

Beechwood Group Practice

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Beechwood Group Practice on 14 April 2016. Overall, the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responses to raise concerns and to report incidents and near misses. However, the systems in place at the practice were not effective and this resulted in incidents and near misses not always been effectively managed or recorded.
- Some risks to patients were assessed and well managed, with the exception of those related to recruitment, some areas of health and safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Not all staff had the skills, knowledge and experience to deliver effective care and treatment. For example, we identified that not all staff had completed safeguarding, infection control or information governance training.
- 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. However, the practice did not manage complaints in line with their agreed policy.
- Extended hours appointments were available each Saturday morning from 9am to 12:30pm.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and most staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The practices ethos complied with the requirements of the duty of candour. However, the practices' record keeping process for complaints and significant events did not support the requirements of duty of candour.

There were areas of practice where the provider must make improvements:

- Introduce effective procedures for reporting, recording, acting on significant events, incidents and near misses and ensure that learning is shared with all relevant staff.
- Ensure staff receive appropriate staff training for their role, for example safeguarding and infection control and carry out annual staff appraisals.
- Ensure the recruitment of all staff includes all the necessary employment checks and records are kept of these.
- Review the governance arrangements at the practice. Ensure that appropriate records are maintained in

relation to the governance of the practice, specifically in relation to records of meetings. Review the arrangements for clinical audit to ensure standards are clearly defined, and there is a clear link between audits and improvement in the quality improvement.

There were areas of practice where the provider should make improvements:

- Review the arrangements for the management of health and safety at the practice
- Complete an infection control audit for the practice.
- Review the arrangements for the management of complaints including ensuring all complaints are recorded, reviewed and responded to in line with national guidance.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services.

- Staff understood and fulfilled their responses to raise concerns and to report incidents and near misses. However, the systems in place at the practice were not effective and this resulted in incidents and near misses not always been effectively managed or recorded.
- When things went wrong reviews and investigations were not thorough enough and lessons learned were not documented or communicated widely enough to support improvement.
- During the inspection, we were unable to see evidence that assured us that when there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. However, the practices' ethos complied with the requirements of the duty of candour.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, there was an effective safety alert system and safeguarding leads were in place and the practice was clean.
- However, patients were at risk of harm because some systems and processes were not always implemented in a way to keep them safe. During the inspection, we found that recruitment not did always include appropriate checks to ensure that staff were suitable to work with children and vulnerable adults.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- We found that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed that some patient outcomes were at or below average for the locality. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 96% of the points available in 2014/2015. This was below the local average of 98% and above the national average 95%. For 13 of the 19 clinical domains within QOF the practice had achieved 100% of the points available.

Requires improvement



Summary of findings

- We did not see evidence that clinical audit was driving improvements in patient outcomes.
- The practice did not have an effective system for recording and monitoring staff training and some training had not been completed. For example, the practice could not demonstrate that all staff had undertaken training in child safeguarding, infection control or information governance training.
- There was evidence of appraisals and personal development plans for some staff. The healthcare assistant and the phlebotomist had been appraised in the last year. However, none of the nurses had been appraised for over a year.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed that how patients rated the practice was above national averages. For example, results from the National GP Patient Survey showed that 100% of respondents said they had confidence and trust in the last nurse they saw, compared to the national average of 97%. 90% of respondents said the last GP they saw or spoke to was good at listening to them, compared to 89% nationally. 91% of respondents said the last GP they saw was good at explaining tests and treatments, compared to the national average of 86%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. For example, on the practices' website and leaflet.
- We also saw that most staff treated patients with kindness and respect, and they maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Urgent appointments were usually available the same day at the local primary care centre in line to local arrangements.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, however, the practice did not keep effective records of complaints received and actions taken.
- The practice had a patient participation group (PPG) patients who made a complaint were asked if they wished to join the PPG.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to this.
- There was a clear leadership structure and most staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, not all staff were aware of how to access these.
- The practice's ethos complied with the requirements of the duty of candour. However, the practice's record keeping process for complaints and significant events did not support the requirements of duty of candour.
- There was an overarching governance framework that supported the delivery of the strategy and good quality care. However, arrangements to monitor and improve quality and identify risk were not effective. Record keeping was largely informal; minutes were not produced regularly following these meetings.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people.

The provider was rated as requires improvement for providing safe effective and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, some examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- As part of a local partnership with other GPs in Workington the practice was part of an initiative to reduce hospital admissions that included a frail elderly assessment team (FEAT).
- All patients over the age of 75 had a named GP.
- Patients over the age of 75 and carers were offered an annual health check.
- Information was available in the practice's website for patients who were carers.
- The practice was responsive to the needs of older people; they offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were good. For example, the practice had achieved 100% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with heart failure. This was 0.4% above the local clinical commissioning group (CCG) average and 2.1% above the national average.
- The practice maintained a palliative care register and reviewed the needs of these patients each month.
- The practice offered immunisations for pneumonia to older people.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions.

The provider was rated as requires improvement for providing safe effective and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

There were, however, some examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority for care and support by the practice.
- Nationally reported data showed the practice had achieved good outcomes in relation to the some of the conditions commonly associated with this population group. However, for some conditions outcomes were below average. For example, the practice had achieved 89% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was 5.1% below the below CCG average and 0.7% below the national average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with hypertension. This was 1.1% above the below CCG average and 2.2% above the national average.
- Longer appointments and home visits were available when needed.
- The practice hold weekly respiratory clinics and nursing staff are trained to provide a spirometry service for patients with COPD.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people.

The provider was rated as requires improvement for providing safe effective and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, some examples of good practice:

- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

Requires improvement



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were arrangements for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% (CCG average 83% to 97%) and for five year olds ranged from 79% to 99% (CCG average 73% to 98%).
- Urgent appointments for children were available on the same day at a local primary care centre. If children were not able to get an appointment, the practice told us that they would be seen urgently at the practice.
- Nationally reported data showed that outcomes for patients with asthma were poor. The practice had achieved 80% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was 18.9% below the local CCG average and 17.8% below the national average.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students).

The provider was rated as requires improvement for providing safe effective and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, some examples of good practice:

- The needs of the working age population, those recently retired, students had been identified, and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were available each Saturday morning from 9am to 12:15pm.
- Patients could order repeat prescriptions and book appointments on-line. A leaflet explaining the online service the practice provided was available in the waiting area.
- The practice's uptake for cervical screening was 80%, which was comparable to the local CCG and national averages of 82%.
- Telephone advice was available from one of the GPs at the practice.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- Additional services such as health checks for over 40's, travel vaccinations and minor surgery were provided.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

The provider was rated as requires improvement for providing safe effective and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, some examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and those requiring treatment for drug and alcohol issues.
- The practice worked with local addiction services to provide services and support for patients with drug and alcohol issues. A weekly clinic is provided at the practice.
- The practice offered longer appointments for patients with a learning disability if required.
- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However, not all staff had completed children's safeguarding training.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

The provider was rated as requires improvement for providing safe care for providing safe effective and well-led care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were, however, some examples of good practice:

- The practice held a register for patients experiencing poor mental health.
- Nationally reported data showed that outcomes for patients with mental health conditions was good. The practice had

Requires improvement



Summary of findings

achieved 100% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was 4.6% above the local CCG average and 7.2% above the national average.

- Nationally reported data showed that outcomes for patients with dementia were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was 4.3% above the local CCG average and 5.5% above the national average. However, only 79% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which is below the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Local support services were available at the practice on a regular basis.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in January 2016 showed the practice was performing in line with the local and national averages. There were 275 forms sent out and 112 were returned. This is a response rate of 41% and represented 1.6% of the practice's patient list.

- 89% found it easy to get through to this surgery by phone (CCG average 81%, national average of 73%).
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 95% described the overall experience of their GP surgery as good (CCG average 88%, national average 85%).
- 82% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).
- 89% found the receptionists at this surgery helpful (CCG average 91%, national average of 87%).
- 97% said the last appointment they got was convenient (CCG average 94%, national average 92%).

- 83% described their experience of making an appointment as good (CCG average 78%, national average of 73%).
- 38% usually waited 15 minutes or less after their appointment time to be seen (CCG average 66%, national average 65%).
- 39% felt they don't normally have to wait too long to be seen (CCG average 62%, national average 58%).

We reviewed 34 CQC comment cards all of which were positive about the standard of care received. They also described the practice staff as caring, helpful, and supportive, they also said that they were given sufficient time during consultations. Six of the CQC comment cards commented negatively about the service provided by the practice but there was no theme to the comments made.

We spoke with fourteen patients during the inspection; one was a member of the patient participation group. All the patients said they were happy with the care they received. They said the staff involved them in their care, explained tests and treatment and that the practice was clean.

Areas for improvement

Action the service **MUST** take to improve

There were areas of practice where the provider must make improvements:

- Introduce effective procedures for reporting, recording, acting on significant events, incidents and near misses and ensure that learning is shared with all relevant staff.
- Ensure staff receive appropriate staff training for their role, for example safeguarding and infection control and carry out annual staff appraisals.
- Ensure the recruitment of all staff includes all the necessary employment checks and records are kept of these.
- Review the governance arrangements at the practice. Ensure that appropriate records are maintained in relation to the governance of the practice, specifically

in relation to records of meetings. Review the arrangements for clinical audit to ensure standards are clearly defined, and there is a clear link between audits and improvement in the quality improvement.

Action the service **SHOULD** take to improve

There were areas of practice where the provider should make improvements:

- Review the arrangements for the management of health and safety at the practice
- Complete an infection control audit for the practice.
- Review the arrangements for the management of complaints including ensuring all complaints are recorded, reviewed and responded to in line with national guidance.

Beechwood Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser and an expert by experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

Background to Beechwood Group Practice

Beechwood Group Practice is registered with the Care Quality Commission to provide primary care services. The practice provided services to patients in the CA14 postcode area.

The practice provides services to around 6,700 patients from one location.

- 57 John Street, Workington, Cumbria, CA14 3FT.

We visited this address as part of the inspection.

Beechwood Group Practice is based in converted premises in Workington. The main entrance to the building is accessed by a step; the rear entrance to the building has level access. All reception and consultation rooms are fully accessible. There is no on-site parking; however, parking for residents is available and a public car park is close to the practice. A disabled WC and disabled parking is available.

The practice has two GP partners and one salaried GP (two male, one female). The practice employs a practice manager, an assistant practice manager, an advanced nurse practitioner, two practice nurses, a healthcare

assistant, a phlebotomist, five staff who undertake reception duties and six administration staff. The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

Beechwood Group Practice is open at the following times:

- Monday to Friday 8am to 6:30pm.
- Saturday 9am to 12:15pm.

The telephones are answered by the practice during these times. When the practice is closed patients are directed to the NHS 111 service. This information is available on the practices' telephone message, website and in the practice leaflet.

Appointments are available at Beechwood Group Practice at the following times:

- Monday to Friday 8am to 12:30pm then 1:30pm to 6pm.

An extended hours surgery, with pre-bookable appointments is offered each Saturday morning between 9am and 12:15pm.

The practice is part of NHS Cumbria clinical commission group (CCG). Information from Public Health England placed the area in which the practice is located in the fourth most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. Average male life expectancy at the practice is 77 years compared to the national average of 79 years. Average female life expectancy at the practice is 80 years compared to the national average of 83 years.

The proportion of patients with a long-standing health condition is below average (52% compared to the local average of 56% and the national average of 54%). The proportion of patients who are in paid work or full-time employment or education is below average (54%

Detailed findings

compared to the CCG average of 59% and the national average of 62%). The proportion of patients who are unemployed is above average (6% compared to the CCG average of 4% and the national average of 5%).

The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Cumbria Health on Call Limited.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 April 2016. During our visit we:

- Reviewed information available to us from other organisations, such as NHS England.
- Reviewed information from the CQC intelligent monitoring systems.

- Spoke to staff and patients. This included two GPs, the practice manager, the advanced nurse practitioner, two practice nurses, the phlebotomist, the nurse who led for infection control and a receptionist. We spoke with fourteen patients who used the service.
- Looked at documents and information about how the practice was managed and operated.
- Reviewed patient survey information, including the National GP Patient Survey of the practice.
- Reviewed a sample of the practice's policies and procedures.

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?

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

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

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 safe?

Our findings

Safe track record and learning

There was system in place for reporting and recording significant events. However, it was not effective.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available for staff to use to document these. We reviewed safety records, incident reports, national patient safety alerts. The system for managing the actions taken when national safety alerts was affective However, some of the significant event forms we reviewed were not fully completed. Clinical staff told us the lessons from significant events were discussed at clinical meetings. However, record keeping was largely informal; minutes were not produced regularly following these meetings. During the inspection staff told of some significant events they were aware of, the practice was not able to find a record of some of these events being recorded and managed.
- Following the inspection the practice provided a copy of a new significant event monitoring and analysis template that was to be introduced.
- The practice carried out some analysis of significant events; however, this did not include analysis of recurring themes.
- The practices ethos complied with the requirements of the duty of candour. However, the practice record keeping for complaints and significant events did not support the requirements of duty of candour.

Overview of safety systems and processes

The practice had some defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, there were some areas of concern identified during the inspection.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and, policies were accessible to all staff. The practice's policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP partner was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities in

relation to safeguarding. However, staff had not been trained to an appropriate level for child safeguarding for their role. On the day of the inspection, the practice could only demonstrate that five out of twenty staff had completed child safeguarding training to an appropriate level. Following the inspection the practice provided us with further evidence of child safeguarding training, however six members of staff had still not completed this training to an appropriate level for their role. This included a healthcare assistant and a nurse. GPs were trained to child safeguarding level three.

- A notice in the waiting room advised patients that staff would act as chaperone, if required. Staff who acted as chaperone were trained for the role and had received a Disclosure and Barring Service (DBS) check, or this had been applied for by the practice manager. (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 maintained appropriate standards of cleanliness and hygiene. We saw the premises were clean and tidy. The practice nurse had recently been appointed as the infection control clinical lead. There was an infection control protocol in place. The practice had not undertaken a recent infection control audit, the last infection control audit undertaken did not record the date it had been completed, and the practice confirmed that this audit had not been completed in the last year. The infection control lead had re-introduced cleaning schedules for the clinical rooms and clinical equipment.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

Are services safe?

- Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked in the practice were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- We reviewed three personnel files and found the practice had undertaken some appropriate recruitment checks prior to employment. However, of the files we checked one did not include proof of identity. Another file we checked did not include a record that registration with the appropriate professional body had been confirmed. Two of the files did not contain records of completed DBS checks having been undertaken. However, we saw proof that the practice had recently applied for DBS checks for several clinical members of staff. Some of these had recently been completed, others were still being processed.
- The practice had a system in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Some risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had undertaken a health and safety assessment in February 2016. This assessment identified several issues with urgent action required. The practice told us that they had addressed some of the urgent issues related to the electrical safety of the building. However, the practice was unable to provide evidence of this during the inspection, as this had not been provided by the contractor.
- The practice checked all electrical equipment to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor the safety of the premises, such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium, which can contaminate water systems in buildings.)

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. However, during the inspection we identified some areas where improvements were required.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had not received annual basic life support training. The resuscitation council recommends that clinical staff should receive basic life support training at least annually and non-clinical staff should generally receive this training annually or a risk assessment should be undertaken on the likelihood of them encountering a patients requiring resuscitation. Records made available during the inspection showed that only one nurse and seven other staff had completed annual training in the last year. The practice provided details of completed basic life support training completed by staff shortly after the inspection, eight staff out of 20 had now completed this training. No records of any risk assessments or details of this training having being booked were seen during the inspection.
- There were emergency medicines available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All of the medicines we checked were in date and fit for use. The practice had a defibrillator, and oxygen with adult and children's masks were available, in one of the treatment rooms. A first aid kit and accident book was available.
- The practice had a comprehensive risk based business continuity plan for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up-to-date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice discussed clinical guidelines at their weekly clinical meetings.

Management, monitoring and improving outcomes for people

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 most recent published results showed the practice had achieved 96% of the total number of QOF points available compared to the local clinical commissioning group (CCG) average of 97% and the national average of 95%. At 4.9%, their clinical exception-reporting rate was 5.2% below the local CCG average and 4.3% below the national average. (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.)

Data from 2014/2015 showed;

- Performance for the diabetes related indicators was below average (89% compared to the CCG average of 94% and the national average of 89%). For example, the percentage of patients on the diabetes register, who had an influenza immunisation within the preceding 12 months was 92%, compared to the national average of 95%.
- Performance for the mental health related indicators was above average (100% compared to the CCG average of 95% and the national average of 93%). For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a

comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% compared to the national average of 88%.

- Performance for the dementia related indicators was above average (100% compared to the CCG average of 96% and the national average of 95%). However, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 79%, compared to the national average of 84%.
- Performance for the asthma related indicators was below average (80% compared to the CCG average of 99% and the national average of 97%).
- The practice performed well in other areas. For example, the practice had achieved 100% of the points available for 13 of the 19 clinical domains, including the hypertension, cancer and depression domains.

There was insufficient evidence that clinical audit activity was driving improvements in patient outcomes.

- The practice did not provide us with evidence of effective clinical audit activity. Clinical audit is a process or cycle of events that help ensure patients receive the right care and the right treatment. The audits provided did not show completed analysis or changes to practice to demonstrate improvements to patient care. Clinical audit is only one method to demonstrate improvements in patient care.
- The practice provided a minor surgery service; the practice monitored the quality of the service provided.
- The practice participated in medicines optimisation work led by the local clinical commissioning group (CCG). For example, the practice previously not met the CCG target for Benzodiazepines prescribed. They had undertaken work to reduce the use of Benzodiazepines and were now performing in line with CCG guidance.

Effective staffing

The practice could not effectively demonstrate that all staff had the skills, knowledge and experience to deliver effective care and treatment.

- We reviewed the staff files of two recently recruited members of staff and found no record of an induction checklist that covered such topics as safeguarding, infection prevention and control, fire safety, health and

Are services effective?

(for example, treatment is effective)

safety and confidentiality. However, the practice had recently introduced a new induction programme for all newly appointed staff, this had been implemented for the most recent member of staff recruited.

- The practice could not demonstrate how they ensured role-specific training and updates for relevant staff. For example, updates for those reviewing patients with long-term conditions. However, staff assured us that training was provided and the practice was supportive, an online training system was available. Staff who took samples for the cervical screening programme could demonstrate that they had received specific training, which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by having access to on line resources and discussion at practice meetings.
- The practice did not have a process in place to monitor and record the training undertaken by staff to ensure the completed mandatory and statutory training. All staff had not all received training which included: children's safeguarding, basic life support and information governance awareness. The practice manager told us that staff at the practice had been briefed on information governance following a significant event, however, no formal training had taken place. Staff told us they had access to training and some staff made use of e-learning training modules. Staff had access to, and attended, locally organised training. However, the practice did not keep records of training that had been completed at these events. The practice planned to introduce a training matrix from April 2016 to support the monitoring of staff training.
- Infection control training had not been completed by all staff. For example, during the inspection we found that only six members of staff had undertaken infection control training and that the infection control lead had not undertaken advanced training to support the role. The practice provided details of completed infection control training completed by staff shortly after the inspection, 14 staff out of 20 had now completed infection control training.
- At the time of the inspection all staff had not received an appraisal in the last year; for example, none of the nursing staff had been appraised in the last 12 months. The practice planned to complete staff appraisal for all staff within the next year.

- Some staff had been given the opportunity to develop. For example, the phlebotomist had been given the opportunity to train to administer influenza vaccinations.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record and intranet systems.

- This included risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred or, after they were discharged from hospital. Staff told us that multi-disciplinary team (MDT) meetings took place on a regular basis. For example, primary care health care team meetings were held each week, this was attended by the district nurse and the frail elderly assessment team (FEAT). The attached health visitor attended this meeting once a quarter. However, record keeping was largely informal; minutes were not produced regularly following these meetings.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support.

- This included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Information such as NHS patient information leaflets was also available.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the local CCG and national averages of 82%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test. Patients are also contacted by a member of the clinical team to encourage patients to attend for a cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening. The practice participated in an initiative by a national cancer charity to improve uptake for bowel, breast and cervical cancer that the local CCG was supporting.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two years old ranged from 97% to 100% (CCG average 83% to 97%), and for five year olds ranged from 79% to 99% (CCG average 73% to 98%). The practice nurse worked to encourage uptake of screening and immunisation programmes with the patients at the practice, for example, the nurse took samples opportunistically when this was possible.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We saw that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

All of Care Quality Commission comments cards we received were positive about the care and treatment they received from the practice. Patients reported that they received good care; staff were polite, friendly and caring and treated them with dignity and respect.

Results from the National GP Patient Survey, published in January 2016, showed patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect.

For example:

- 91% said the GP they saw or spoke to was good at listening to them (clinical commissioning group (CCG) average 90%, national average 87%).
- 96% said the GP they saw or spoke to gave them enough time (CCG average 94%, national average 92%).
- 98% said they had confidence and trust in the last GP they saw or spoke to (CCG average 97%, national average 95%).
- 85% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 100% had confidence or trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).
- 96% said the last nurse they saw or spoke to was good at listening to them (CCG average 93%, national average 91%).
- 92% said the last nurse they saw or spoke to was at good involving them in decisions about their care (CCG average 89%, national average 85%).

While the number of responses to the most recent Friends and Family Survey carried out by the practice (between December 2015 and January 2016) was low at 16 responses, 94% of patients said they would be extremely likely or likely to recommend the service to family and friends. None of the patients said they would be unlikely to recommend the service.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the National GP Patient Survey, published in January 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.

For example:

- 91% said the last GP they saw was good at explaining tests and treatments (CCG average of 89%, national average of 86%).
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 82%).
- 95% said the last nurse they saw was good at explaining tests and treatments (CCG average 92%, national average 90%).
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Information was available to direct carers to the various avenues of support available to them. At the time of our inspection, there were 85 carers on the register,

Are services caring?

which equated to 1.3% of the practice population. However, only 3.5% of these carers had a health check in the last year. The practice referred carers to appropriate support and advice services in the local area.

Staff told us that if families experienced bereavement the patients' usual GP telephoned or visited the family to offer support and advice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice worked with the other practices in Workington to provide urgent appointments at the local primary care centre. The use of a common clinical system ensured all GPs had access to medical records. The practice participated in a local pathfinder scheme. This scheme used local GPs to care for patients who have requested an ambulance with the aim of reducing hospital admissions.

The practice was aware of the needs of their practice population and provided services that reflected their needs. For example:

- When a patient had more than one health condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- The practice was part of a local practice scheme which provided same day appointments at the local primary care centre for patients registered at all five practices in Workington.
- The practice participated in a local admission prevention scheme and worked with the frail elderly assessment team to reduce hospital admissions. Work had not yet been undertaken to assess the impact of this scheme.
- Extended hours appointments were available each Saturday morning from 9am to 12:15pm.
- The practice held weekly clinics for patients with diabetes, cardiovascular disease and respiratory diseases.
- One of the three GPs provided 15 minute appointments; nationally the average appointment time for a GP appointment is 10 minutes.
- As part of a local initiative the local Workington vaccination and immunisation nurse held regular clinics at the practice and supported the monitoring of uptake of immunisations and vaccinations.
- There were longer appointments available for patients with a learning disability and patients with long term conditions if required.

- Diabetic patients were offered appropriate support to encourage self-management of their care. For example, patients could be referred to a podiatrist, dietician or to DESMOND. This service educates patients with diabetes to support self-management of their care.
- Weekly afternoon asthma clinics were held to ensure school age children could attend for reviews.
- The practice provided a minor surgery service.
- Home visits were available for older patients and patients who would benefit from these.
- Patients were able to receive travel vaccinations that were available on the NHS.
- There were disabled facilities and translation services were available.
- Patients could order repeat prescriptions and book appointments on-line. A leaflet explaining the online service the practice provided was available in the waiting area.
- Telephone advice was available from the GPs at the practice.

Access to the service

Beechwood Group Practice was open at the following times:

- Monday to Friday 8am to 6:30pm
- Saturday 9am to 12:15pm

The telephones are answered by the practice during this time. When the practice is closed patients are directed to the NHS 111 service. This information was available on the practices' telephone message, website and in the practice leaflet.

Appointments were available at Beechwood Group Practice at the following times:

- Monday to Friday 8:15am to 12:30pm then 1:30pm to 6pm

An extended hours surgery with pre-bookable appointments was offered each Saturday morning from 9am to 12:15pm.

Results from the National GP Patient Survey, published in January 2016, showed that patients' satisfaction with how they could access care and treatment was in line with local and national averages.

Are services responsive to people's needs?

(for example, to feedback?)

- 75% of patients were satisfied with the practice's opening hours (CCG average 79%, national average of 75%).
- 89% patients said they could get through easily to the surgery by phone (CCG average 81%, national average 73%).
- 92% patients said they able to get an appointment or speak to someone last time they tried (CCG average 88%, national average 85%).
- 39% feel they normally don't have to wait too long to be seen (CCG average 62%, national average 58%).

Six of the 34 CQC comments cards we received were negative about access to the service. There was no theme to these comments recorded.

We also spoke with fourteen patients during or shortly after the inspection. Some of these patients told us that it was difficult to make routine appointments but that urgent appointments were usually available, and that appointments did not run on time. We discussed this with the practice and they told us that had responded to this by introducing 15 minute appointments for one of the GPs and that they were monitoring the situation.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, the practice provided a complaints leaflet which was available in the waiting area.
- However, the practice did not keep effective records of the complaints they received. A log of complaints received was provided from the September 2015 when the practice manager was appointed. We were unable to review the actions taken by the practice as record keeping was informal and minutes of meetings, where complaints were discussed had not been produced or distributed to staff. They did not hold details of formal responses to patients and theme and trends were not analysed. When we discussed how complaints were managed with the practice manager they were aware of their responsibilities in this area.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a practice charter that had recently been updated, this included 'you will be treated with courtesy and respect by all Practice personnel' and 'an appointment with the practice nurse will be available within three working days'. Their charter also incorporated the practice philosophy that included its aims to 'offer the highest standard of health care and advice to our patients, with the resources available to us'.

Governance arrangements

The practice had an overarching governance framework, which supported the delivery of their strategy and good quality care. However, it was not always effectively implemented.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- We saw evidence that the practice's Quality and Outcomes Framework (QOF) achievement and prescribing practice was regularly monitored.
- Practice specific policies were available. However, not all staff knew how to access these policies.
- The recently appointed PM had recognised some areas that required improvement but had not yet been able to embed new systems and processes.

Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always effective:

- Recruitment processes had not always been effectively applied.
- The practice had undertaken a health and safety assessment in February 2016 that identified several issues with urgent action required.
- The management and recording of significant events was not fully effective. Staff were aware of their responsibilities, however, records were incomplete and minutes of meetings where issues were discussed were not produced.
- Clinical audit was not used to monitor quality and make improvements.

Leadership and culture

The partners were visible in the practice and most staff told us they were approachable and always took the time to listen to all members of staff.

There was a clear leadership structure in place and most staff felt supported by management.

- Staff told us the practice held regular meetings. Most staff felt empowered and supported by the practice. Positive and supportive working relationships were evident during the inspection.
- Most staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and were supported if they did.
- Most staff said they felt respected, valued and supported by the partners at the practice and the practice manager. The partners encouraged members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. They proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through:

- The patient participation group (PPG) met regularly and provided feedback to the practice. For example, the practice had discussed how the practice should provide their extended hours service and acted upon their recommendations to provide this service on a Saturday morning as this would be most appropriate for the needs of the patients at the practice.
- Staff meetings and discussion. Most staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Patients could provide feedback to the practice. A suggestion box was available in the waiting area and a box was available for friends and family test response cards to be collected in.

Continuous improvement

Are services well-led?

Requires improvement



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

There was a focus on learning and improvement within the practice. The practice team was forward thinking and was planning effectively for changes at the practice.

For example,

- The practice was actively engaged with the local Workington practices. For example, practices worked

together to provide same day appointments at a local primary care centre. Staff from each local practice participated in this service and the use of a common clinical system ensured patients medical records could be accessed during the consultation.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There was a lack of systems and processes in place to assess monitor and improve the quality and safety of the service provided.</p> <p>There was no clear process to ensure significant events were documented and managed.</p> <p>There was no effective programme of clinical audit to evaluate and improve outcomes for patients</p> <p>This was in breach of regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that staff had appropriate training as was necessary to enable them to carry out the duties they were employed to perform. For example, safeguarding and infection control training. Staff had not been appraised in the last year.</p> <p>This was in breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p>

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

How the regulation was not being met:

Recruitment procedures were not established effectively. For each person employed the information specified in Schedule 3 must be available. All staff files should contain a signed contract.

This was in breach of regulation 19 (2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.