

Beechwood Group Practice Quality Report

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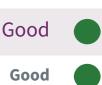
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider,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

Ratings

Overall rating for this service

Are services well-led?



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Beechwood Group Practice on 14 April 2016. The overall rating for the practice was requires improvement. After the comprehensive inspection the practice wrote to us to say what they would do to address the areas which required improvement. We undertook an announced focused inspection on 15 December 2016 to check that the practice had followed their plan and to confirm that they now met legal requirements The overall rating of the practice was changed to good, but remained rated as requiring improvement for leadership. The full comprehensive report on the April 2016 inspection and the report for focused inspection in December 2016 can be found by selecting the 'all reports' link for Beechwood Group Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 19 January 2018 to confirm that the

practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 15 December 2016. This report covers our findings in relation to those requirements.

The practice is rated as good overall including for providing safe services.

Our key findings were as follows:

• The practice had addressed the governance arrangements to ensure that the programme of clinical audit at the practice was effective, and that significant events were suitably analysed and actioned, and that learning from them was shared.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice



Beechwood Group Practice Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was carried out by a CQC lead inspector.

Background to Beechwood Group Practice

Beechwood Group Practice is registered with the Care Quality Commission to provide primary care services. The practice provides services to around 6,700 patients from one location at 57 John Street, Workington, Cumbria, CA14 3FT. We visited this address during the inspection.

Beechwood Group Practice is based in converted premises in Workington. There is level access to the surgery and all reception and consultation rooms are fully accessible. There is no on-site parking; however, there is on-street parking outside the practice available to local residents who have a permit to park in the town.

The practice has two GP partners (although one partner is leaving the practice) and one salaried GP (one male, one female). There are also two long-term locum GPs working at the practice. The practice employs a practice manager, an assistant practice manager, two advanced nurse practitioners, two practice nurses, a healthcare assistant, two phlebotomists, and five staff who undertake reception duties and six administration staff. The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

Beechwood Group Practice is open from Monday to Friday 8am to 6.30pm. Patients at the practice have access to Workington Primary Care Centre for appointments on Saturday morning between 9am and 12.15pm. Telephones are answered by the practice between 8am and 6.30pm Monday to Friday. When the practice is closed patients are directed to the NHS 111 service. This information is available on the practice's telephone message, website and in the practice leaflet.

The practice is part of NHS North Cumbria Clinical Commissioning Group (CCG). Information from Public Health England placed the area in which the practice is located in the fourth most deprived decile. In general, people living in more deprived areas tend to have greater need for health

services. Average male life expectancy at the practice is 77 years compared to the national average of 79 years. Average female life expectancy at the practice is 80 years compared to the national average of 83 years. The proportion of patients with a long-standing health condition is below average (52% compared to the local average of 56% and the national average of 54%). The proportion of patients who are in paid work or full-time employment or education is below average (54% compared to the CCG average of 59% and the national average of 62%). The proportion of patients who are unemployed is above average (6% compared to the CCG average of 4% and the national average of 5%).

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

Why we carried out this inspection

We undertook a comprehensive inspection of Beechwood Group Practice on 14 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement

Detailed findings

for providing safe, effective and well-led services and therefore as requires improvement overall. We undertook a follow-up focused inspection of Beechwood Group Practice on 15 December 2016 to review in detail the actions taken by the practice to improve the quality of care, and rated the practice good overall and for providing safe and effective services, but still requires improvement for well-led services. The full comprehensive report and focused report following the inspections in April 2016 and December 2016 can be found by selecting the 'all reports' link for Beechwood Group Practice on our website at www.cqc.org.uk.

We undertook a follow-up focused inspection of Beechwood Group Practice on 19 January 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Are services well-led?

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

Our findings

At our previous inspection on 15 December 2016, we rated the practice as requires improvement for providing well led services as some of the governance arrangements could be improved.

These arrangements had improved when we undertook a follow up inspection on 19 January 2018. The practice is now rated as good for providing well led services.

Governance arrangements

The management and recording of significant events had been improved so that staff were aware of their responsibilities. Records were complete and minutes of meetings where issues were discussed were produced. We saw that outcomes and learning from significant events were now documented, as were action points to show what was being done once a significant event had been raised. There had been 23 significant events recorded since January 2017. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, the system used for taking the INR of patients on warfarin was improved following a significant event (INR (International Normalised Ratio) is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose). Improvements had also been made following analysis of trends from significant events.

Clinical audit was used more effectively to monitor quality and make improvements. There had been eight clinical audits since January 2017 which were two-cycle audits or which had a second cycle planned. These had led to improvements such as changes to the system used to recall patients on certain medications for blood tests.