

# Litfield House Medical Centre

## Inspection report

1 Litfield Place  
Clifton Down  
Bristol  
BS8 3LS

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This service is rated as Good overall.** (Previous inspection 28 November 2017 – the practice was not rated but was found to be providing care in accordance with the relevant regulations)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Beard Medical Practice LLP on 11 April 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether Beard Medical Practice LLP was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the practice.

Beard Medical Practice provides a range of general practice services including sexual health screening, pathology testing, travel advice and vaccinations and occupational medicine. The service is predominately aimed at people who are working and who cannot get an appointment at their registered GP which suits their working pattern; people who are visiting Bristol who may need an appointment when away from their NHS GP, or overseas students in the Bristol area. The service is also registered as a mobile doctors' service providing a service for home visits for any patients who are unable to attend the practice. Patients are able to book private appointments by telephone or via the practice website. All patients are required to complete a comprehensive health questionnaire/declaration prior to their appointment.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Beard Medical Practice services are provided to patients under arrangements made by their employer; a government department or an insurance company with whom the service user holds a policy (other than a

standard health insurance policy. These types of arrangements are exempt by law from CQC regulation. Therefore, at Beard Medical Practice, we only inspected the services which are not arranged for patients by their employers; a government department or an insurance company with whom the patient holds a policy (other than a standard health insurance policy).

Beard Medical Practice has two GPs partners with one partner who is also the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The practice provides services from a rented room at Litfield House Medical Centre.

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection visit. All of the 33 comment cards we received were positive and complimentary about the caring nature of the service provided by the practice. We also spoke with one patient during our inspection and their views were aligned with the patient views expressed in the comment cards. All of the feedback from patients indicated they were satisfied with the care provided by the practice.

## Our key findings were :

- There was a transparent approach to safety and an effective system in place for reporting and recording incidents.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had one consultation room which was well organised and equipped.
- There were systems in place to check all equipment had been serviced and calibrated regularly.
- Clinicians regularly assessed patients according to appropriate guidance and standards such as those issued by the National Institute for Health and Care Excellence.
- The partners maintained the necessary skills and competence to support the needs of patients.

## Overall summary

- The partners were up to date with current guidelines and held regular meetings to discuss complex cases.
  - Risks to patients were well managed for example, there were effective systems in place to reduce the risk and spread of infection.
  - The provider was aware of, and complied with, the requirements of the Duty of Candour.
- Dr Rosie Benneyworth BM BS BMedSci MRCGP**  
Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

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

## Background to Litfield House Medical Centre

Beard Medical Practice LLP which is also known as Beard Medical Practice, has two GP partners and provides a range of general practice services including sexual health screening, pathology testing, travel advice and vaccinations and occupational medicine. Beard Medical Practice do not directly employ any of the staff at Litfield House Medical Centre, the centre provides reception staff as part of the room rental fee. The centre also employs a business manager who ensures Health and Safety requirements are met and that all staff at the building are appropriately trained and when necessary have a disclosure and barring service check (DBS).

The practice delivers services to its patients at the following address:

1 Litfield Place,  
Clifton Down,  
Bristol,  
BS8 3LS

Information about the practice can be obtained on their website at:

The practice open from 8.15am to 6pm on Mondays, Wednesdays, Thursdays and Fridays, until 8pm on Tuesdays and between 9am and 1pm on Saturdays

### How we inspected this service

During our visit we:

- Spoke with one of the partners.
- Reviewed records and documents.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## We rated safe as Good because:

- Systems and processes in place ensured care was delivered in a safe way.

## Safety systems and processes

### The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service 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 partners did not recruit staff and were provided with staff employed by Litfield House practice. The partners had documentation for themselves including evidence of professional registration, and Disclosure and Barring Service (DBS) checks. (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). The practice had access to staff employed by the Litfield House Medical Centre who could act as chaperones and provided evidence that they had received training for the role and had received an appropriate DBS check.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was an effective system to manage infection prevention and control. The partners had recently undertaken an infection control audit of the service. Actions were identified for improvements which they were working towards. Observation of the consultation rooms indicated that infection control precautions were

in place. An assessment of the risk and management of Legionella had been undertaken (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

## Risks to patients

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

- There were arrangements for planning and monitoring the number of appointments needed.
- The partners and staff employed by Litfield House Medical Centre had received annual basic life support training.
- The service had access to some emergency medicines and had a risk assessment in place to justify their decision on the medicines kept available. There was a defibrillator (used to attempt to restart a person's heart in an emergency) and oxygen for use in an emergency.
- Professional indemnity arrangements were in place for the partners which covered all aspects of their professional work.

## 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 service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

# Are services safe?

## Safe and appropriate use of medicines

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

- The service had a limited number of medicines stored on the premises. Medicines we checked were securely stored and in date; we observed that the cold chain for vaccines was managed safely. There were systems in place to monitor expiry dates.
- The service monitored their prescribing to ensure this was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.
- There were protocols in place for identifying and verifying the patient, and the General Medical Council guidance was followed.

## Track record on safety and incidents

### The service had a good safety record.

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

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about their responsibility for notifiable safety incidents
- There was a system for recording and acting on significant events and incidents. The partners understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. There had been three significant events recorded in the last 12 months. The service learned, and shared lessons, identified themes and took action to improve safety in the service. For example, following an incident that occurred during an urgent situation, the practice reviewed its policies and implemented actions to ensure this type of incident did not happen again. The practice also informed the patient affected by the incident and enquired with relevant organisations if this needed to be escalated and recorded.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

# Are services effective?

## We rated effective as Good because:

- Clinicians regularly assessed patients according to appropriate guidance and standards such as those issued by the National Institute for Health and Care Excellence.
- The partners maintained the necessary skills and competence to support the needs of patients.
- The partners were up to date with current guidelines and held regular meetings to discuss complex cases.

## Effective needs assessment, care and treatment

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)**

- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when providing care and treatment or making decisions.
- Arrangements were in place to deal with repeat requests. For example, patients requesting repeat medicines were reviewed before a repeat prescription was issued.
- Staff assessed and managed patients' pain where appropriate.

## Monitoring care and treatment

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. For example, when GPs identified that the laboratory had not fully analysed a urine sample which resulted in delays to prescribe a patient with the correct medicines, the practice held discussions with the laboratory to ensure all the tests requested had been completed.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, the practice had undertaken an audit of consultation records. Forty

patient records were audited to ensure they contained the correct and necessary information. The results showed that all the notes contained a unique identifiable patient information and they had signed and dated the form. However, 5% had signed the form without printing their name and title and 7.5% had not filled in the section around consent to sharing of information with their usual GP. The practice implemented improvement actions such as paying particular attention that registration forms are being filled in correctly and that the consent section was completed. GPs reviewed the form with patients on their first consultation and we saw evidence of discussions recorded on patients' notes that consent had been discussed where they had not completed this.

## Effective staffing

**Staff had the skills, knowledge and experience to carry out their roles.**

- The partners had the skills, knowledge and experience to carry out their roles.
- Partners were registered with the General Medical Council (GMC) and were up to date with revalidation.
- Staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date.
- The partners sought ongoing support through attendance at local professional meetings and as part of their continued professional development. The partners continued to have professional appraisals, and external support for revalidation.

## Coordinating patient care and information sharing

**Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, where the practice could not treat patients, they sent a letter to the most appropriate service or the patient's registered GP to inform them of the treatment or further investigation required.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines

## Are services effective?

history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.

- All patients were asked for consent to share details of their consultation including any medicines prescribed, with the registered GP each time they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing, if the patient did not give their consent to share information with their GP, or if they were not registered with a GP. For example, to reduce abuse or misuse of medicines, and to monitor the treatment of long-term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services. For example, we saw evidence where the practice had referred patients with alcohol abuse to alcohol support services.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

### Supporting patients to live healthier lives

#### **Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice, so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, patients were referred to their usual NHS GP for advice on smoking cessation.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

### Consent to care and treatment

#### **The service obtained consent to care and treatment in line with legislation and guidance .**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.



# Are services caring?

## **We rated caring as Good because:**

- Feedback from patients was positive about the quality of service they had experienced.

## **Kindness, respect and compassion**

### **Staff treated patients with kindness, respect and compassion.**

- Feedback from patients was positive about the way staff treat people.
- We reviewed three google reviews which were on the website and these were all positive about the service. Patients said the practice was extremely helpful, and the GPs were experienced, polite and friendly and that they would recommend the service to their friends and families.
- In addition to written feedback from patients, the inspection team were given several examples of compassionate care. For example, waving or reducing consultation fees where patients have had to wait for their appointment.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

## **Involvement in decisions about care and treatment**

### **Staff helped patients to be involved in decisions about care and treatment.**

- Interpretation services were available for patients who did not have English as a first language. The practice was signed up to an interpretation and translation service.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

## **Privacy and Dignity**

### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

## We rated responsive as Good because:

- Services were arranged and delivered to meet the needs of patients.

## Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, the practice had developed their appointment systems so that patients could choose the GP they wanted to see, book appointments at times that suited them and ask the GPs questions through the practice's website.
- The practice offered flexible opening hours and appointments to meet the needs of their patients. The range of services was kept under review to meet demand.
- The practice undertook a range of onsite tests such as electrocardiographs and offered a range of testing service including blood tests accessing the local NHS pathology services. Patients were always contacted by telephone direct by the GP when the test results had been received as part of the follow up of their consultation.
- Patients were routinely advised of the expected fee for the proposed treatment or consultation in advance of treatment being initiated. Fees were clearly listed on their website.
- Reasonable adjustments were made so that people with a disability could access and use services. The facilities at the centre complied with the Disability Discrimination Act 2005; they were comfortable and welcoming for patients, with a manned reception area and an inner waiting room with refreshments available for patients.

## Timely access to the service

### Patients were able care and treatment from the service within an appropriate 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.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, referrals were undertaken during consultation and in some cases where it was urgent, one of the GPs told us they hand delivered the letters to the patient's NHS GP.

## Listening and learning from concerns and complaints

### The service 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. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. We saw in minutes of meetings that concerns and incidents were discussed, however, no complaints had been received in the last 12 months.

# Are services well-led?

## We rated well-led as Good because:

- The partners understood and were knowledgeable about patients' needs and tailored services accordingly.
- There was effective oversight of activities and openness and transparency was demonstrated when delivering services.

## Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Vision and strategy

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

- The partners told us they had a clear vision to work together to provide a high quality personalised care, making treatments accessible and safe; this was a shared ethos and vision and underpinned the decision for starting the practice.

## Culture

### The service had a culture of high-quality sustainable care.

- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints and during our inspection visit. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for ensuring the partners staff with the development they needed. This included GP appraisal to meet the requirements of professional revalidation.
- There was a strong emphasis on the safety and well-being.

- The service actively promoted equality and diversity. It identified and addressed the causes of inequality. The partners had undertaken equality and diversity training.
- There were positive relationships between the partners and the Litfield House support staff team.

## 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 promoted interactive and co-ordinated person-centred care.
- The partners were clear on their roles and accountabilities
- Leaders had established 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 service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place for major incidents.

## Appropriate and accurate information

### The service 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 partners had access to information.

## Are services well-led?

- The service used performance information which was monitored and partners were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. We saw that patient records being held in a secure storeroom. We noted that patient records were only transported to and from the consulting room.

### **Engagement with patients, the public, staff and external partners**

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

- There was evidence that the service regularly obtained feedback through Google reviews about the quality of care and treatments available to patients.
- The provider had a whistleblowing policy in place. A whistle blower is someone who can raise concerns about practice or staff within the organisation.
- The partners were part of the management board at Litfield House Medical Centre where issues and new developments were discussed.

### **Continuous improvement and innovation**

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

- There was a focus on continuous learning and improvement. For example, the service was looking at ways to meet increased demands and exploring options such as recruiting more staff.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders took time out to review individual and team objectives, processes and performance.