Beaumont Villa Surgery

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	**Good**
Are services safe?	**Good**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive to people's needs?	**Outstanding**
Are services well-led?	**Good**

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Beaumont Villa Surgery on 2 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Risks to patients were assessed and well managed with the exception of the systems in place to manage some aspects of high risk medicines.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Feedback from patients about their care was consistently and strongly positive.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice used innovative and proactive methods to improve patient outcomes. For example the

Summary of findings

practice had recently employed a mental health practitioner. This was a decision made by the GPs at the practice to meet the increasing needs for support for the patients with mental health problems.

We saw areas of outstanding practice:

- In response to audit findings about increased numbers of patients being diagnosed with mental health problems the practice had employed a mental health worker. This benefitted patients with more complex mental health needs as they had immediate access to higher levels of mental health expertise and experience. The practice planned to increase the overall availability of appointments for all patients experiencing mental ill-health, raise the quality of mental health referrals, broaden the skill mix of the practice and upskill other members of staff in this area. An additional benefit was to free up GPs time, enabling them to deal with the complex presentations of mixed mental and physical health problems (functional illness) which required longer appointments.
- There was a dedicated practice web site for the students. It is specifically designed for younger users and had a wealth of information and advice tailored to their needs: For example, sections on self-care for freshers, contraception and sexual health advice.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Beaumont Villa covered a population with a very mixed socio-economic demographic and, for the southwest peninsula, an unusually diverse ethnic mix. It also had a high proportion of patients who were asylum seekers and refugees. Nearly all these patients required the use of the telephone translation service (Language Line). Data from Language Line showed that Beaumont Villa was responsible for more usage than any other practice in Devon, Cornwall and the Scilly Isles (DCIOS). Data showed 13.34% of calls made within DCIOS and 26.06% in Plymouth were made by the practice. The administration staff at the practice were experienced with helping patients who did not speak English as a first language. They offered double appointments for patients who spoke little or no English. They were aware of the other agencies that may be able to offer further help such as; Refugee Action, Devon and Cornwall refugee support. They signposted patients to other agencies when they needed help with translation, filling in forms and hospital appointment bookings.

The areas where the provider should improvement is:

- Ensure there is a robust system in place for the recall and search of patients on high risk medicines to have the necessary blood tests before repeat prescriptions are given.

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?

Good

The practice is rated as good providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with the exception of the lack of a robust system to manage and recall patients on high risk medicines that required blood monitoring.
- Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent.
- There were suitable arrangements for the efficient management of medicines.
- Health and safety risk assessments, for example, a fire risk assessment had been performed and was up to date.
- The practice was clean, tidy and hygienic. We found that suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey July 2015 showed patients rated the practice higher than others for several aspects of care.
- 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice undertook a survey in 2015 that identified that the volume of mental health work the GPs were doing had significantly increased. In response to this the practice had employed a mental health worker. This meant that patients with more complex mental health needs had immediate access to higher levels of mental health expertise and experience. The practice aimed to increase the overall availability of appointments for all patients experiencing mental ill-health, raise the quality of mental health referrals, broaden the skill mix of the practice and upskill other members of staff in this area. It meant it would also free up GPs to deal with the complex presentations of mixed mental and physical health problems (functional illness) which required longer appointments

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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 and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led.

Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The
- There was a strong focus on continuous learning and improvement at all levels.

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

Good

The practice is rated as good for the care of older patients.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. with a named GP for over 75 year olds. Care plans and reviews were in place for the frail and elderly. Data showed that 6.1% of the practices population of approximately 13000 were aged over 65 years, which was lower than the national average of 16.7%.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Each GP was assigned a care home to look after to try to encourage continuity of care.This involved at least weekly visits to the home and regular ward rounds of all the patients. The care homes had the practice ex-directory number to contact the surgery in case of emergency. The practice worked closely with the care home staff to ensure the best care was provided for patients. For example, they had meetings involving the GP, some of the administration team from the practice and the staff at the care homes to improve the process of requesting medicines and prescribing them.
- Pneumococcal and shingles vaccines were provided at the practice for older people.The GPs offered vaccinations at home if the patient was unable to come to the practice.The practice nurses visited elderly patients in their own homes to undertake long term conditions monitoring.
- The practice worked well with other professionals such as the community matron and the elderly care team to provide continuity of care for the patients from all agencies.
- All the GPs attended a weekly meeting where they had the opportunity to discuss more complicated cases with each other

People with long term conditions

Good

The practice is rated as good for the care of patients with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Individual clinics for the management of long term

diseases were held. The practice also held consultant led community based virtual clinics where the consultant worked alongside the practice nurse staff to monitor and manage those patients who required additional care.

- The practice had employed a pharmacist (due to start April 2016) to help manage the patients medicines and related issues.
- 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. Practice nurses also undertook reviews of housebound patients within their own homes. This could include mobile spirometry (a test to monitor lung function).
- The practice worked with external agencies in other areas of long-term condition management such as diabetic retinopathy screening and podiatry.

  The practice was actively involved in research regarding the management of some long term conditions and patients who may benefit from exercise and activity. This was ongoing research as no preliminary results were available at the time of the inspection.
- The practice nurses were all independent non-medical prescribers who prescribed medicines for patients with long term conditions within their areas of competence.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young patients.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of72.35% which was similar to the national average of

  75.35%

  Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses. A midwife held a twice weekly clinic for patients. The practice worked with the midwife to share information between the various health professional involved with care
- The practice had a dedicated team of receptionist/ administrator and nurse who followed through the immunisation programme. They ran a dedicated clinic for immunisations. There was an active call and monitoring system in place for attendance, to ensure babies were appropriately protected and kept safe.

The practice had baby changing facilities and a quiet room available if mothers requested one to breastfeed.

Working age people (including those recently retired and students)

Outstanding 

The practice is rated as outstanding for the care of working age patients (including those recently retired and students).

- The needs of the working age population, those recently retired and 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 were offered on a Tuesday and a Friday morning 7:30am until 8am. They were also open every other Saturday 8am until 12 midday. These appointments were bookable in advance to allow easier planning around work. The Saturday appointments were longer (15minutes) to give patients longer to discuss their concerns.
- Practice services included online appointments and online repeat prescriptions, telephone consultations and comprehensive information on the practice website to allow working people to easily access the service.
- Beaumont Villa provided GP services to approximately half of the University of Plymouth's students, many of its staff as well as students from other smaller colleges in the city. Data showed that the practice population for working people including those patients in full or part time education was 84.5% which was significantly higher than the national average of 60.2%.
- An important outcome of this patient group was the type of appointments required by students. There was a proportionately lower demand for future appointments for chronic problems and a proportionately higher demand for same day (or more immediate) appointments. In 2013 the practice changed the mode of access as had struggled to meet demand whilst having high 'did not attend' (DNA) rates of appointments that had been booked a week or more earlier.

Summary of findings

They also recognized that many of the consultations were about seeking advice, requests for documentation and other problems which do not necessarily require a face to face appointment. Consequently the practice switched to telephone consulting as the first mode of access. Patients were able to speak to a GP on the day. There was flexibility about the call back time to work around lectures and they could be brought in to the practice for a face to face appointment if required.

- The practice also provided alternative forms of GP access through systems such as "Web GP" (GP web). This system allowed patients to complete an on-line consultation at any time of the day and night and guaranteed a response within two working days.
- There was a dedicated web site for the students. It is specifically designed for younger users and had a wealth of information and advice tailored to their needs: For example, sections on self-care for university fresher's, contraception and sexual health advice.

People whose circumstances may make them vulnerable

Outstanding ☆

The practice is rated as outstanding for the care of patients who circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Beaumont villa covered a population with a very mixed socio-economic demographic and, for the southwest peninsula, an unusually diverse ethnic mix. It also had a high proportion of patients who were asylum seekers and refugees. Nearly all these patients required the use of the telephone translation service (Language Line). Data from Language Line showed that Beaumont Villa was responsible for more usage than any other practice in Devon, Cornwall and the Scilly Isles (DCIOS). Data showed 13.34% of calls made within DCIOS and 26.06% in Plymouth were made by the practice. The administration staff at the practice were experienced with helping patients who did not speak English as a first language. They offered double appointments for patients who spoke little or no English. They were aware of the other agencies who able to offer further help such as; Refugee Action, Devon and Cornwall refugee support. They signposted patients to other agencies when they needed help with translation, filling in forms and hospital appointment bookings.

Summary of findings

The practice offered longer appointments for patients with a learning disability. They regularly worked with multi-disciplinary teams in the case management of vulnerable patients. The practice offered a flexible service to patients with learning disabilities. Through this flexibility they had provided annual checks to 81% of their learning disability patients each year.

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.

The practice had patients who were prescribed opiate substitute medicines and shared care for these patients with the local Harbour Drug and Alcohol Service. Five of the practices GPs had been specifically trained in working with these patients and attended annual refresher training days. The practice also had two members of the administration team dedicated to the safe production of the specialist prescriptions. The knowledge and skill sets of the staff benefitted these patients through the prompt provision of localised services.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of patients experiencing poor mental health (including patients with dementia).

The practice identified the increasing number of patients who required mental health intervention. The practice responded to the increased need of specialist mental health care by appointing a psychiatric nurse. This would allow the practice to give more complex patients immediate access to higher levels of mental health expertise and experience.

- 92.65% of patients diagnosed with dementia that had had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84.01%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.
- 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

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

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 413 survey forms were distributed and 105 were returned. This represented 25.45% response rate. This represented 0.8% response rate

- 87.8% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 84.4% and a national average of 73.3%
- 88.4% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 91% and national average 85.2%).
- 91.64% of patients described the overall experience of their GP practice as fairly good or very good (national average 84.94%).
- 89.74 % of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (national average 79.11%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Ensure there is a robust system in place for the recall and search of patients on high risk medicines to have the necessary blood tests before repeat prescriptions are given.

Outstanding practice

- In response to audit findings about increased numbers of patients being diagnosed with mental health problems the practice had employed a mental health worker. This benefitted patients with more complex mental health needs as they had immediate access to higher levels of mental health expertise and experience. The practice planned to increase the overall availability of appointments for all patients experiencing mental ill-health, raise the quality of mental health referrals, broaden the skill mix of the practice and up skill other members of staff in this area. An additional benefit was to free up GPs time, enabling them to deal with the complex presentations of mixed mental and physical health problems (functional illness) which required longer appointments.
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Summary of findings

a very mixed socio-economic demographic and, for the southwest peninsula, an unusually diverse ethnic mix. It also had a high proportion of patients who were asylum seekers and refugees. Nearly all these patients required the use of the telephone translation service (Language Line). Data from Language Line showed that Beaumont Villa was responsible for more usage than any other practice in Devon, Cornwall and the Scilly Isles (DCIOS). Data showed 13.34% of calls made within DCIOS and 26.06% in Plymouth were made by the practice. The administration staff at the practice were experienced with helping patients who did not speak English as a first language. They offered double appointments for patients who spoke little or no English. They were aware of the other agencies that may be able to offer further help such as, Refugee Action, Devon and Cornwall refugee support. They signposted patients to other agencies when they needed help with translation, filling in forms and hospital appointment bookings.

Beaumont Villa Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector**.** The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist advisor.

Background to Beaumont Villa Surgery

Beaumont villa Surgery was inspected on Tuesday 2 February 2016. This was a comprehensive inspection.

The practice is situated in St Judes on the outskirts of the city of Plymouth. The practice provides a primary medical service to approximately 13,000 patients of a diverse age group. The practice is a teaching practice for medical students and a training practice for foundation year doctors.

There is a team of five GPs partners, two male and three female. There are also two female salaried GPs. Some GPs worked part time and some full time. The whole time equivalent was 5, they are supported by a practice manager, four practice nurses who were all independent non-medical prescribers, two health care assistants, two phlebotomists, one nurse practitioner, one mental health worker and additional administration staff. A pharmacist had been recruited and is due to start work on 1 April 2016.

Patients using the practice also have access to community nurses, mental health teams and health visitors. Other health care professionals visited the practice on a regular basis.

The practice is a training practice for medical students, GP Registrars (Specialist Training 3) and physician associates. There are three GP trainers at the practice and two dedicated consulting rooms for this purpose.

The practice is open between the NHS contracted opening hours of 8am and6.00pm Monday to Friday. There are pre bookable appointments for all clinicians. Some appointments are blocked to become available on the day in addition to a duty doctor clinic. Extended hours are offered on a Tuesday and a Friday morning between 7:30am and 8am. They are also open every other Saturday between 8am and 12 midday. Outside of these times patients are directed to contact the Devon doctors out of hour's service by using the NHS 111 number.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

The practice had a Primary Medical Services (PMS) contract with NHS England.

The practice provides regulated activities from its primary location at 23 Beaumont Road

St Judes, Plymouth,PL4 9BL and at a branch surgery at University Medical Centre, 27 Ensleigh Place, Plymouth, PL4 9DN. We did not visit the branch surgery as part of our inspection.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 02 February 2016. During our visit we:

- Spoke with a range of staff () and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

We also looked at how well services were provided for specific groups of patients 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 Care Quality Commission at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the district nurses noticed a patient had been prescribed penicillin but was allergic to it. The patient's notes were not coded as allergic though a previous entry had stated 'sensitivity'. This was shared with all staff and discussed at a clinical meeting.
- When there were unintended or unexpected safety incidents, patients received support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- 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 policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were two lead members of staff for safeguarding, one for adults and one for children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three for children.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Four of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems 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

Good

Are services safe?

Risks to patients were assessed and well managed with the exception of the systems in place to manage high risks medicines.

- Some medicines required careful blood monitoring. We saw that there was no robust system in place to ensure this happened before high risk medicines were prescribed on a repeat basis. For example, we saw one record that showed a patient who had been prescribed medicines who had not had a blood test undertaken for a year when they should have had a blood sample taken every month to ensure the correct dosage was being maintained. The day following the inspection the practice notified us that action had been taken regarding this issue. The practice had initiated a full audit of all shared care medicines. Each shared care medicine was reported on individually. The reports searched for all patients in receipt of the medicines, not just those on shared care. These lists were divided between the partners for them to audit individually. The GPs checked the patient records in conjunction with the recommended shared care requirements for that particular medicine. The doctors and management team had implemented a number of changes to both streamline the existing system and ensured that it was robust and comprehensive.
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment 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 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 of staff and mix of staff needed to meet patients' needs. There was a rota system in place 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 adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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 patient's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 were 94.25% of the total number of points available, with 12.2% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The data showed this as a high percentage, which the practice told us they felt was mostly due to the high number of students and asylum seekers and refugees in the practice population.

Data from 2014/15 showed;

Performance for diabetes related indicators was similar to the national average. For example:

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2014 to 31/03/2015) was 84.7% compared to the national average of 80.53%
  The percentage of patients with hypertension having regular blood pressure tests was 84.25% which was slightly better than the national average of 83.65%.

The practice had patients who were prescribed opiate substitute medicines and shared care for these patients with the local Harbour Drug and Alcohol Service. Five of the practices GPs had been specifically trained in working with these patients and attended annual refresher training days. The practice also had two members of the administration team dedicated to the safe production of the specialist prescriptions. The knowledge and skill sets of the staff benefitted these patients through the prompt provision of localised services

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits undertaken in the last year, none of these had been completed enough for full analysis, action or comparison. Four medicine optimisation audits were undertaken which were completed cycles. For example, an audit of warfarin (a blood thinning medicine) was undertaken to ascertain if during treatment the blood thinning agent was working at optimum levels. This was an annual review.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal but these were

now overdue, this was explained by staff leaving and a new practice manager coming into post. The practice manager had new dates booked in for all staff to be completed by March 2016.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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 system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and 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, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- < >taff 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 patients, 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.
- The process for seeking consent was monitored through records audits t.

Supporting patients to live healthier lives

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

- These 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. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79.51% which was comparable to the national average of 81.83% There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to Clinical Commissioning Group and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.3% to 97.5% and five year olds from 94.5% to 98.9%.

Flu vaccination rates for the over 65s were 79.07%, compared to the national average of 73.24% and at risk groups 46.15% compared to the national average of 49.19%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed 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 the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey (July 2015) showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94.8% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 93.4% and national average of 91.0%
- 94.3% of patients said the GP gave them enough time (CCG average 90.9% national average 86.6%).
- 98.9% of patients said they had confidence and trust in the last GP they saw (CCG average 97.2%, national average 95.2%)
- 93.6% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89.7% national average 85.1%).
- 95.3% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 94.5% national average 91.9%).
- 91.5% of patients said they found the receptionists at the practice helpful (CCG average 90.5%, national average 86.8%)

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. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 93.2% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of and national average of 86.0%.
- 90.6% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 87.3% and national average 81.4%)
- 93.3% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 88% and national average 84.8%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available and hear from staff about the use of the language line telephone translation service.

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.

There was a dedicated web site for the students specifically designed for younger users and had a wealth of information and advice tailored to their needs. For example, sections on self-care for fresher's, contraception and sexual health advice

Good

Are services caring?

Written information was available to direct carers to the various avenues of support available to them. Information to carers was also available on the notice board and on the practice website.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Outstanding ☆

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 its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice undertook a survey in 2015 that identified that the volume of mental health work the GPs were doing had significantly increased. In response to audit findings about increased numbers of patients being diagnosed with mental health problems the practice had employed a mental health worker. This benefitted patients with more complex mental health needs as they had immediate access to higher levels of mental health expertise and experience. The practice planned to increase the overall availability of appointments for all patients experiencing mental ill-health, raise the quality of mental health referrals, broaden the skill mix of the practice and up skill other members of staff in this area. An additional benefit was to free up GPs time, enabling them to deal with the complex presentations of mixed mental and physical health problems (functional illness) which required longer appointments.

Pneumococcal and shingles vaccines were provided at the practice for older and for patients with long term conditions. The GPs offered vaccinations at home if the patient was unable to come to the practice. The practice nurses visited elderly patients in their own homes to undertake long term conditions monitoring.

The practice held a register of patients living in vulnerable circumstances including

homeless people, travellers and those with a learning disability. Beaumont villa covered a population with a very mixed socio-economic demographic and, for the southwest peninsula, an unusually diverse ethnic mix. It also had a high proportion of patients who were asylum seekers and refugees. Nearly all these patients required the use of the telephone translation service (language line). Data from Language Line showed that Beaumont Villa was responsible for more usage than any other practice in Devon, Cornwall and the Scilly Isles (DCIOS). Data showed 13.34% of calls made within DCIOS and 26.06% in Plymouth were made by the practice. The administration staff at the practice were experienced with helping patients who did not speak English as a first language. They offered double appointments for patients who spoke little or no English. They were aware of the other agencies that may be able to offer further help such as; Refugee Action, Devon and Cornwall refugee support. They signposted patients to other agencies when they needed help with translation, filling in forms and hospital appointment bookings.

The practice offered a 'Commuter's Clinic' every Tuesday and Friday with appointments being available from 7.30am and they were open every other Saturday morning. Appointments on Saturdays were 15 minute appointments, instead of the usual 10 minutes, to allow for patients to discuss more than one concern and not feel rushed. This service was primarily for working patients who could not attend during normal opening hours.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulties attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccinations available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The main practice, Beaumont Villa was open between the NHS contracted opening hours8am -6.00pm Monday to Friday. There were pre bookable appointments for all clinicians. Some appointments were blocked to become available on the day as well as a duty doctor clinic. Extended hours were offered on a Tuesday and a Friday Morning730am - 8am. They were also open every other Saturday 8am – 12 midday.

The University medical centre was a branch of Beaumont villa that catered for approximately half of the Plymouth university population. The practice was open between the NHS contracted opening hours 8am -6.00pm Monday to Friday. There were pre bookable nurse appointments. All GP appointments were triaged by the duty doctor in a system that had been specifically designed to provide the most appropriate form of care to this demographic. Patients were advised or seen accordingly, both in to the

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

GPs clinic or the nurse practitioners clinic as the GP deemed appropriate. The mental health worker also had pre bookable appointments. Extended hours were normally on a Friday morning 7.30 - 8.00am.

There was a dedicated practice web site for the students. It is specifically designed for younger users and had a wealth of information and advice tailored to their needs: For example, sections on self-care for freshers, contraception and sexual health advice.

Web GP was available at both sites via the websites and allowed patients to initiate an e-consultation at a time convenient to them. The practice guaranteed to respond within 2 working days.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 76.2% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77.6% and national average of 74.9%
- 87.8% of patients said they could get through easily to the practice by phone (CCG average 84.4% and national average 73.3%).
- 58.9% of patients said they always or almost always see or speak to the GP they prefer (CCG average 71.6% and national average 60.0%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective 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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at 12 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient complained that they heard a member of staff discussing a patient with a drug addiction. This was dealt with immediately with the staff member, they were also given extra training in equality and diversity training plus a group session about confidentiality was arranged.

Are services well-led?

Good

(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 mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, risks associated with one patient's treatment needed improving, we saw the practice took prompt and thorough action when this was highlighted.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all 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. The practice proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the surveys and complaints received. It did not presently have a PPG (Patient Participation Group) although we saw the practice was continually trying to encourage members through their website, leaflets and posters in the waiting room and by inviting a representative from healthwatch to come in and chat with patients. The practice were committed to continuing this work to get a group in place.

We saw evidence that the practice had reviewed its' results from the national GP survey to see if there were any areas

Are services well-led?

Good

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

that needed addressing. For example, the concerns raised about patients being able to obtain an appointment when required and the actions put in place by the practice to improve this.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and looked to improve outcomes for patients in the area. For example. The practice looked at the best way of meeting the needs of certain patients whilst freeing up GP consultation time allowing patients to be seen by the most appropriate person. This had been achieved by the employment of a mental health practitioner and the employment of pharmacist.