

# 27 Beaumont Street Medical Practice

## Inspection report

27 Beaumont Street  
Oxford  
Oxfordshire  
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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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

**This practice is rated as Good overall.** (Previous inspection March 2016 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

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 27 Beaumont Street on 22 May 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage most risks. However, some risks related to premises, recruitment and the prescribing of medicines were not always identified, assessed and mitigated.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.

- Care was audited to identify and implement improvements and ensure patients received clinical care in line with relevant guidance.
- Staff involved and treated patients with compassion, kindness, dignity and respect. This was particularly apparent from patient feedback.
- The appointment system was easy to use and patients were able to access care when they needed.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Patients consistently reported positive outcomes regarding the care they received and interactions with staff.
- There was a strong ethos of placing patients at the heart of service planning and delivery and this was reflected in how the service was managed and led.

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

- Doing all that is reasonably practicable to mitigate the risks to the health and safety of service users including those associated with premises and the proper and safe management of medicines.

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

## Population group ratings

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

## Our inspection team

The inspection included a lead CQC inspector and a GP specialist adviser.

## Background to 27 Beaumont Street Medical Practice

The practice is situated in Oxford city centre. The practice occupies a building which was constructed between 1828 - 1837. The premises had not been modified extensively due to being a Grade II listed building. Some adjustments had been made for people with mobility issues through the rear entrance. The practice is accessible by public transport (bus and train). All patient services are spread over the three floors. The practice comprises of seven consulting rooms, one treatment room, three patient waiting areas and administrative and management office and meeting spaces.

There are five GP partners, a salaried GP and an advanced nurse practitioner partner at the practice. Foundation doctors also worked at the practice (Foundation doctors are a grade of medical practitioner undertaking a two year medical training programme which forms the bridge between medical school and general practice training). There was a mixture of male and female GPs. The practice employs two practice nurses. The practice manager is supported by a number of administrative and reception staff.

The practice has a patient population of approximately 7,000 including one third of the list being students based at local Oxford University colleges. The practice is linked with four colleges at the University of Oxford and the staff

were aware of the needs of this section of the population. The practice population of patients aged between 15 and 34 years are higher than average and there are a lower number of patients over 60 years old.

The provider is registered to provide the following regulated activities:

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Services are provided from:

27 Beaumont Street

Oxford

OX1 2NR

The practice has opted out of providing out of hours services to their patients. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided after 6:30pm, weekends and bank holidays by calling NHS 111.

Further information about the practice can be found on their website, listed on page one of this report.

# Are services safe?

**We rated the practice as requires improvements for providing safe services.**

## Safety systems and processes

The practice clear systems in place for most aspects of managing risks to patients. However, recruitment processes were not always adequate.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out most staff checks at the time of recruitment and on an ongoing basis. However, the practice did not always routinely check all that was required at recruitment, such as proof of registration with a professional body for clinical staff.

## Risks to patients

There were not always adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. However, some risks to the premises had not been identified, assessed and managed, such as disabled access.
- Arrangements for managing waste and clinical specimens kept people safe within the practice. However, the storage of clinical waste at the exterior of the practice was not in line with relevant guidance.

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

## Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of prescribing. Medicines were managed safely onsite.

- The systems for managing and storing medicines, including vaccines, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- The system for acting on medicine alerts did not always ensure that action was taken where necessary.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately in all cases we identified. However, the monitoring of high risk medicines was not adequately overseen via a consistent system.

## Track record on safety

The practice had a good track record on safety.

## Are services safe?

- There were comprehensive risk assessments in relation to most aspects of the service. However, there were risk to the premises which had not been identified and mitigated.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

### **Lessons learned and improvements made**

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

## We rated the practice and all of the population groups as good for providing effective services overall .

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

### Effective needs assessment, care and treatment

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

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

#### Older people:

- Older patients were assessed as required of their physical, mental and social needs.
- Patients aged over 75 had a usual GP.
- The practice worked with care coordinators to identify patients at risk of medical deterioration in the community. This system improved the ability of services being able to implement measures to reduce deterioration or emergency hospital admission.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of any conditions.

- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD).
- Audits related to the care of these conditions monitored the effectiveness of care provided.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were close to but slightly below the target percentage of 90%.
- The practice had arrangements to identify and review the needs of pregnant women.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was below the national average in 2017. The practice provided us with data which suggested that they had successfully improved this uptake.
- The practices' uptake for breast and bowel cancer screening was similar to the national averages.
- There were arrangements for students to be able to access a clinician quickly in times of crisis.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74.

#### People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Health checks were undertaken for patients with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental

## Are services effective?

illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. This included arrangements with University colleges and specific local health services regarding the mental-wellbeing of students.
- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2016/17. This higher than the national average of 84%.
- Data from 2017/18 showed that of 67 patients on the mental health register 87% had an up to date care plan. 80% had an up to date assessment of blood pressure, 100% an up to date record of blood tests and 88% an up to date cervical screen.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The practice's QOF achievement in 2016/17 and 2017/18 was consistently higher than national and local averages in both years. Their exception reporting was in line with national and local averages.

### Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.

- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, and clinical supervision.

### Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. The shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Helping patients to live healthier lives

Staff were proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services.



## Are services effective?

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, through information provided during reviews of their health needs.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions and provided staff with training and guidance on the Mental Capacity Act (2005).
- The practice monitored the process for seeking consent appropriately.

### **Consent to care and treatment**

The practice trained staff and had processes to ensure consent was obtained prior to care and treatment being delivered.

**Please refer to the Evidence Tables for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was highly positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice 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. There had been consideration of communication needs for different patients as required by the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given).

- The practice manager informed us that communication aids and easy read materials were provided when necessary.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- Reception staff were aware of patients' potential need to discuss sensitive issues in a confidential way.
- The practice was able to ensure consultations were held in private and could not be overheard.

**Please refer to the Evidence Tables for further information.**

# Are services responsive to people's needs?

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

## Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice was piloting a system which enabled patients to securely receive care information such as test results, whether appointments needed to be booked, appointment reminders and other information. This enhanced patients' ability to take more control of their care and to manage follow up care in a timely way.
- The practice made reasonable adjustments when patients found it hard to access services. Appointments on the ground floor were arranged when needed.
- The practice provided effective care coordination for patients who were vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

### Older people:

- All patients had a usual GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice also accommodated home visits for those who had difficulties getting to or accessing the practice.

### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Children on the at-risk register were flagged to reception and clinical staff to quickly identify their vulnerability.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours during the week.
- The implementation of an electronic communication aid enabled people of working age to access care information at their convenience.
- The practice coordinated the care of their student population around their needs and worked with other services in delivering care. For example, college nurses.

### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- There was a protocol to register people in vulnerable circumstances, including those with no fixed abode.

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

- The practice ensured that patients on the mental health register received face to face reviews and updated care plans. They also received reviews of their physical health needs.
- GPs provided examples of where they had identified students experiencing poor mental health which placed them at risk of harm. They had worked with specialists and local services to reduce the risk of harm to these patients.

## Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

## Are services responsive to people's needs?

- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- National GP survey results regarding access to appointments and phone lines were consistently better than local and national averages.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

### **Listening and learning from concerns and complaints**

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

**Please refer to the Evidence Tables for further information.**

# Are services well-led?

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

## 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 at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

## Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

## Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- There were processes for providing all staff with the development they needed. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

## Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established functioning policies and procedures.

## Managing risks, issues and performance

There were mostly clear and effective processes for managing risks, issues and performance. However, some risks were not fully identified and mitigated.

- Most risks to patients were assessed and managed.
- However, there was a not a full assessment of the risks posed by providing services in an adapted listed building. Some risks regarding infection control and prescribing were not assessed and managed.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

The practice ensured it had appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

## Are services well-led?

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient data.

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

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

### **Continuous improvement and innovation**

There was a culture of learning, continuous improvement and innovation.

- Staff understood improvement methods and opportunities.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

**Please refer to the Evidence Tables for further information...**

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:</p> <p>Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>Care and treatment was not always provided in a safe way for service users. The provider was not always assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that was reasonably practicable to mitigate any such risks.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>The provider had not identified and mitigated all risks associated with the premises, infection control or management of medicines in regards to prescribing.</li></ul> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>