to 60% compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- In 2016 75% of patients who responded said they could get through easily to the practice by phone. In 2017 this had decreased to 44% compared with the clinical commissioning group (CCG) average of 72% and the national average of 71%.

As part of a pilot for working with Healthwatch Lincolnshire we carried out a concurrent inspection of Crossroads

Are services responsive to people's needs?

(for example, to feedback?)

Medical Practice at the same time as Healthwatch Lincolnshire who were carrying out an enter and view visit of the practice. This was because we had an agreement between the two organisations, which meant we could share information and evidence that we gathered.

19 patients were spoken with on the day and all said that once they had an appointment the clinical service was high quality. Some patients commented that they did not always get an appointment with a particular GP when they wanted one and that some found it difficult to get through on the telephone. Patients said that the appointments had improved over the past six months and gave positive feedback on the nursing team.

Comments on NHS choices were negative in relation to the availability of appointments. The comments had been responded to by the practice manager who had invited the patients concerned to contact them to discuss the situation further, along with an apology.

The practice had reviewed the most recent survey results. We viewed a detailed action plan and saw that work was underway to address the concerns. The practice had analysed the results to look at the age group of the responses so that they could look to improve in those areas for the people that required it, such as working age people. There was work to be completed some of which would not be until the clinical team was fully recruited to. The practice fed back that continuity of care issues and being able to speak to the preferred GP would be improved following successful recruitment. However the practice had introduced the triage system and it was hoped that patient education and being able to get an appointment easier would alleviate concerns of not been able to see the GP they preferred.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and was easy to do so. Staff treated patients who made complaints with compassion.
- The complaint policy and procedures were in line with recognised guidance. Eight complaints were received in the last year. We reviewed the complaints and found that they were satisfactorily handled in a timely way.
- Responses to patients complaints that we viewed were comprehensive and included a response from the practice manager in addition to an apology and response from the GP where applicable.
- The practice had documented themes of complaints for an annual review of trends.
- The practice learned lessons from individual concerns and complaints. We saw from three responses reviewed that the practice were open and honest and included informing the patient of any learning and actions that would be taken to prevent re-occurrence. For example, discussing the complaint in the significant event meeting, reflection from staff members involved.
- The practice response included a tear off slip that patients were asked to return to confirm that they were satisfied with the complaint response.

Are services well-led?

Good 

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

Our findings

At our previous inspections in September 2015, July 2016 and March 2017, we rated the practice as inadequate for providing well-led services as there was a lack of stability in the clinical team, identification of patients at high risk admission to hospital had not been completed, the process for prescribing high risk medicines was not effective and the process for reviewing and investigating significant events was not effective. The practice had no clear leadership arrangements and there was no evidence of quality improvement. We found on-going breaches of some regulations.

These arrangements had improved when we undertook a follow up inspection on 17 May 2017.

At our most recent inspection 7 November 2017 we found that this had improved further.

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services.
- They understood the challenges and were addressing them. The practice were looking at the clinical staffing team and were in the process of building on the team. They had recently recruited a pharmacist and an advanced nurse practitioner to assist with the management of patients and their long term conditions.
- Leaders at all levels were visible and approachable. The partners had a rota system for one to be the lead for the day so that staff could contact them if required. One of the GPs was the clinical lead who worked closely with the practice manager and staff to make sure they prioritised compassionate and inclusive leadership.
- The practice had completed actions identified at previous inspections and was working to improve further.

- The practice had processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The main aim of the practice was to come out of special measures and continue to build on the improvements made.
- The list size had declined since the practice had entered special measures and the practice hoped to build the patient list size back up.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice and the staff were open and transparent. There was an honest approach and a no blame culture.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw that patients had been contacted regarding complaints and that patients had been informed regarding incidents that were applicable to them.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and

Are services well-led?

Good 

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

career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services had improved and the lead GP promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical

staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.

- Audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality. Audits that had been completed were in the first cycle and were due to be re-audited so that improvements could be reviewed. The practice were conducting non-clinical audits to check the effectiveness of the new processes that they had implemented since the March inspection. For example, the prescription tracking of serial numbers.
- The practice had business continuity plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored. The practice had previously had a heavy reliance on locum GPs. The clinical lead was reviewing all the performance information to improve the quality of patient care for the future by ensuring the practice had the correct staff and skill mix.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address identified weaknesses from QOF and the lack of nursing experience for management of long term conditions.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

Are services well-led?

Good 

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

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The practice had received feedback from NHSE and the CCG. The partners of the practice told us that the feedback from previous inspections had helped them to improve.
- There was an active patient participation group. The PPG were promoting a pancreatic cancer awareness day in November 2017 and following this inspection were planning to grow their membership. They planned to complete another survey later in the year to monitor patient feedback since the improvements that the practice had made.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the practice. The practice were looking at new developments for text messaging to be used by patients. Reception staff were enabled to complete phlebotomy training. The practice was a training practice for nursing staff in conjunction with the local university and supported trainee nurses with their development.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.