The Practice Beacon

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.

Summary of findings

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Summary of findings

Overall summary

The Practice Beacon is a GP surgery providing weekday primary care services to patients in West London. It provides primary care services from its site in Ladbroke Grove.

The surgery had approximately 1,800 registered patients at the time of our inspection. The surgery was located at street level and is accessible to people who require wheelchair access. The Practice Beacon is registered with the Care Quality Commission to carry on the regulated activities of Diagnostic and screening procedures, Maternity and midwifery services, Surgical procedures, and Treatment of disease, disorder or injury.

The Practice Beacon staff team is made up of two GPs, a practice nurse, healthcare assistant, a practice manager and two reception staff. In addition to GP appointments, clinics are led by the practice nurse for services including wound care, chronic disease management, child immunisations and cervical smears. Clinics led by the healthcare assistant include new patient health checks and blood pressure monitoring.

All the patients we spoke with were complimentary about the service they had received. The results of the most recent patient survey showed that patients were satisfied with the care and treatment they received. However we found that the practice did not have an active patient participation group. The practice took action in response to improvements suggested by patients.

The provider responded promptly and effectively to incidents and complaints, made improvements and learned from these events.

The leadership team was visible and staff and patients found them approachable and supportive.

We found good examples of how The Practice Beacon was meeting the needs of each of the population groups we report on. Older people and people who were physically frail received additional support through on-going reviews and, if required, had home visits. People with long term conditions were also encouraged to have additional monitoring and reviews, and the practice had good working relationships with other providers such as hospitals and community health teams to ensure people received ongoing care. The practice carried post natal checks for new mothers and child immunisations.

Particular good practice we found during this inspection was that the practice was implementing a new appointments system in July 2014, partly in response to patient feedback that would offer greater accessibility and flexibility to patients by allowing them to book appointments and request repeat prescriptions online. The new system will also have text enablement to confirm and remind patients about their appointments.

There were also a number of areas we found that the practice could make improvements in. The practice could provide clearer information about the opening hours and appointment hours on their website and within the practice, so that people had a clear understanding of the accessibility of the practice. Staff should be clear on circumstances when children may be seen without being accompanied by a parent and / or without parental consent. Staff should also have a better understanding in the assessment of mental capacity. The practice could ensure annual staff appraisals are completed for the 2013 / 14 year, and new staff objectives are set for the current year 2014 / 15. The practice could ensure that a functioning and effective patient participation group (PPG) was set up.

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 had suitable arrangements in place for the management of incidents, ensuring patient care was provided safely and good health was promoted. The practice learnt when things went wrong and made improvements as a result, by investigating incidents and sharing learning from them. There were arrangements in place to respond to, and plan for, risks in advance. Staff cover was arranged to manage any shortages, and staff were trained to respond to medical emergencies. Medicines were appropriately managed and arrangements were in place for the prevention and control of infections.

Are services effective?

The practice provided effective care and treatment by implementing best practice guidelines and completing clinical audit cycles to improve health outcomes for its patients and providing suitable training and development to its staff team. The practice continually reviewed their Quality and Outcomes Framework (QOF) performance to ensure key health outcomes for their patients were achieved. Where necessary, the practice worked with other providers to ensure appropriateness and continuity of care and treatment. We found that staff were not clear on circumstances when children could be seen without being accompanied by a parent and / or without parental consent. Staff did not have sufficient knowledge of the mental capacity act and its application.

Are services caring?

All the patients we spoke with were complimentary about the service they had received. We saw that the results of a recent patient survey showed that patients were satisfied with the care and treatment they received. People we spoke with felt involved in their care decisions.

However, consent processes needed to be clarified all staff needed to ensure they understood the circumstances when children may be seen without parent or guardian presence or consent. Clinical staff also needed to gain understanding and make consent arrangements for patients who may lack capacity to give consent to their care and treatment.

Are services responsive to people's needs?

The practice monitored and managed its appointments in such a way as to be able to offer a number of urgent and emergency appointments daily and routine appointments within three days.

Summary of findings

However the practice needs to ensure there is clear information about the appointment hours, which differ from the practice opening hours, on their website, telephone messaging system and the premises.

There were additional enhanced services in place for certain groups of people, which were provided in response to local needs and priorities.

There were avenues for people to raise and discuss comments, concerns and complaints, which the provider listened, and responded, to. However, an active patient participation group was not in place in the practice.

Are services well-led?

Staff felt supported by the management team in the practice and they were comfortable voicing their opinions and concerns. The provider sought patient views, published its findings and responded to patient concerns. Quality was monitored and risks identified, monitored and managed. However, staff annual appraisals were due for completion.

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 GPs at The Practice Beacon provided visits to people in their own homes, some of whom were older people. This ensured that older people registered at the practice that was unable to travel to receive the primary care services they needed were able to access the practice.

On-going checks were made by the clinical team in the practice on the health and needs of older patients who were considered vulnerable due to their physical health needs. This meant that this vulnerable group of people were provided with additional checks and any changes in their needs promptly observed and responded to. Other older people with special and particular needs were reviewed regularly basis.

People with long-term conditions

The Practice Beacon treats patients with a range of long term medical conditions, including diabetes, asthma and chronic obstructive pulmonary disease (COPD). These are managed by the clinical team, and reported and monitored through Quality Outcomes Framework (QOF).

Mothers, babies, children and young people

The clinical team in The Practice Beacon carried out antenatal screening and checks, and child health surveillance in the form of child development checks in line with local guidelines. We reviewed the most recent published Quality Outcomes Framework (QOF) information on The Practice Beacon and saw that the practice had achieved the health outcome requirements in these areas.

The working-age population and those recently retired

Extended opening hours have been offered in the practice to meet the needs of the working population. The practice manager told us that they intended to begin offering an online appointments booking service, with the introduction of their new clinical software in July 2014, to allow patients more flexibility to making their appointments.

A travel clinic was offered in the Practice, and there was comprehensive information available about any associated fees with this service.

Summary of findings

People in vulnerable circumstances who may have poor access to primary care

The Practice supports people in the local community with housing needs to become registered patients. The Practice Beacon was delivering a local enhanced service for people with housing needs. This meant that this vulnerable group received additional support to ensure their physical health was not neglected. We saw no evidence that people were discriminated against in terms of their access to care because of their circumstances.

People experiencing poor mental health

People with diagnosed mental health conditions were provided with annual health checks, including checks on their body mass index, blood sugar level and overall physical health. This ensured that their physical health needs was not neglected.

The practice team liaised with the mental health services caring for their patients with mental health conditions as required.

There was counselling services, delivered by a different provider, from The Practice Beacon premises. Patients at the practice were able to access the counselling service by clinical and self-referral. Counselling services were offered to address psychological needs and for substance misuse.

Summary of findings

What people who use the service say

All the patients we spoke with were complimentary about the service they had received. The results of the most recent patient survey showed that patients were satisfied with the care and treatment they received. However we found that the practice did not have an active patient participation group.

Areas for improvement

Action the service COULD take to improve

The practice could provide clearer information about the opening hours and appointment hours on their website and within the practice, so that people had a clear understanding of the accessibility of the practice.

Staff should be clear on circumstances when children may be seen without being accompanied by a parent and / or without parental consent. Staff should also have a better understanding in the assessment of mental capacity.

The practice could ensure annual staff appraisals are completed for the 2013 / 14 year, and new staff objectives are set for the current year, 2014 / 15.

The practice could ensure that a functioning and effective patient participation group (PPG) was set up.

The Practice Beacon

Detailed findings

Our inspection team

Our inspection team was led by:

a **CQC Inspector,** supported by a specialist advisor, who was a **GP**. The specialist advisor was granted the same authority to enter The Practice Beacon as the CQC inspector.

Background to The Practice Beacon

The Practice Beacon is a GP surgery in Ladbroke Grove, West London. The surgery had approximately 1,800 registered patients at the time of our inspection. The surgery is located at street level and is accessible to people who require wheelchair access.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Diagnostic and screening procedures, Maternity and midwifery services, Surgical procedures, and Treatment of disease, disorder or injury.

The practice was staffed by two GPs, who work on different days, meaning there was one GP available during surgery opening hours. There was also a nurse, and a healthcare assistant completing the clinical team. The administrative staff team consisted of two receptionists and the practice manager.

The practice is in the NHS West London Clinical Commissioning Group (CCG). The CCG is responsible for making sure that the people living within the Royal Borough of Kensington and Chelsea, and Queen's Park and Paddington (within Westminster City Council area), have access to the healthcare services they need.

The practice is within the Royal Borough of Kensington and Chelsea, which has a higher proportion of working age people between 20 and 49 year olds than the national average. The area also has a lower proportion of younger people (under 19 year olds) and people over the age of 50. The practice is in an urban, ethnically diverse area, with approximately a quarter of the population being non-white minorities.

Why we carried out this inspection

We inspected this practice as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired

Detailed findings

- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

Before visiting, we reviewed a range of information we had received from the practice and asked other organisations to share their information about the service.

We carried out an announced visit on 20 May 2014 between 9am and 4.30pm.

During our visit we spoke with a range of staff, including a GP, the practice manager and reception staff.

We also spoke with patients who used the service. We reviewed comment cards where patients and members of the public shared their views and experiences of the practice. We reviewed information given to us by the provider.

Are services safe?

Summary of findings

The practice had suitable arrangements in place for the management of incidents, ensuring patient care was provided safely and good health was promoted. The practice learnt when things went wrong and made improvements as a result, by investigating incidents and sharing learning from them. There were arrangements in place to respond to, and plan for, risks in advance. Staff cover was arranged to manage any shortages, and staff were trained to respond to medical emergencies. Medicines were appropriately managed and arrangements were in place for the prevention and control of infections.

Our findings

Safe Patient Care

We found that the provider had robust arrangements for monitoring safety performance. There was an incidents management system in place, with clear lines of responsibilities for the management of incidents. Administrative and clinical staff were trained in the use of the incidents management system. We saw evidence that incidents were recorded, investigated and actions taken to prevent similar events occurring in the future. We saw evidence that learning from incidents were discussed at locality meetings attended by the practice manager.

Members of staff were aware of the complaints system in the practice, and information was available to patients about how to make complaints. We saw evidence that the practice manager responded to complaints and investigated them to a satisfactory outcome for the complainant.

Learning from Incidents

We saw evidence that incidents were investigated at the practice, actions taken and learning shared.

We saw practice meeting minutes where recommended actions in response to incidents were discussed. The practice manager told us about the steps they took in ensuring the practice responded appropriately to safety alerts. Information about safety alerts was promptly cascaded to the clinical staff to action.

We found that significant event audits and analysis were carried out as part of the clinical practice appraisals of the GP. The practice took actions in response to safety alerts, and reviewed their practices on an on-going basis to reduce safety risks to patients.

We observed an open and transparent culture in the practice, where staff felt able to raise concerns and confident that these would be listened to and taken seriously.

One of the GPs in the practice attended their Clinical Commissioning Group (CCG) arranged commissioning learning set (CLS) meetings. The purpose of the CLS was the fostering of collaboration and learning amongst members, and spreading good practice.

Are services safe?

Safeguarding

We found that records showed that all the staff in the practice had received training in safeguarding children and adults. Clinical staff had received Level 3 child protection training, and administrative staff had Level 1 training.

We found that safeguarding policies and procedures were in place, and information about the named local social services contact for safeguarding and the process for raising safeguarding concerns was displayed for staff to be able to easily access. Staff we spoke with told us about how they would escalate any concerns they had about patients in the practice.

Medicines Management

The GPs in the practice took the lead roles and actioned best practice in medicines management. They maintained links with, and support from, the local pharmacy teams for medicines management, to ensure they were up to date and implementing best practice in medicines management.

The practice used an electronic records management system, which included the management of the repeat prescriptions process. Prescriptions could be printed off by staff for medicines that were authorised by the GP to be provided on a repeat prescription, until a review was due. The system had safeguards in place which prevented repeat prescriptions being issued once if a patient was due for a medication review. When due, patients were invited for medication reviews to check that their prescribed medicines were still appropriate for them. The system allowed patients to be able to obtain routine repeat prescriptions promptly and provided continuity in their treatment.

Cleanliness & Infection Control

The infection control lead was the practice nurse. The practice nurse had overall responsibility for ensuring the practice's policies and procedures relating to infection control and prevention were upheld. Monthly and quarterly infection control audits were carried out in the practice and actions were taken to reduce the risks of infection as a result. Some recent changes had been made following infection control audit. These included replacing some pillows and curtains in the consultation rooms that had become unsuitable for use.

We observed the areas we inspected within the practice to be visually clean and free of clutter. Hand washing facilities were available throughout the practice.

Staffing and recruitment

The practice took proper steps to ensure suitable staff were employed in the practice. Background checks including disclosure and barring service checks and references from previous employers were obtained for new employees.

The practice employed two GPs, a nurse, a healthcare assistant, a practice manager and two receptionists.

Dealing with Emergencies

There was a defibrillator and oxygen available for use in a medical emergency. Records showed that the equipment was checked every two months by the nurse to ensure it was in working condition. All the staff in the practice had received training in first aid and / or Cardiopulmonary resuscitation (CPR) in order to be able to provide some immediate care to patients in an emergency.

Monitoring safety and responding to risk

The practice anticipated and responded to potential safety risks, such as disruption to staffing levels, changes in demand and periodic incidents. The practice operated with one GP during surgery appointment hours. If one of the two practice GPs was not available, a locum GP was arranged to cover. Long term cover for maternity leave was arranged as required in the practice.

All staff in the practice had received training in responding to emergencies, and they were protocols in place to follow if incidents occurred. This mean staff were able to respond appropriately to these risks. Staff told us they felt comfortable raising concerns with their colleagues and managers within the practice.

Equipment

A number of items of emergency and health monitoring equipment were kept in the practice, including a blood pressure machine, oxygen cylinder, electrocardiography (ECG) machine and a defibrillator. These items were subject to regular checks, and we saw that all the items were within the review period.

Are services effective?

(for example, treatment is effective)

Summary of findings

The practice provided effective care and treatment by implementing best practice guidelines and completing clinical audit cycles to improve health outcomes for its patients and providing suitable training and development to its staff team. The practice continually reviewed their Quality and Outcomes Framework (QOF) performance to ensure key health outcomes for their patients were achieved. Where necessary, the practice worked with other providers to ensure appropriateness and continuity of care and treatment. We found that staff were not clear on circumstances when children could be seen without being accompanied by a parent and / or without parental consent. Staff did not have sufficient knowledge of the mental capacity act and its application.

Our findings

Promoting Best Practice

Patients' assessment, diagnosis and care planning were carried out according to the latest guidelines, including those issued by the National Institute for Health and Care Excellence (NICE).

The practice GPs delivered care and treatment in line with relevant quality standards, and this was systematically monitored through their professional appraisals. However we found that there were improvements needed in the clinical and non-clinical staff's understanding of the assessment of Gillick competency of children and young people. This was because clinical and non-clinical staff were not clear on circumstances when children may be seen without being accompanied by a parent and / or without parental consent. We also found greater understanding was needed by clinical staff in the assessment of mental capacity.

Management, monitoring and improving outcomes for people

The delivery of care and treatment in the practice achieved positive outcomes for people, which were in line with expected norms. We reviewed the practice performance data from the Quality and Outcomes Framework (QOF) system; the national data management tool generated from patients' records that provides performance information about primary medical services. The latest published QOF information, for the year 2012/13 showed that the practice performed well in the management of many chronic conditions, such as asthma, cancer and coronary heart disease. However there was scope for improvements in the management of a number of conditions. We found that the practice had assigned staff as leads in different aspects of QOF to ensure each area was regularly monitored and any underperformance addressed.

The practice compared its performance with other local practices and the provider's other locations to drive improvement.

Staffing

There were mechanisms in place for the annual appraisal of staff, including revalidation of doctors. However we found that formal staff supervision meetings were not held throughout the year. All staff in the practice were due their annual appraisal and this had not been arranged.

Are services effective?

(for example, treatment is effective)

The practice had received feedback which implied that there were some learning gaps in customer care for the reception staff team, and this had not been acted on. The practice could not demonstrate how it managed poor and variable performance, which had led to complaints from patients.

Staff induction and training was arranged through the provider's in-house training academy, with specific additional relevant courses provided by external companies. Staff received training in various topics including safeguarding, child protection, infection control and basic life support. Records of staff training were monitored regularly by the practice manager, to ensure mandatory training was completed. Staff training was kept up to date.

Working with other services

There was proactive engagement with other healthcare providers to coordinate care and meet people's needs. Monthly meetings were held by the GP with the district nurse to identify and discuss the needs of high risk patients. Meetings were also held between the GP and the community practice nurse to discuss the needs of patients with mental health needs.

There was a multidisciplinary approach to the care and treatment of people with complex needs, which involved relevant professionals. For example, the practice GP liaised with the hospital discharge team to ensure recently discharged patients received their reviews and medicines in a timely manner. Patients were supported to receive additional support if they needed and wanted it.

Counselling and physiotherapy services were provided by other providers based in the same location as the surgery. Patients were referred for these services, or could self-refer themselves.

The GPs worked with other healthcare professionals, such as district nurses, community psychiatric nurses and palliative care teams to plan and deliver care for patients with complex health needs. This ensured that all the professionals involved in caring for patients with complex need had the full understanding of their needs, in order to provide the most appropriate care and treatment.

The practice proactively identified people who may need on-going support. For example, monthly meetings were held between the GPs and the local district nursing team to identify and plan for the care of high risk patients. People who may be at risk of developing a long term condition were offered additional support, such as health monitoring and health promotion information.

Health Promotion & Prevention of ill health

New patients were offered a consultation to ascertain details of their past medical and family histories, social factors including occupation and lifestyle, medications and measurements of risk factors (such as smoking and blood pressure).

Information on a range of health topics and health promotion literature was readily available to patients in the practice and on the practice website, such as on healthy lifestyle information and managing minor illnesses at home. The clinical team in the practice encouraged people to take an interest in their health and take action to improve and maintain it.

Are services caring?

Summary of findings

All the patients we spoke with were complimentary about the service they had received. We saw that the results of a recent patient survey showed that patients were satisfied with the care and treatment they received. People we spoke with felt involved in their care decisions.

However, consent processes needed to be clarified all staff needed to ensure they understood the circumstances when children may be seen without parent or guardian presence or consent. Clinical staff also needed to gain understanding and make consent arrangements for patients who may lack capacity to give consent to their care and treatment.

Our findings

Respect, Dignity, Compassion & Empathy

People were treated with respect. People using the practice told us they felt supported and well cared for.

People told us that the staff in the practice were kind, had a caring, compassionate attitude, and built positive relationships with patients and those close to them. Many of the people using the practice had been doing so for many years, and valued the long term relationship they had built with the staff. However, some patient feedback through surveys and NHS choices showed that patients felt that reception staff were not always helpful, and could sometimes be rude or dismissive in their attitudes towards them. The practice manager told us they were aware of the feedback and had carried out a number of development sessions with staff in response to the survey results.

Patients told us they felt their privacy and dignity was maintained at all times. Patients told us the care they received took into account their particular needs and individual preferences. The staff in the practice knew about people registered with them that had particular special needs, and arrangements were in place to cater for them appropriately. Support was arranged to help people access healthcare services, such as interpreting services and support for people with hearing difficulties. The GPs made home visits to people who were house bound, or unable to come to the surgery for appointments due to their limitations. One of the GPs in the practice was Spanish speaking, and had a number of Spanish patients. The Spanish patients we spoke with told us they found it helpful to have discussions about their health in their native language.

Confidentiality was respected in the practice. Patients were able to talk in confidence with reception staff, and there were facilities to hold a private discussion if this was required by a patient.

There was a chaperone policy in place in the practice, and patients were offered or could request a chaperone if they felt they had that need.

Involvement in decisions and consent

Patients we spoke with told us they felt involved in decisions about their care. They told us that the doctors explained things to them, such as test results and treatment options.

Are services caring?

Information sharing guidance and protocols were in place in the practice. Consent forms were in place to document sought consent in the practice.

Children were accompanied by a parent or guardian when they attended their GP appointments. There was greater understanding required by all staff on circumstances when children may be seen without being accompanied by a parent and / or without parental consent.

We found that greater understanding was needed by staff in the assessment of mental capacity, which may impact people's ability to provide consent to treatment. Procedures for managing scenarios where informed consent cannot be obtained needs to be clarified and put in place for staff at all levels.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The practice monitored and managed its appointments in such a way as to be able to offer a number of urgent and emergency appointments daily and routine appointments within three days. However the practice needs to ensure there is clear information about the appointment hours, which differ from the practice opening hours, on their website, telephone messaging system and the premises.

There were additional enhanced services in place for certain groups of people, which were provided in response to local needs and priorities.

There were avenues for people to raise and discuss comments, concerns and complaints, which the provider listened, and responded, to. However, an active patient participation group was not in place in the practice.

Our findings

Responding to and meeting people's needs

The staff in the practice understood the different needs of the population they served. There were enhanced services in place which had been planned and commissioned by the CCG in response to local needs and priorities. These included additional services for vulnerable elderly people and people with housing needs. The delivery of these enhanced services was monitored on an on-going basis by the practice to ensure it continued to meet people's needs.

Staff were aware of the patients and people close to them that needed additional care and attention and they had long term caring relationships with many of them. There were systems and prompts in place to remind staff to make arrangements for any additional support that was needed to support the provision of care and treatment to these vulnerable people when they contacted the practice for appointments.

Additional allowances were made for appointments for mothers and children, and people with learning difficulties, who were given double appointments for routine checks to allow them the time to provide them with the care and attention needed.

Systems were in place so that support services were accessed for patients who were deaf or hearing impaired when appointments were made for them. This provided needed support for these patients to be able to communicate with the GP during their appointments.

Patients with mental health needs were offered additional appointments for the review and monitoring of their physical health to prevent it being neglected.

There was a male and a female GP in the practice, which allowed patients to book appointments with their preferred gender doctor.

Access to the service

The opening hours of the practice were clearly stated on the premises, on their telephone answering system and on their website. However clear information about the appointment hours, which differ from the practice opening hours, was not consistently provided.

The practice manager told us that the practice had plans in place to move to a new appointments system in July 2014, partly in response to patient feedback that would offer

Are services responsive to people's needs?

(for example, to feedback?)

greater accessibility and flexibility to patients by allowing them to book appointments and request repeat prescriptions online. The new system will also have text enablement to confirm and remind patients about their appointments.

The appointments system was monitored and managed to ensure that appropriate requests for same day appointments were met. A number of urgent and emergency appointment slots were made available to patients daily, and routine appointments were normally offered within three days.

Concerns & Complaints

Patients and staff described the practice manager as approachable and available. They felt able to raise concerns without concerns about any negative consequences.

The practice had policies and procedures for complaints and whistleblowing, and had an open culture to receiving feedback from patients. Complaints could be made verbally or in writing by letter or complaints form to the practice manager. We saw an example of how a complaint was handled and found that the complainant was invited to, and attended a meeting with the practice manager. Changes were made and lessons learnt in the practice as a result of the complaint.

The practice had a patient participation group (PPG), but there has not yet been involvement and participation from its patient population. The last PPG meeting held in March 2014 was attended by one patient. The practice manager told us they were trying to increase participation by making the PPG an online forum.

The practice conducted annual patient surveys. The most recent survey had very positive responses with all respondents agreeing their overall experience of their GP practice was excellent or good. A practice meeting was held in February 2014 to discuss the areas for improvement identified in the survey. Information about the changes that were planned in response to the feedback provided were shared with staff. These included recently improved security, telephone system and plan to move to a new computer system.

Are services well-led?

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

Summary of findings

Staff felt supported by the management team in the practice and they were comfortable voicing their opinions and concerns. The practice sought patient views, published its findings and responded to patient concerns. Quality was monitored and risks identified, monitored and managed. However, staff annual appraisals were due for completion.

Our findings

Leadership & Culture

Staff were able to articulate the values of the practice which encompassed concepts such as putting patients first and providing a good quality service.

Governance Arrangements

There were clear lines of responsibilities within the practice, and staff were clear about their roles and responsibilities.

There were a practice and clinical meetings held monthly in the practice, and attended by all staff and the clinical team respectively. Minutes were taken at these meetings, and actions were set for individuals and teams to improve the service.

There were processes in place to provide systematic assurance that high quality care was delivered. The practice monitored its performance against QOF standards. The assigned health outcomes indicators to different aspects of their practice under QOF was monitored and reviewed on an ongoing basis, to ensure people received good quality care.

There was shared responsibility among the staff team in the practice for delivering a good quality service. Each member of the administrative staff team had responsibility for monitoring certain aspects of the practice's performance in achieving QOF targets.

Systems to monitor and improve quality & improvement

The clinical team and managers of the practice were responsible for making specific decisions, especially decisions about the provision, safety and adequacy of the care provided at practice level.

The practice manager participated in a locality team meetings, which involved a local group of practices in their CCG area that met regularly to discuss issues that may be common among all the practices, or to seek advice or input from their colleagues in the handling of specific situations. Incidents or safety alerts may be discussed at these meetings, with peer support offered to address any issues.

Staff we spoke with knew about the whistleblowing policy in the practice and were comfortable with raising concerns. However they told us they had not had the need to raise any concerns.

Are services well-led?

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

There was a complaints policy in place in the practice. We saw evidence that the practice responded to complaints and comments from patients. The practice also used feedback, such as from patient surveys, to drive improvement. Following the most recent survey they had improved security in the practice, and improving the appointments bookings system.

Patient Experience & Involvement

The provider and staff recognised the importance of the views of patients and those close to them (including their carers). The provider sought a range of feedback from patients, including annual patient surveys and comments cards. Actions were taken in response to patient feedback, but we found that in some cases these were not always sustained.

The practice analysed its feedback from patient surveys and set out an action plan to address any potential improvement areas.

Staff engagement & Involvement

Staff spoke of feeling part of a team at the practice. They felt management was open and approachable.

However we found there was a lack of arrangements for formal staff feedback to be sought and given to staff, for example through regular one to one meetings.

Learning & Improvement

Staff take time out to review and improve performance. Case studies and learning points were regularly discussed at team meetings and managers' meetings.

There were systems in place to enable learning and support improved performance. The provider had an in house training academy and also arranged external courses for staff to attend to enable them to perform their roles effectively.

An annual staff performance appraisal system was in use in the practice. However we found that the administrative staff team had not received their annual appraisal for the 2013 /14 year, and new objectives had not been set for the 2014 / 15 year.

Identification & Management of Risk

The Staff teams, administrative and clinical, in the practice worked together to address and resolve problems in the delivery of high quality care. Issues, incidents and case studies were discussed at team meetings and plans were put in place to improve performance.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Summary of findings

We saw examples of what The Practice Beacon was doing to meet the needs of older people.

Our findings

The GPs at The Practice Beacon provided visits to people in their own homes, some of whom were older people. This ensured that older people registered at the practice that was unable to travel to receive the primary care services they needed were able to access the practice.

On-going checks were made by the clinical team in the practice on the health and needs of older patients who were considered vulnerable due to their physical health needs. This meant that this vulnerable group of people were provided with additional checks and any changes in their needs promptly observed and responded to. Other older people with special and particular needs were reviewed regularly and on an on-going basis.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Summary of findings

We saw examples of what The Practice Beacon was doing to meet the needs of people with long term conditions.

Our findings

The Practice Beacon treats patients with a range of long term medical conditions, including diabetes, asthma and chronic obstructive pulmonary disease (COPD). These are managed by the clinical team, and reported and monitored through Quality Outcomes Framework (QOF), which prompted the clinical team to continuously review key aspects of the care delivered, such as on-going assessments, and monitoring and advice about lifestyle choices.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Summary of findings

We saw examples of what The Practice Beacon was doing to meet the needs of mothers, babies, children and young people.

Our findings

The clinical team in The Practice Beacon carried out antenatal screening and checks, and child health surveillance in the form of child development checks in line with local guidelines. We reviewed the most recent published Quality Outcomes Framework (QOF). Information on The Practice Beacon and saw that the practice had achieved the health outcome requirements in these areas.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Summary of findings

We saw examples of what The Practice Beacon was doing to meet the needs of working age people and those recently retired.

Our findings

Extended opening hours have been offered in the Practice to meet the needs of the working population. The practice manager told us that they intended to begin offering an online appointments booking service, with the introduction of their new clinical software in July 2014, to allow patients more flexibility to making their appointments.

A travel clinic is offered in the Practice, and there was comprehensive information available about any associated fees with this service.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Summary of findings

We saw examples of what The Practice Beacon was doing to meet the needs of people in vulnerable circumstances who may have poor access to primary care.

Our findings

The Practice supports people in the local community with housing needs to become registered patients. The Practice Beacon was delivering a local enhanced service for people with housing needs. This meant that this vulnerable group received additional support to ensure their physical health was not neglected. We saw no evidence that people were discriminated against in terms of their access to care because of their circumstances.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Summary of findings

We saw examples of what The Practice Beacon was doing to meet the needs of people experiencing poor mental health.

Our findings

People with diagnosed mental health conditions were provided with annual health checks, including checks on their body mass index, blood sugar level and overall physical health. This ensured that their physical health needs was not neglected.

The practice team liaised with the mental health services caring for their patients with mental health conditions as required.

There was counselling services, delivered by a different provider, from The Practice Beacon premises. Patients at the practice were able to access the counselling service by clinical and self-referral. Counselling services were offered to address psychological needs and for substance misuse.