

Beechwood Medical Practice

Quality Report

Fishponds Primary Care Centre
Beechwood Road,
Fishponds
Bristol BS16 3TD

Tel: 0117 908 2360

Website: www.beechwoodmedicalpractice.co.uk

Date of inspection visit: 15 December 2015

Date of publication: 04/02/2016

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?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	10
Areas for improvement	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Beechwood Medical Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Beechwood Medical Practice on 15 December 2015.

Overall the practice is rated as good.

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

- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments always available the same day.
- Risks to patients were assessed and well managed.

- Staff worked cohesively as a team and understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted upon.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw two areas of outstanding practice:

- The practice had well developed and embedded support systems for carers, including younger carers, who were identified by the practice for a carers'

Summary of findings

assessment which could take place at the practice or at the patient's home. The carers were directed to appropriate services and invited to be part of regular meetings at the practice.

- All patients registered with the practice were contacted by the nurse practitioner when they were discharged from hospital, who could arrange for further visits or support as needed. This had impacted on the admission rate of patients as their care was well managed.

The areas where the provider should make improvement are:

- Review the protocol for the safe management of medicines in the practice including emergency medicines.
- Ensure staff understand and follow the procedures for the handling and safe storage of prescriptions.

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.

Good



- 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 are unintended or unexpected safety incidents, patients received an apology and were told about any actions to improve processes to prevent reoccurrence.
- 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.
- We found some of the processes in place for the management of the practice could be more robust for example, the processes to ensure prescription security.

Are services effective?

The practice is rated as good for providing effective services.

Good



- National data showed patient outcomes were at or above average for the locality.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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 that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

- The practice had well developed and embedded support systems for carers including younger carers.

Are services responsive to people's needs?

The practice is rated as good 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, being able to access weekend reviews for patients and eConsult (formally Web GP) for online patient consultations.
- Patients said they could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- All patients were contacted by a nurse following discharge from hospital.
- 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.

Good



Are services well-led?

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

- They had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management.
- 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 taking appropriate action in respect of notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Good



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.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had well developed and embedded support systems for carers and hosted the local carer support team.
- The practice routinely contacted and visited patients following discharge from hospital.
- The health centre was a shared site which promoted excellent communication and patient information sharing between the community teams and practice staff.

Good



People with long term conditions

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

- Nursing staff had specialist training for the management of chronic diseases.
- Patients at risk of hospital admission were identified as a priority and had individual care plans in place.
- National data from the Quality Outcomes Framework (2014/15) showed the results for the management of patients with diabetes was comparable with other local practices. These results were higher than the national average.
- Longer appointments and home visits for reviews were routinely available to patients.
- All these patients had a named GP and a structured annual review to check that 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.

Good



Families, children and young people

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

Good



Summary of findings

- 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 people who had a high number of A&E attendances.
- The practice had an in-house phlebotomy service for both adults and children.
- Teenager's health checks and immunisation were offered to all patients aged 15 years old.
- Immunisation rates were relatively high for all standard childhood immunisations; the practice offered to immunise patients at their own home if travelling to the practice was problematic.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

The practice worked to provide inclusive services for younger patients. For example, hosting the For Young People (4YP) initiative which enabled young patients to access sexual health care and teenage health checks.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (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. For example, the release of online bookable appointments was made twice daily.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Patients registered at the practice could access eConsult an online GP consultation service.
- The practice website offered a range of self-care advice.
- The text messaging (SMS) service from the practice reminded patients of pre-booked appointments and also allowed them to cancel any appointments they no longer required.

Good



People whose circumstances may make them vulnerable

- The practice held a register of patients living in vulnerable circumstances including homeless patients, and those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice had shared care management and support for patients with alcohol or drug misuse problems.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Carers, including young carers, were identified by the practice for a carers' assessment which could take place at the practice or at the patient's home.
- The practice offered health checks for carers.

People experiencing poor mental health (including people with dementia)

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

- National data from the Quality Outcomes Framework (01/04/2014 to 31/03/2015) indicated the percentage of patients diagnosed with dementia who had received a face-to-face review in the preceding 12 months was comparable to other practices at 94.34% and above the national average at 84.01%.
- National data from the Quality Outcomes Framework (01/04/2014 to 31/03/2015) indicated the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses with a comprehensive care plan documented in the record, in the preceding 12 months was comparable to other practices at 90.83% and above the national average of 88.47%.
- 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 living 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.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia such as accessing the dementia navigators.

Summary of findings

What people who use the service say

We spoke with seven patients visiting the practice and we received 24 Care Quality Commission (CQC) comment cards from patients who visited the practice and two written testimonials. We also looked at the NHS Choices website to look at comments made by patients. (NHS Choices is a website which provides information about NHS services and allows patients to make comments about the services they received).

The testimonials received praised the way the practice worked to support staff and patients, and gave examples of how staff had treated patients above their expectation, expressing the view that they were fortunate to be patients of the practice.

We read the commentary responses from patients on the comment cards and noted they included observations such as:

- Staff were kind and listened to concerns.
- Excellent care, support and advice.
- The practice was very well run.
- Staff were helpful, friendly and efficient.
- Patients felt treated with dignity and respect.

The practice had a patient participation group (PPG) of 45 members who met on a quarterly basis. The group was widely advertised and information about the group was available on the website and in the practice. From the PPG action plan the practice had managed the following issues :

- Promotion of self-care through booklets and educational sessions.
- Redesigning of practice website and relocation of notice boards for information.
- Participation in flu campaigns and fund raising to make a donation to a chosen charity.

We looked at data provided in the most recent NHS GP patient survey (July 2015). There were 336 survey forms

distributed for Beechwood Medical Practice and 123 forms were returned, this was a response rate of 36.6% and represented 1.1% of the number of patients registered at the practice.

The data indicated:

- 49.3% of respondents found it easy to get through to the practice by phone compared to the to the Clinical Commissioning Group average of 72.7% and national average of 73.3%.

Where some of these results were worse than the average for the Bristol Clinical Commissioning Group we asked the PPG for their views. They agreed that it was difficult to access the practice by telephone in the mornings but reiterated that at any other time they had experienced no problems.

We also spoke with the practice management who provided a breakdown of telephone calls taken on the day of the inspection. There were 240 calls to the practice of which 224 were answered and 16 calls were classed as abandoned. The average delay to abandon was reviewed and the longest delay was one minute and 18 seconds. The practice averages 76 calls between 8am and 9am and they monitored the average speed of answer and the average delay to abandon, to monitor if there was sufficient staff at the right times of day answering calls.

- 41.8% of respondents with a preferred GP usually get to see or speak to that GP compared to the to the Clinical Commissioning Group average of 60.7% and national average of 60%.

The PPG responded to this and recognised that some GPs were more popular than others and so more difficult to see. One patient expressed satisfaction with all the GPs seen during their time with the practice. The practice told us that the 'did not attend' (DNA) rate on an average runs at just under 3% for GP appointments. On the day of the inspection there was one DNA for GP appointments and 13 DNA's for nurse, health care assistant or phlebotomy appointments.

Summary of findings

- 67.1% of respondents described their experience of making an appointment as good compared to the to the Clinical Commissioning Group average of 72.5% and national average of 73.3%.
- 94.2% of respondents found the receptionists at this practice helpful compared to the to the Clinical Commissioning Group average of 88.5% and national average of 86.8%.
- 84.5% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the to the Clinical Commissioning Group average of 88% and national average of 85.2%.
- 88.2% of respondents said the last appointment they got was convenient compared to the to the Clinical Commissioning Group average of 91.2% and national average of 91.8%.
- 71.1% usually wait 15 minutes or less after their appointment time to be seen compared to the to the Clinical Commissioning Group average of 62.1% and national average of 64.8%.

All of the PPG members had been able to access appointments when needed and commented on the

helpfulness of the reception team. Patients told us that they had confidence that the GPs or nurses would give them as much time as was needed to address their concerns. This was preferred to having to make several appointments for treatment.

Other patients we spoke with reiterated these views and praised the care and treatment they received. Patients had commented positively about being involved in the care and treatment provided, and feeling confident in their treatment.

The practice had also commenced their current 'Friends and Family' test (FFT) which was available in a paper format placed in the reception area and online.

The FFT results for October 2015 from a total of 53 respondents were:

- 94% of respondents were extremely likely or likely to recommend the practice.
- 0% of respondents were neither likely nor unlikely to recommend the practice.
- 4% of respondents were unlikely or very unlikely to recommend the practice.

2% of respondents didn't know.

Areas for improvement

Action the service **SHOULD** take to improve

- Review the protocol for the safe management of medicines in the practice including emergency medicines.

- Ensure staff understand and follow the procedures for the handling and safe storage of prescriptions.

Outstanding practice

- The practice had well developed and embedded support systems for carers, including younger carers, who were identified by the practice for a carers' assessment which could take place at the practice or at the patient's home. The carers were directed to appropriate services and invited to be part of regular meetings at the practice.
- All patients registered with the practice were contacted by the nurse practitioner when they were discharged from hospital, who could arrange for further visits or support as needed. This had impacted on the admission rate of patients as their care was well managed.

Beechwood Medical 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 special advisor and a nurse special advisor.

Background to Beechwood Medical Practice

Beechwood Medical Practice is located in an urban area of Bristol. They have approximately 10500 patients registered.

The practice operates from one location:

Fishponds Primary Care Centre

Beechwood Road,

Fishponds

Bristol BS16 3TD

It is sited in a purpose built health centre which is shared with other primary care services. The consulting and treatment rooms for the practice are situated on the ground floor. The practice has eleven consulting rooms, and there are three treatment rooms (for use by nurses, health care assistants and phlebotomists); reception and records room; and a waiting room area. There is limited patient parking immediately outside the practice with spaces reserved for those with disabilities.

The practice is made up of seven GP partners, a nurse practitioner, and the practice manager, working alongside five qualified nurses and one health care assistant and a phlebotomist. The practice is supported by an administrative team including medical secretaries,

receptionists and administrators. The practice offers a total of 51 clinical sessions per week and is open for appointment booking from 8am until 6.30pm Monday to Friday for on the day urgent and pre-booked routine GP and nurse appointments. A selection of extended hours, pre-bookable appointments with nurses and GPs are available early morning from 7.30am and late evening appointments until 7.15pm on various days of the week.

The practice has a General Medical Services contract with NHS England. The practice is contracted for a number of enhanced services including extended hours access, facilitating timely diagnosis and support for patients with dementia, patient participation, immunisations and unplanned admission avoidance.

Beechwood Medical Practice is a training practice and has General Practice Specialty Trainees (GPSTs) attached to the practice for six or twelve month periods who are supervised by a GP, and their GP Trainer who has overall responsibility for their education.

The practice hosts:

- Abdominal Aortic Aneurysm Screening.
- Carers support reviews and bi-weekly support worker in waiting room.
- Community Drug and alcohol counselling.
- Diabetic retinopathy testing.
- Specialist Weight Management programmes.

The practice does not provide out of hour's services to its patients, this is provided by NHS 111 and BrisDoc. Contact information for this service is available in the practice and on the website.

Patient Age Distribution

0-4 years old: 6.51%

5-14 years old: 11.94%

Detailed findings

15-44 years old: 42.38%

45-64 years old: 25.17%

65-74 years old: 7.66%

75-84 years old: 4.27%

85+ years old: 2.08%

Patient Gender Distribution

Male patients: 50.8 %

Female patients: 49.2 %

Other Population Demographics

% of Patients in a care home: 0.22 %

% of Patients from BME populations: 18.83 %

Index of Multiple Deprivation 2010 (IMD): 25.73 –

Income Deprivation Affecting Children (IDACI): 0.27

Income Deprivation Affecting Older People (IDAOPI): 0.23

The practice is in a more deprived area (fifth more deprived decile) and has a high demand for longer appointments.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015, 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 15 December 2015. During our visit we:

- Spoke with a range of staff including nurses, GPs, nurse practitioner, practice manager and deputy manager and spoke with patients who used the service.
- We spoke with attached staff who worked as a multidisciplinary team with the practice.
- Observed how patients were being cared for and talked with carers and/or family members.
- 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 people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of patients and what good care looks 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.

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 also a recording form available on the practice's computer system.
- We found incidents were recorded as significant events and included in the governance arrangements for review.
- The practice carried out a thorough analysis of the significant events and reviewed the recommended action had taken place and ensured it was sufficient to prevent reoccurrence.

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, we saw a patient consulted with a GP about a letter sent by the hospital. On reading the letter it was found it had been sent to the wrong patient. This was referred to the hospital for action. Another example we read concerned an expected death during a home visit. This was analysed and discussed by the clinical team and we saw the recommendation from this had been completed.

When there are unintended or unexpected safety incidents, patients received support, truthful information, a verbal and written 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 was a lead member of staff for safeguarding. 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 children level 3.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of patients 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 practice premises to be clean and tidy. A practice nurse had been nominated as the new infection control clinical lead and would be attending further training to enable them to carry out this role. There was an infection control protocol in place and staff had received up to date training. Six monthly 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However, we found that some of the checking processes for emergency medicines could be more robust with regular monthly recorded checks.
- The practice carried out regular medicine prescribing audits, with the support of the local Clinical Commissioning Group 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. We found that the system was not failsafe and was not uniformly followed and would not provide a clear audit trail if there was a security breach.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration

Are services safe?

with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The same checks were applied to any locum staff employed by the practice.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella. (Legionella is a bacterium found in the environment 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. There was a protocol in place stating that two members of staff should respond but not whom. The practice stated this would be reviewed to meet best practice guidance from the Resuscitation Council.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date.
- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through their governance arrangements. For example, we found the practice had undertaken an audit of patients with post-menopausal bleeding to ensure the guidance for management of these patients was being implemented.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 94.7% of the total number of points available, with 5.3% exception reporting overall for all domains. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 01/04/2014 to 31/03/2015 showed the practice performance was comparable to or higher than national averages. For example;

- Performance for diabetes related indicators was comparable 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 was 85% compared to a national average of 80.53%.
- The percentage of patients with atrial fibrillation with a CHADS2 score () of 1, measured within the last 12 months, who are currently treated with anticoagulation medicines or an antiplatelet medicine was 100% and the national average was 98.36%.

- Performance for mental health related indicators was comparable to the Clinical Commissioning Group (CCG) and the national average, for example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 84.54% and the national average was 89%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 94.34% and the national average was 84.01%.

Clinical audits demonstrated quality improvement.

- There had been 16 clinical audits of various aspects of the practice's clinical work performance undertaken in the last two years, seven of these were completed audits where the improvements made were implemented and monitored.
- We found GPs and nurses undertook audits to improve patient care and to be able to demonstrate the effectiveness of treatment such as cervical smears.
- The practice participated in applicable local audits such as Clinical Commissioning Group prescribing audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, a recent completed audit of antibiotic prescribing for sore throat symptoms against the NICE clinical guideline found there had been an improvement in the number of cases managed in keeping with NICE guidance, but the compliance target indicated an identified training need for clinicians within the practice. This was subsequently raised at a clinical education meeting.

Information about patients' outcomes was used to make improvements, during the winter of 2014 some GPs and the nurse practitioner started using the "Treating your infection" information sheet which was deemed to be useful to help patients to understand their treatment and actions to take.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, security, 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 reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received mandatory 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 are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis or more frequently as needed. Care plans were

routinely reviewed and updated. The attached staff we spoke with told us that communication between them and the practice was good with opportunities for joint home visits to patients.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed patient's capacity to make an informed decision about their treatment, and if appropriate, recorded the outcome of the assessment.
- The process for seeking consent was demonstrated through records and showed the practices met its responsibilities within legislation.

Health promotion and prevention

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 and substance misuse. Patients were then referred or signposted to the relevant service.
- The shared premises meant that patients could access additional health care services at the site such as podiatry.
- The practice were opportunistic in health promotion and used regular events such as the annual influenza campaign to organise sessions which included health promotion and educational stalls in areas such as diabetes.

National data from the Quality Outcomes Framework (01/04/2014 to 31/03/2015) indicated the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was

Are services effective?

(for example, treatment is effective)

comparable to other practices at 84.91% and above the national average of 76.9%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 (CCG) and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82.5% to 98.5% and five year olds

from 93% to 100%. Flu vaccination rates for patients over the age of 65 years were 73.95%, and for patients in at risk groups 55.42%. These were also comparable to CCG and national averages.

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-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated patients 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 and that 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. We observed this put into action during our site visit with an anxious patient.

Of the 24 patient CQC comment cards we received, 22 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We also spoke with five members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 89.3% of respondents said the GP was good at listening to them compared to the Clinical Commissioning Group average of 89.5% and national average of 88.6%.
- 92.9% of respondents said the GP gave them enough time compared to the Clinical Commissioning Group average of 86.5% and national average of 86.6%.

- 96.4% of respondents said they had confidence and trust in the last GP they saw compared to the Clinical Commissioning Group average of 96% and national average of 95.2%.
- 87.4% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the Clinical Commissioning Group average of 85.3% and national average of 85.1%.
- 95.6% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the Clinical Commissioning Group average of 91.7% and national average of 90.4%.
- 94.2% of respondents said they found the receptionists at the practice helpful compared to the Clinical Commissioning Group average of 88.5% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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:

- 82.5% of respondents said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group average of 86.4% and national average of 86.0%.
- 74.8% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the Clinical Commissioning Group average of 81.8% and national average of 81.4%.

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.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

The practice provided a regular newsletter with information about the practice and developments, for example, in the winter 2015 edition the practice promoted its intention to become an autism friendly practice and listed additional ways in which the practice supported patients with autism such as allowing additional time for consultation. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice had well developed and embedded support systems for carers, including younger carers, who were identified by the practice for a carers' assessment which could take place at the practice or at the patient's home. The practice's computer system alerted GPs if a patient was

also a carer. The practice had identified 138 patients on the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. Carers could also be referred for an assessment to identify any support needs. The practice had a Carers Link volunteer, who visited the practice on the first and third Tuesday of each month from 10am – 12 midday. The volunteer worked closely with the practice to identify and share information about carers who may require additional support.

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

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 (CCG) to secure improvements to services where these were identified. For example, being able to access weekend reviews for patients and eConsult (formally Web GP) for online patient consultations.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- They were a 'for young people' (4YP) practice offering a sexual health service for young people and emergency contraception advice and prescribing.
- They offered health checks and support for carers.
- They provided annual health checks for patients with learning disabilities.
- They had 24 hour BP monitoring equipment for patients to enable early diagnosis of hypertension.
- They had in-house expertise and equipment for the diagnosis of deep vein thrombosis which allowed for early treatment initiation.
- They offered minor surgery clinics for joint injections and wart & verrucae clinic
- The in-house phlebotomy service was provided for adults and children.
- Staff were trained so that they could initiate insulin conversion for diabetic patients.
- The practice holds a register of patients living with dementia had close liaison with the community dementia navigators.
- There was shared care management and support for patients with alcohol or drug misuse problems.
- The practice invited younger adults (teenagers) for health checks and immunisations.
- The practice accessed teledermatology which allowed for quicker access to a consultant for diagnosis and treatment advice.
- The practice hosted other healthcare services in order to facilitate easy access to treatment by patients at the practice such as counsellors and an aortic aneurism screening service.

- The nurse practitioner contacted patients when they had been discharged from hospital. This allowed the practice to understand if a patients needs had changed and whether additional support was required.

Access to the service

The practice was open for appointment booking from 8am until 6.30pm Monday to Friday for on the day urgent and pre-booked routine GP and nurse appointments. A selection of extended hours, pre-bookable appointments with nurses and GPs are available early morning from 7.30am and late evening appointments until 7.15pm on various days of the week.

In addition to advanced pre-bookable surgery based appointments, patients prebooked telephone consultations. Urgent appointments were also available for patients that needed them.

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

- 73.6% of respondents were satisfied with the practice's opening hours compared to the Clinical Commissioning Group average of 74.6% and national average of 73.8%.
- 86.3% of patients described their overall experience of this surgery as good compared to the Clinical Commissioning Group average of 85.9% and national average of 84.8%.
- 79% of patients would this surgery to someone new to the area compared to the Clinical Commissioning Group average of 79.6% and national average of 77.5%.

The practice monitored the 'average speed of answer' and 'average delay to abandon' of all telephone calls to them in order to ensure there was sufficient staff at the right times of day answering calls.

Listening and learning from concerns and complaints

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

- Its 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.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system on the website and a practice leaflet.

We looked at a selection of complaints received in the last 12 months and found these were dealt with in a timely way to achieve a satisfactory outcome for the complainant. For example, complaints were responded to by the most appropriate person in the practice and wherever possible by face to face or telephone contact. The information from the practice indicated all the complaints received had been resolved.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. We found the learning points from each complaint had been recorded and communicated to the team or appropriate action taken. For example, a patient had complained about difficulty in booking an appointment when they were working. As a direct response to this complaint the practice released some pre-bookable appointments at 2pm in the afternoon to assist those who cannot call in the morning.

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's mission statement was:

"Beechwood medical practice is dedicated to providing effective family health care to the highest available standard. We aim to achieve this by promoting equal health opportunities to all our patients by combining technical excellence with the quality of patient experience."

The practice promoted an integrated model of care working with other healthcare professionals in the best interests of the patient. The practice had a robust strategy and supporting business plan which reflected the vision for the practice.

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 via a shared drive and through the staff handbook.
- A comprehensive understanding of the performance of the practice was maintained.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

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

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 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 that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at role specific team meetings. We also noted that management team away days were held annually.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- The practice issued a monthly bulletin to staff to update them on changes and service developments.

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

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

- The practice had gathered feedback from patients through patient surveys (including a specific survey for younger patients), compliments and complaints. There was a PPG which was consulted about practice performance and improvement.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run and gave us examples of how they had been able to implement changes and improvements.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

Are services well-led?

Good 

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

- They were part of the Primary Care Network research project.
- The practice was part of the One Care Consortium and with other practices accessed the Prime Minister's Challenge Fund for service improvements such as eConsult (formally Web GP) and an inter practice intranet.
- GPs belong to the Health Learning Partnership programme and have one week per annum for study leave.
- The practice undertook a project in 2014 on disease prevalence amongst the patient group which resulted in an increase in the number of patients diagnosed with long term conditions. This informed the business plan for staffing to meet the patients' needs.