

Beechwood Group Practice

Quality Report

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Cumbria
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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 well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection of this practice on 14 April 2016. Breaches of legal requirements were found. Overall, we rated the practice as requires improvement.

After the comprehensive inspection the practice wrote to us to say what they would do to address four identified breaches of regulation. We undertook this focused inspection on 15 December 2016 to check that the practice had followed their plan and to confirm that they now met legal requirements. You can read the report from our last comprehensive inspection and our focused inspection by selecting the 'all reports' link for Beechwood Group Practice on our website at www.cqc.org.uk.

Overall the practice is now rated as good.

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

- The practice had taken action to address most of the concerns raised at the CQC inspection in April 2016. They had put measures in place to ensure they were compliant with two of the three requirement notices we served following the initial inspection.
- There was an improved approach to recording and responding to significant events, however, there were still some improvements required to make this effective.
- Appropriate checks were carried out on new staff employed by the practice.
- An effective system for recording and monitoring staff training had been implemented and all mandatory staff training had been completed.
- The arrangements for the management of health and safety at the practice had been reviewed. This was a recommendation made to the practice following the last inspection.

Summary of findings

- A handwashing audit had been performed, however, there had been no infection control audit completed for the practice premises at the time of inspection. The latter was a recommendation made to the practice following the inspection in April 2016.
- The practice had not yet reviewed the arrangements for the management of complaints, as recommended at the inspection in April 2016.
- The practice had undertaken a range of clinical audits since the last inspection, however these were not of a sufficient standard to demonstrate quality improvement.

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

- Address the governance arrangements to ensure that the programme of clinical audit at the practice is effective, and that significant events are suitably analysed and actioned, and that learning from them is shared.

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

- Complete an infection control audit for the practice premises.
- Follow national guidance concerning the recording of complaints, and how these are reviewed and responded to.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as Good for providing safe services. The practice had taken action to address most of the concerns raised during our previous inspection in April 2016. They had:

- Undertaken appropriate checks on new staff employed by the practice;
- Reviewed the arrangements for the management of health and safety at the practice;
- Improved the approach to recording and responding to significant events, however, there were still some improvements required to make this effective;
- Completed a handwashing audit, however, they had yet to carry out an infection control audit of the practice premises.

Good



Are services effective?

The practice is rated as good for providing effective services. The practice had taken action to address some of the concerns raised during our previous inspection in April 2016. They had:

- Implemented an effective system for recording and monitoring staff training and all mandatory staff training had been completed;
- Undertaken clinical audits, however, these were not of a sufficient standard to demonstrate quality improvement.

Good



Are services well-led?

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

- While there had been some improvement since the last inspection in April 2016, arrangements to monitor and improve quality and identify risk were not effective. Minutes were produced following meetings, however they lacked structure and detail, and did not include outcomes of significant event analysis. The arrangements for clinical audit at the practice also required improvement.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people, as the overall rating of the practice has improved to good.

Good



People with long term conditions

The practice is rated as good for care of the people with long-term conditions, as the overall rating of the practice has improved to good.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people, as the overall rating of the practice has improved to good.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people, as the overall rating of the practice has improved to good.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances make them vulnerable, as the overall rating of the practice has improved to good.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health, as the overall rating of the practice has improved to good.

Good



Summary of findings

What people who use the service say

We did not speak with any people who use the service as part of this inspection.

Areas for improvement

Action the service **MUST** take to improve

- Address the governance arrangements to ensure that the programme of clinical audit at the practice is effective, and that significant events are suitably analysed and actioned, and that learning from them is shared.

Action the service **SHOULD** take to improve

- Complete an infection control audit for the practice premises.
- Follow national guidance concerning the recording of complaints, and how these are reviewed and responded to.

Beechwood Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.
The team included a GP specialist advisor.

Background to Beechwood Group Practice

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

The practice provides services to around 6,700 patients from one location at 57 John Street, Workington, Cumbria, CA14 3FT. We visited this address as part of the inspection.

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

The practice has three GP partners (two male, one female). The practice employs a practice manager, an assistant practice manager, an advanced nurse practitioner, two practice nurses, a healthcare assistant, a phlebotomist, five staff who undertake reception duties and six administration staff. The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

Beechwood Group Practice is open at the following times:

- Monday to Friday 8am to 6.30pm.
- Saturday 9am to 12.15pm.

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

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

- Monday to Friday 8am to 12.30pm then 1.30pm to 6pm.

An extended hours surgery, with pre-bookable appointments, is offered each Saturday morning between 9am and 12.15pm.

The practice is part of NHS Cumbria Clinical 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.

Detailed findings

Why we carried out this inspection

We undertook an announced focused inspection of Beechwood Group Practice on 15 December 2016. We asked to see evidence to confirm that improvements to meet legal requirements had been made following our comprehensive inspection on 14 April 2016. This inspection focused on three of the five questions we ask about services; is the service safe, is it responsive, and is it well led? This is because the service was not meeting legal requirements in these domains.

How we carried out this inspection

We carried out an announced inspection on 15 December 2016. We visited the practice's surgery in Workington. We spoke with the lead GP and the practice manager. We reviewed audits, minutes of meetings, significant event analysis reports, and documentation related to training and staff recruitment.

Are services safe?

Our findings

Safe track record and learning

When we inspected the practice in April 2016, there was system in place for reporting and recording significant events. However, it was not effective.

During the inspection in December 2016, we saw that the system in place for reporting and recording significant events had improved, but required some further improvement.

- There was a new template for recording significant events, and staff had undertaken training in significant event reporting and analysis. We saw that there had been an increase in significant events reported since the last inspection, and that the matters being reported were appropriate.
- However, while significant events were now being recorded electronically, which allowed those reviewing them to look for trends, we saw that there was nowhere to document outcomes or learning from significant events. There were no action points documented to show what was being done once a significant event had been raised.
- We were told that information about significant events was shared with staff at practice meetings, however, when we looked at minutes of staff meetings since the last inspection there was no record of significant events being discussed.

The practice showed us that they had training scheduled from an external provider for January 2017 which was intended to help them improve the significant event reporting process.

Overview of safety systems and processes

When we inspected the practice in April 2016 the practice could not demonstrate a safe track record through having risk management systems in place.

At this inspection, we found the practice had put in place systems, processes and practices in place to keep patients safe, and safeguarded from abuse, which included:

- Ensuring GPs were trained to child safeguarding level three.
- Maintaining 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. A handwashing audit had been completed, however, at the time of inspection an annual infection control audit had not been undertaken for the practice premises, as was recommended at the inspection in April 2016. We were told this was due to take place in January 2017.
- Making improvements to the recruitment records at the practice. We reviewed the personnel files of four staff members and found appropriate 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.

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

At the last inspection in April 2016 there was insufficient evidence that clinical audit activity was driving improvements in patient outcomes. Clinical audit is a process or cycle of events that help ensure patients receive the right care and the right treatment.

At the inspection in December 2016, we saw that a programme of clinical audit activity was now in place, and the practice showed us 10 audits which had been carried out since April 2016. However, these were not of a standard to demonstrate improvement. The GP specialist advisor at the inspection reviewed the 10 clinical audits and found that:

- A recognised process for carrying out clinical audits had not been followed. For example, no aim or methodology had been made clear.
- Recommendations for improvements did not match the findings of the audit. For example, one recommended an annual blood test for patients on a certain medication, when the audit had shown that this was not required.
- It was not always clear who had completed the audit, and in some cases, work which was being counted as a clinical audit had been completed by non-clinical staff.
- There was no evidence that the outcomes of audits had been shared among staff. Some audits had been completed without some members of the clinical staff being aware that they were being carried out.

Effective staffing

At the inspection in April 2016, the practice could not effectively demonstrate that all staff had the skills, knowledge and experience to deliver effective care and treatment. The practice could not demonstrate how they ensured role-specific training and updates for relevant staff, nor was there a process in place to monitor and record the training undertaken by staff to ensure they completed mandatory and statutory training.

At this inspection, in December 2016, we saw that a number of improvements had been put in place.

- The practice could now demonstrate how they ensured role-specific training and updating for relevant staff took place. For example, for those reviewing patients with long-term conditions.
- We saw that 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had now received an appraisal within the last 12 months.
- Staff had received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Are services well-led?

Requires improvement 

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

Our findings

Governance arrangements

When we inspected the practice in April 2016 we saw that some of the governance arrangements required improvement. The management and recording of significant events was not fully effective. Staff were aware of their responsibilities, however, records were incomplete and minutes of meetings where issues were discussed were not produced. Furthermore, clinical audit was not used to monitor quality and make improvements.

While we saw improvements in some areas during the inspection in December 2016, the governance arrangements were still not sufficient to address the issues

outlined above. Improvements were still required to ensure that the process for analysing and sharing learning from significant events was effective, and to ensure that the programme of clinical audit at the practice led to demonstrable improvements.

We saw minutes of meetings that were held, however, these were brief and unstructured, and did not provide a full overview of what was discussed at the meeting. Significant events were not mentioned in the minutes of meetings held since the last inspection. We were told that there was no agenda for meetings, therefore the practice was unable to show that matters such as significant events were discussed regularly. There was also no evidence that actions identified at meetings had been carried out.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance