

# Beverbrook Medical Centre

## Quality Report

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Date of inspection visit: The evidence provided by the practice enabled the Care Quality Commission to conduct this review without the need for a visit. The review of the evidence was carried out on 2 February 2017.

Date of publication: 07/03/2017

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 effective?

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	5

### Detailed findings from this inspection

Our inspection team	7
Background to Beversbrook Medical Centre	7
Why we carried out this inspection	7
How we carried out this inspection	7

## Overall summary

### Letter from the Chief Inspector of General Practice

When we visited Beversbrook Medical Centre on 26 January 2016 to carry out a comprehensive inspection, we found the practice was not compliant with the regulation relating to good governance. Overall the practice was rated as requires improvement.

We found the practice requires improvement for the provision of effective and well-led services because there were no clear systems for monitoring and learning from significant events, clinical audits, performance data, complaints, or patient and staff feedback. The practice could not use this information to improve performance and patient outcomes.

Following the inspection the provider sent us an action plan that set out the changes they would make and subsequently supplied information to confirm they had completed the actions.

This focused inspection was undertaken to ensure that the practice was meeting the regulation previously breached. For this reason we have only rated the location for the key questions to which this related. This report should be read in conjunction with the full report of our inspection on 26 January 2016, which can be found on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Overall the practice is now rated as Good.

Our key findings were as follows:

- The practice had implemented a significant event policy setting out how to report significant events. We saw a log in which the practice recorded and checked actions that had been taken and minutes of management meetings where significant events had been discussed and learning points identified.
- The practice told us that all complaints were also treated as significant events and we saw evidence to confirm this.
- We saw from minutes of meetings that the practice was regularly reviewing its performance and quality outcomes framework data, and where appropriate making changes to how they worked in order to improve their performance.
- The practice had an audit plan which showed nine clinical audits had been conducted in the last year.
- The practice had a weekly newsletter. This was used to update staff on a wide range of issues. We saw examples of where they had used this to share learning from safeguarding and significant events, provide updates on new guidance and procedures, and gave information on audits as well as a range of other topics.

# Summary of findings

- There was evidence the practice encouraged and valued feedback from patients, the public and staff, which it used to help improve services.

**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 effective?

When we visited the practice in January 2016 we found there were no clear systems for monitoring and learning from clinical audits and performance data, or using this information to improve performance and patient outcomes. For example, there had been no clinical audits completed by the GPs in the last twelve months. Following publication of our inspection report the practice sent us an action plan that set out the changes they would make and subsequently supplied information to confirm they had completed the actions. We undertook a follow up inspection of the service on 2 February 2017.

The practice is now rated as good for providing effective services.

- The practice had an audit plan which showed nine clinical audits had been conducted in the last year. One of these was a complete cycle audit where the audit had been repeated to monitor changes and improvements made. We saw that another two audits were scheduled to be repeated in February 2017, as well as others later in the year.
- We saw minutes of meetings where audits and performance information were discussed and areas for improvement agreed.

Good



### Are services well-led?

When we visited the practice in January 2016 we found they were breaching the regulations relating to good governance and we rated the practice as requires improvement for providing well-led services. Following publication of our inspection report, the practice sent us an action plan that set out the changes they would make and subsequently supplied information to confirm they had completed the actions. We undertook a follow up inspection of the service on 2 February 2017.

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

- The practice had implemented a significant event policy setting out how to report significant events.
- We saw a log in which the practice recorded and checked actions that had been taken and minutes of management meetings where significant events had been discussed and learning points identified.
- The practice told us that all complaints were also treated as significant events and we saw evidence to confirm this.
- We saw from minutes of meetings that the practice was regularly reviewing its performance and quality outcomes framework data, and where appropriate making changes to how they worked in order to improve their performance.
- The practice had a weekly newsletter they used to update staff on a wide range of issues. We saw examples of where this was used to share learning from safeguarding and significant event, provide updates on new guidance and procedures, and give information on audits as well as a range of other topics.
- There was evidence the practice encouraged and valued feedback from patients, the public and staff, which it used to help improve services.

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

We did not inspect the population groups as part of this inspection. However, the provider had resolved the concerns for effective and well-led services identified at our inspection on 26 January 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

We did not inspect the population groups as part of this inspection. However, the provider had resolved the concerns for effective and well-led services identified at our inspection on 26 January 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

We did not inspect the population groups as part of this inspection. However, the provider had resolved the concerns for effective and well-led services identified at our inspection on 26 January 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

We did not inspect the population groups as part of this inspection. However, the provider had resolved the concerns for effective and well-led services identified at our inspection on 26 January 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

We did not inspect the population groups as part of this inspection. However, the provider had resolved the concerns for effective and well-led services identified at our inspection on 26 January 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Summary of findings

## **People experiencing poor mental health (including people with dementia)**

We did not inspect the population groups as part of this inspection. However, the provider had resolved the concerns for effective and well-led services identified at our inspection on 26 January 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

**Good**



# Beverbrook Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desktop inspection was undertaken by a CQC inspector.

## Background to Beverbrook Medical Centre

Beverbrook Medical Centre is located in a purpose built building on the outskirts of Calne, in Wiltshire. Most of the consulting rooms are on the ground floor and there is a lift to the first floor if required.

The practice has a registered population of approximately 6,600 patients. Data shows minimal income deprivation among the practice population. There are a higher number of patients aged between 40 and 50 years than the national average. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the second least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a

deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the area is 79 and 84 years, which is in line with the national average of 79 and 83 years respectively.

There are two GP partners and two salaried GPs making a whole time equivalent of three GPs. Three are female, one is male. There is a triage nurse, two practice nurses, a

health care assistant (HCA) and a trainee HCA. The practice manager, who is also a managing partner in the business, is supported by a team of 10 which includes three apprentices. There is a cleaning team of five staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments with GPs are from 9am to 11.30pm every morning and 3pm to 5.40pm every afternoon. Extended surgery hours are offered every Monday between 7am and 8am. They provide a GP phone consultation service on Tuesday and Thursday evenings.

The practice has opted out of providing out of hours services to their patients. The out of hours service is provided by Medvivo and is accessed by calling NHS 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

Services are delivered via a Personal Medical Services contract (PMS). (PMS contracts are negotiated between NHS England and general practices for delivering medical services).

All services are provided from;

- Beverbrook Medical Centre, Harrier Close, Calne, Wiltshire, SN11 9UT.

## Why we carried out this inspection

We carried out a comprehensive inspection of Beverbrook Medical Centre on 26 January 2016 and published a report setting out our judgements under Section 60 of the Health and Social Care Act 2008, as part of our regulatory

# Detailed findings

functions. The full comprehensive report following the inspection in January 2016 can be found by selecting the 'all reports' link for Beversbrook Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up desk-based focused inspection of Beversbrook Medical Centre on 2 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

Before undertaking this focused inspection, we reviewed a range of information that we hold about the practice. We reviewed the information sent to us by the practice which included information relating their systems to learn from events such as audits and their processes for reviewing

quality indicators. We did not visit the practice again because they were able to demonstrate that they had taken action to address the breaches of regulation found during the inspection of 26 January 2016.

The practice had previously been rated as good in delivering safe, caring and responsive services. Therefore we focused our review on the question of:

- Had the practice improved their systems for learning from significant events, audits, complaints and patient and staff feedback, and for sharing this learning across the whole practice team?
- Had the practice improved their process for reviewing quality indicators and using these and clinical audit to drive improvement and improving patient outcomes?

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 CQC at that time.



# Are services effective?

(for example, treatment is effective)

## Our findings

When we visited the practice in January 2016 we found there were no clear systems for monitoring and learning from significant events, clinical audits and performance data, or using this information to improve performance and patient outcomes. For example, there had been no clinical audits completed by the GPs in the last twelve months.

Following publication of our inspection report the practice sent us an action plan that set out the changes they would make and subsequently supplied information to confirm they had completed the actions.

We undertook a follow up inspection of the service on 2 February 2017. The practice is now rated as good for providing effective services.

### **Management, monitoring and improving outcomes for people**

The practice had an audit plan which showed nine clinical audits had been conducted in the last year. One of these was a complete cycle audit where the audit had been repeated to monitor changes and improvements made. This audit looked at the prescribing of a heart regulating medicine to check patients prescribed this drug were having their blood levels checked at the recommended intervals. The practice discussed the findings on a number of occasions and liaised with the local consultant on some detailed aspects of the guidance. We saw that another two audits were scheduled to be repeated in February 2017 as well as others later in the year. We saw minutes of meetings where audits were discussed and areas for improvement agreed.

# Are services well-led?

Good 

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

## Our findings

When we visited the practice in January 2016 we found they were breaching regulations relating to good governance and we rated the practice as requires improvement for providing well-led services. Specifically, there were no clear systems for monitoring and learning from significant events, clinical audits, performance data, complaints, or patient and staff feedback. This prevented them from using this information to improve performance and patient outcomes. For example, there had been no clinical audits completed by the GPs in the last twelve months and minutes of management meetings did not contain a summary of discussions regarding complaints and there was no clear system of oversight or sharing lessons learnt from complaints.

Following publication of our inspection report, the practice sent us an action plan that set out the changes they would make and subsequently supplied information to confirm they had completed the actions.

We undertook a follow up inspection of the service on 2 February 2017. The practice is now rated as good for being well-led.

### Governance arrangements

The practice had implemented a significant event policy setting out how to report significant events. They held bi-monthly significant event meetings to which all staff were invited. We saw a log which enabled the practice to record and check actions that had been taken and minutes of management meetings where significant events had been discussed and learning points identified. Significant events was itemised in the practice induction plan for new staff and we saw from their induction policy that all new staff were encouraged to attend significant events meetings. The significant events log also included complaints and practice told us that all complaints were also treated as significant events.

We saw from minutes of meetings that the practice was regularly reviewing its performance and quality outcomes framework data, and where appropriate making changes to how they worked in order to improve their performance.

When we inspected in January 2016 we found there had been no clinical audits completed by the GPs in the last twelve months. On our inspection in February 2017 we saw the practice had an audit plan which showed nine clinical audits had been conducted in the last year. One of these was a complete cycle audit. We saw that another two audits were scheduled to be repeated in February 2017 as well as others later in the year. We saw minutes of meetings where audits and performance information were discussed and areas for improvement agreed.

The practice had a weekly newsletter they used to update staff on a wide range of issues. We saw examples of where they had used this to share learning from safeguarding and significant event, provide updates on new guidance and procedures, and give information on audits as well as a range of other topics.

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

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

- We saw minutes of meetings in which patient feedback had been discussed. There was an article in one edition of their newsletter suggesting how they might increase the number of patients participating in the Friends and Family test.
- We saw they had participated in two short confidential on-line surveys for staff in partnership with other local practices. One survey was aimed at GPs, the second was for other practice staff. For example, one question was, "Do you feel that the Practice is working with you in a joined up way for the benefit of patient care?"