

# Leacroft Medical Practice

## Quality Report

Langley House,  
Crawley,  
West Sussex  
RH11 7TF  
Tel: 01293574747  
Website: [www.leacroft.co.uk](http://www.leacroft.co.uk)

Date of inspection visit: 23 February 2017  
Date of publication: This is auto-populated when the report is published

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

Good 

Are services effective?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5

### Detailed findings from this inspection

Our inspection team	6
Background to Leacroft Medical Practice	6
Why we carried out this inspection	6
How we carried out this inspection	6

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Leacroft Medical Practice on 25 May 2016. During this inspection we found breaches of legal requirement and the provider was rated as requires improvement under the effective and well-led domains. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Leacroft Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk). The practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:-

- Ensuring that all Patient Group Directives are recorded and completed correctly, in line with legislation.
- Improving the pathways for the obtaining and dissemination of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Ensuring that all correspondence relating to patients, including results, are actioned in a timely manner.

- Ensuring a complete urgent referral process is implemented where cancer is suspected, to include confirmation that the referral has been sent and received.
- Formally documenting all practice specific policies and procedures and ensure these are made available to all staff.
- Improving the mechanisms for staff to raise concerns; ensuring consistent support and mentorship is available from all members of the management team.

Additionally;

- Ensuring a complete audit trail for the recording of significant events to include reference of an event to the subsequent discussion at a practice meeting.
- Ensuring that alerts for children and adults at risk, which are placed on the practice computer, are also placed on family members' records, as appropriate.
- Consider ensuring care plans were generated and available separately to individual patient notes.
- Continue to monitor access to appointments, including the telephone system for patients.
- Formally document and communicate to all staff the practice governance, vision, strategy and supporting business plan.

# Summary of findings

This inspection was an announced focused inspection carried out on 23 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 25 May 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- Patient Group Directives were recorded and completed correctly for all appropriate staff, in line with legislation.
- Evidence was seen to demonstrate that the practice had taken steps to include updates on good practice and national guidance at regular meetings, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- We found that all correspondence relating to patients, including results, had been actioned in a timely manner.
- A new system to monitor the urgent referral process was implemented where cancer is suspected. This included confirmation that the referral has been sent and received.
- All practice specific policies and procedures were now in place and these were available to all staff.
- The practice had reviewed its approach to systems they had in place to enable staff to raise concerns and the support and mentorship available to staff from the management team. Staff reported that they were fully supported and were able to engage with the current management team to raise concerns or make suggestions as appropriate.

Additionally;

- Since our last inspection the practice has engaged with Crawley CCG taking part in the PACE Setter

initiative (the primary care quality mark for children and young adults being rolled out across Surrey and Sussex). The practice has been nominated for an award for their work developing patient action plans in relation to asthma for children and young adults. Results will be announced at the end on March 2017.

- Patient care plans we reviewed were detailed and in line with national guidance.
- Significant events were discussed at regular meetings and a unique identifying number was used to link the record and the meeting.
- Systems were in place to alert staff when a child or adult was at risk and this had been expanded to include family members where appropriate.
- The practice continues to monitor the appointment access for patients. The practice reported that appointments were quickly filled when they were released. We were told appointments were released weekly and the ability to book in advance is limited. The practice is increasing the extended hours appointments during March to address a shortfall in this area. The practice carried out a patient survey in which 60% of respondents said there had been an improvement in appointment availability. The practice is looking to recruit an additional nurse to focus on working with frail and vulnerable patients to assist with access to appointments.
- The practice is currently developing plans for their future and we saw some information on their vision for the service. A formal business plan was not in place as yet.
- The practice is now taking part in the social prescribing initiative. Social prescribing is a way of linking patients in primary care with sources of support within the community. It provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and well-being.

**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 effective?**

At our previous inspection on 25 May 2016, we rated the practice as requires improvement for providing effective services as there was a lack of oversight for the actioning of latest guidance or best practice including patient safety alerts, actioning of incoming patient correspondence, and ensuring a complete urgent referral process.

At this inspection on 23 February 2017 we found that the practice had systems in place to monitor best practice guidelines, patient safety alerts and patient specific correspondence. A new system to monitor the urgent referral system had been introduced, specifically the process to ensure the practice received confirmation of receipt of these referrals. We saw a record to demonstrate this was successful in tracking all referrals made.

**Good**



### **Are services well-led?**

At our previous inspection on 25 May 2016, we rated the practice as requires improvement for providing well-led services as the arrangements in respect of risk management and overarching governance required some improvements.

At this inspection on 23 February 2017 we found that the practice had taken steps to improve systems to monitor and mitigate risks. The dissemination of information was evidenced in meeting minutes and practice policies were in place and relevant to the service provided.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The provider had resolved the concerns for effective and well-led identified at our inspection on 25 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for effective and well-led identified at our inspection on 25 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for effective and well-led identified at our inspection on 25 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for effective and well-led identified at our inspection on 25 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for effective and well-led identified at our inspection on 25 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for effective and well-led identified at our inspection on 25 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Leacroft Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The team consisted of a CQC inspector and a GP specialist advisor.

## Background to Leacroft Medical Practice

Leacroft Medical Practice is located in a purpose built premises in a residential area of Langley Green in Crawley. The practice provides primary medical services to approximately 9850 patients. The practice also provides care and treatment for the residents of a nearby care home, which serves individuals with mental and physical care needs, including dementia.

There are two GP partners and two salaried GPs (one male, three female). Collectively they equate to just over three full time GPs. The practice is registered as a GP training practice, supporting medical students and providing training opportunities for doctors seeking to become fully qualified GPs.

There are seven female members of the nursing team; five practice nurses and two health care assistants. The practice also employs a pharmacist. GPs and nurses are supported by the practice manager, a patient services manager, and a team of reception/administration staff.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average number of patients who are aged 0 to 18 when compared to the

national average. The number of patients aged over 65 years of age is slightly above the national average. The number of registered patients suffering income deprivation is in line with the national average.

The practice is open from 8am to 1:00pm and 2:00pm to 6pm Monday to Friday. An emergency telephone service is provided between 1pm and 2pm. Extended hours appointments are offered Tuesday and Wednesday until 8pm.

The practice runs a number of services for its patients including; family planning, minor surgery, hypertension clinics, smoking cessation, and travel vaccines.

The practice shares the premises with Crawley Clinical Commissioning Group led services, enabling patients to access additional services from the practice; such as audiology and dermatology clinics.

The practice has a General Medical Services (GMS) contract with NHS England. (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the NHS Crawley Clinical Commissioning Group.

## Why we carried out this inspection

We undertook a comprehensive inspection of Leacroft Medical Practice on 25 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in May 2016 can be found by selecting the 'all reports' link for Leacroft Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Detailed findings

We undertook a follow up focused inspection of Leacroft Medical Practice on 23 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

During our visit we:

- Reviewed their significant events monitoring systems.
- Reviewed their care planning systems.
- Reviewed their appointment system.
- Reviewed the practice's policies and procedures.
- Looked at systems used to manage information and correspondence within the practice.
- Spoke with staff team members including a GP, reception and administration staff and the practice manager.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 25 May 2016, we rated the practice as requires improvement for providing effective services as the arrangements as there as a lack of oversight for the actioning of latest guidance or best practice including patient safety alerts, actioning of incoming patient correspondence, and ensuring a complete urgent referral process when cancer was suspected.

These arrangements had significantly improved when we undertook a follow up inspection on 23 February 2017. The practice is now rated as good for providing effective services.

### **Coordinating patient care and information sharing**

At our last inspection on 25 May 2016 we looked at recent incoming correspondence to the GPs in the practice and found that these were not always dealt with in a timely manner. At the time of our inspection we saw there were over 400 messages waiting to be actioned, including 141 patient results. The practice shared relevant information with other services in a timely way, for example, when referring patients to other services. This included a process to refer patients to be seen by a specialist within a maximum of two weeks where cancer is suspected. Although we found that these referrals were being completed, it was noted that staff did not always ensure the referral had been sent/received.

At this inspection we reviewed the current patient correspondence and did not find any backlog. Staff

reported that they had no current issues with managing patient correspondence. They told us that the team had worked hard to address the backlog found at the last inspection. The practice was in the process of setting up a workflow optimisation initiative. This will train specific administrative staff to deal with a larger percentage of clinical correspondence in a timely, safe and efficient way.

We saw systems had been introduced to monitor urgent referrals and a record was maintained of confirmation responses from the hospital. The practice follows these referrals up with the patient to ensure they have received an appointment date.

At our last inspection on 25 May 2016 we saw examples of personalised care plans for patients with a learning disability and for patients with dementia. However, we found these were not generated separately, rather they were entered individually into patient notes, which could prevent information sharing with other services.

At this inspection we looked at a sample of patient care plans and found these to be comprehensive and personalised and in a format that could be shared. Since our last inspection the practice has engaged with Crawley CCG taking part in the PACE Setter initiative (the primary care quality mark for children and young adults being rolled out across Surrey and Sussex). The practice has been nominated for an award for their work developing patient action plans in relation to asthma for children and young adults.



# 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 inspection on 25 May 2016, we rated the practice as requires improvement for providing well-led services as the arrangements in respect of risk management and overarching governance required some improvements.

These arrangements had significantly improved when we undertook a follow up inspection on 23 February 2017. The practice is now rated as good for providing well-led services.

### Governance arrangements

At our last inspection on 25 May 2016 we found most practice policies were implemented and were available to all staff but we saw that some policies had not been completed. For example, we saw that the fire safety policy was not practice specific.

At this inspection we found all policies and procedures had been personalised to the practice. For example, we looked at the health and safety policy and safeguarding policy and found this to be specific to the practice. Staff had been reminded on how to access these policies at staff meetings.

At the May 2016 inspection we found there were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, there was a lack of oversight for the actioning of latest guidance or best practice including medicine alerts, actioning of incoming patient correspondence, and ensuring a complete urgent referral process.

At this inspection in February 2017 we were told that the practice manager had registered to receive updates for alerts and he maintained an action log and distribution list. We saw evidence that good practice updates and national guidance were discussed at team meetings. This was now a standing item on the practice meeting agenda.

We saw systems had been introduced to monitor urgent referrals and manage patient correspondence to ensure they are processed in a timely and safe manner.

### Leadership and culture

At our inspection in May 2016 all staff spoke positively about working at the practice. Staff told us they felt certain members of the management team were not approachable and they did not always feel comfortable raising issues to them. For example, they told us they did not always feel supported by all of the management team if they did not feel competent to complete a task.

At this inspection we spoke with administrative and clinical staff. They told us there had been changes within the practice and they felt supported by the current management team. Staff told us they felt able to discuss issues and concerns with individual team members, colleagues and the GPs. Regular meetings took place and staff were able to raise issues and contribute to the running of the practice.