

Beard Medical LLP

# Litfield House Medical Centre

## Inspection report

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## Overall summary

We carried out an announced comprehensive inspection on 28 November 2017

to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

### **Our findings were:**

#### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

#### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

#### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

#### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

#### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

### **Background**

We carried out this inspection 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 Beard Medical Practice LLP was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Beard Medical Practice has two GPs who are equal clinical partners with one partner who is also the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The practice provides services from a rented room at Litfield House Medical Centre. The service is available to the whole population including children and has flexibility within their appointment system to offer an 'on the day' service.

Beard Medical Practice provides a range of general practice services including sexual health screening, pathology testing, travel advice and vaccinations and occupational medicine. Patients are able to book a longer appointment at a time that suits them. The service is aimed at people who cannot get an appointment at their registered GP at a suitable time; people who are visiting Bristol who may need an appointment when away from their NHS GP, or overseas students in the

# Summary of findings

Bristol area. The service is also registered as a mobile doctors service so they can provide a service for home visits for any patients who are unable to attend the practice. Patients are able to book private appointments by telephone or via the practice website, or on the day drop in. All patients are required to complete a comprehensive health questionnaire/declaration prior to their appointment. The practice is open five days a week.

Beard Medical Practice do not directly employ any of the staff at Litfield House Medical Centre, the centre provides reception staff as part of the room rental fee. The centre also employs a business manager who ensures that all staff at the building are adequately trained and when necessary have a disclosure and barring service check (DBS).

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Beard Medical Practice services are provided to patients under arrangements made by their employer; a government department or an insurance company with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Beard Medical Practice, we were only able to inspect the services which are not arranged for patients by their employers; a government department or an insurance company with whom the patient holds a policy (other than a standard health insurance policy).

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients

prior to our inspection visit. All of the 29 comment cards we received were positive and complimentary about the caring nature of the service provided by the practice. We were also provided with copies of direct email feedback received by the practice which aligned with the patient views expressed in the comment cards. All of the feedback from patients indicated they were satisfied with the care provided by the practice.

## **Our key findings were:**

- There was a transparent approach to safety with demonstrably effective systems in place for reporting and recording incidents.
- 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.
- All consultation rooms were well organised and equipped, with good light and ventilation.
- There were systems in place to check all equipment had been serviced regularly.
- Clinicians regularly assessed patients according to appropriate guidance and standards such as those issued by the National Institute for Health and Care Excellence.
- The partners maintained the necessary skills and competence to support the needs of patients.
- The partners were up to date with current guidelines and were led by a proactive management team.
- Risks to patients were well managed for example, there were effective systems in place to reduce the risk and spread of infection.
- The provider was aware of, and complied with, the requirements of the Duty of Candour.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

- We found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the clinic. When things went wrong clients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The clinic had processes and services to minimise risks to client safety.
- Risk assessments relating to the health, safety and welfare of patients using the clinic had been completed in full.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- The partners demonstrated that they understood their safeguarding responsibilities and all had received training on safeguarding vulnerable adults and children relevant to their role.

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### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

- The practice provided evidence based care which was focussed on the needs of the patients. Consultations were carried out in line with best practice guidance such as that from the National Institute for Health and Care Excellence.
- Patients received a comprehensive assessment of their health needs which included their medical history.
- The partners were up-to-date with current guidance and received professional development appropriate to their role and learning needs.
- The partners were registered with the General Medical Council had opportunities for continuing professional development and were meeting the requirements of their professional registration.
- The partners demonstrated a thorough understanding of the Mental Capacity Act 2005.

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### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

- Feedback from patients through completed comment cards was positive about their experience at the clinic.
- Patients told us they were listened to, treated with respect and were involved in the discussion of their treatment options which included any risks, benefits and costs.
- Patients were contacted after consultations for follow up results and information.
- Patients said the partners displayed empathy, friendliness and professionalism towards them.
- We observed the partners to be caring and committed and spoke with knowledge and enthusiasm about their work.

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### **Are services responsive to people's needs?**

We found that this service was providing responsive care in accordance with the relevant regulations.

- Patients could access planned assessments, and could request direct contact with the doctor to discuss results or for any further advice.
- The practice had made reasonable adjustments to accommodate patients with a disability or impaired mobility.

# Summary of findings

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- The practice handled complaints in an open and transparent way and apologised when things went wrong. The complaint procedure was readily available for patients to read in the reception area and on the organisation's website.
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## **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

- There was a management structure in place and the partners understood their responsibilities. The registered manager was always available and the culture within the practice was open and transparent.
  - There were effective clinical governance and risk management structures in place.
  - There was a pro-active approach to identify safety issues and to make improvements in procedures where needed.
  - The practice assessed risks to patients and staff and audited areas of their practice as part of a system of continuous improvement and learning.
  - The partners sought the views of patients, and ensured policies and procedures were in place to support the safe running of the service.
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# Litfield House Medical Centre

## Detailed findings

### Background to this inspection

The inspection was led by a CQC inspector who was accompanied by a GP specialist advisor.

We informed NHS England, Healthwatch and the clinical commissioning group that we were inspecting the service; however we did not receive any information of concern from them.

During our visit we:

- Spoke with the partners and registered manager.
- Reviewed records and documents.

- 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?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Safety systems and processes

We found that this service was providing safe services in accordance with the relevant regulations.

- The provider conducted safety risk assessments. The practice had a range of safety policies which were regularly reviewed and communicated amongst the team as part of their induction and refresher training.
- The partners had not recruited any staff as the practice are provided with staff employed by Litfield House, but had documentation for themselves (DBS staff employed by the Litfield House Medical Centre who could act as chaperones and provided evidence that they were trained for the role and had received an appropriate DBS check.
- The premises were suitable for the services provided. There was an overarching health and safety policy which all staff received. There was a site health and safety poster displayed with contact details of health and safety representatives if anyone had any concerns. Regular health and safety audits were completed. An assessment of the risk and management of Legionella had been undertaken (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible and included local referral information. The partners had completed safeguarding training appropriate to their roles and responsibilities.
- There was an effective system to manage infection prevention and control. The partners had recently undertaken an infection control audit of the service. No actions were identified for improvements and observation of the consultation rooms indicated that infection control precautions were in place.
- The partners ensured that facilities and equipment were safe and that clinical equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

- There was evidence that the partners had undertaken health and safety, fire safety awareness, infection control and safeguarding training relevant to their role.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number of appointments needed.
- The partners and staff employed by Litfield House Medical Centre had received annual basic life support training.
- The service had access to some emergency medicines and had a risk assessment in place to justify their decision on the medicines kept available. There was a defibrillator (used to attempt to restart a person's heart in an emergency) and oxygen for use in an emergency situation.
- Professional indemnity arrangements were in place for the partners which covered all aspects of their professional work.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Health questionnaires were completed by each patient prior to an initial appointment; this included a proof of identity check. There a process to check that adults accompanying children had parental responsibility or legal authority for them and this was recorded in the patient record. We saw that individual care records were written and managed in a way that kept patients safe. The partners told us they planned to introduce an electronic care record system to improve the consistency of records and which would incorporate national alerts and guidance.
- The practice had systems for sharing information with other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

### Safe and appropriate use of medicines

# Are services safe?

The provider had reliable systems for appropriate and safe handling of medicines.

- The service had a limited number of medicines stored on the premises. Medicines we checked were securely stored and in date; we observed that the cold chain for vaccines was managed safely. There were systems in place to monitor expiry dates.
- Prescriptions were printed as needed for each individual patient.
- There were protocols in place for identifying and verifying the patient, and the General Medical Council guidance was followed.

## Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. For example, an issue that had occurred with Litfield House Medical Centre appointment system meant that the wrong patient was sent an appointment confirmation. The partners undertook further training with the reception team to ensure they were confident in using the appointments system and were using it effectively.

## Lessons learned and improvements made

The partners learned and made improvements when things went wrong.

- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about their responsibility for notifiable safety incidents
- There was a system for recording and acting on significant events and incidents. The partners understood their duty to raise concerns and report incidents and near misses. There were systems for reviewing and investigating when things went wrong. There had been three incidents reported as significant events at the practice. We saw they had followed an approved format and identified areas for improvement such as ensuring that confidential
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts, and took appropriate action to be aware of the latest NHS Hot Topics such as sepsis diagnosis.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The partners kept up to date with current evidence-based practice. We saw that they assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clinical pathways and protocols.

- Patients' needs were fully assessed. The service offered consultations to anyone who requested these and paid the appropriate fee, and did not discriminate against any client group.
- The partners had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. One example seen by the inspection team was a review of a patient's long-standing prescribed medicine (from their NHS GP) which demonstrated NICE guidance had not been followed. The GP discussed this with the patient and amended their prescription and discussed this with the patient's NHS GP.
- The partners advised patients what to do if their condition got worse and where to seek further help and support.

### Monitoring care and treatment

- The service took part in quality improvement activity, for example, they undertook an audit of the patient records. We saw that patient cases were randomly selected and audited to ensure that consent had been gained, medicines were documented and records were appropriately maintained.
- The partners had a planned programme of clinical audit and had been audited by an external government body in respect of specific occupational health assessments.
- They were involved in the review and auditing of their health and safety risk assessments and regular reviews of policies and procedures.

### Effective staffing

The partners had the skills, knowledge and experience to carry out their roles. For example, the GP partner who administered joint injections had undertaken specific training to do so.

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- The partners sought ongoing support through attendance at local professional meetings such as the Bristol Association of Sessional Doctors and as part of their continued professional development. The partners continued to have professional appraisals, and external support for revalidation.

### Coordinating patient care and information sharing

- When a patient contacted the service they were asked if the details of their consultation could be shared with their registered GP. If patients agreed we were told that a letter was sent to their registered GP in line with GMC guidance. Where a diagnosis was for a serious health condition then patients were further involved in discussions about their best interests and the availability of suitable secondary care treatment in both the NHS and private sector.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital following surgery.

### Supporting patients to live healthier lives

The practice was consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice encouraged and supported patients to be involved in monitoring and managing their health.
- The partner discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

# Are services effective?

(for example, treatment is effective)

- Written policies were in place and we saw the practice had documentation in place to record consent for procedures. The practice would only see children who were accompanied by a parent or guardian.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.
- The partners ensured that patients understood what was involved in the procedures for their treatment and care as well as the skills and experience of those undertaking the procedures.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. All of the feedback we saw was positive about the service experienced. Patients said they felt the practice offered an excellent service and the partners were helpful, caring and treated them with kindness and respect.

In addition to written feedback from patients, the inspection team were given an example of compassionate care. We were told how the practice had followed through the care for an older vulnerable couple who had applied to reside in the UK. As they did not speak English one of the partners spoke to one of the GPs at their NHS practice; wrote to the practice twice and telephoned on a number of occasions on their behalf as they did not qualify for routine NHS care. In addition when one of the couple was diagnosed with a condition that required an emergency admission, they arranged a direct admission on their behalf instead of the patient having to be admitted via the emergency department.

As part of our inspection we asked for Care Quality Commission comment cards to be completed by patients prior to our inspection visit. All of the 29 comment cards we received were positive and complimentary about the caring nature of the service provided by the practice. We

were also provided with copies of direct email feedback received by the practice which aligned with the patient views expressed in the comments cards. All of the feedback from patients indicated they were satisfied with the care provided by the practice.

### **Involvement in decisions about care and treatment**

Patients had access to information about the partners in a service leaflet and on the website. The partners helped patients to understand and take decisions about their care. For example, the partners accessed online information to inform patients at the point of referral and throughout their treatments to support them to make the right decisions about care and treatment.

The comments from patients indicated they felt listened to, safe and supported by the partners and had sufficient time during consultations to make an informed decision.

### **Privacy and Dignity**

- Curtains were provided in the consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments.
- The consultation room door was closed during consultations.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The information on the website was clear for potential patients to understand what the service provided.

- The practice offered flexible opening hours and appointments to meet the needs of their patients. The range of services was kept under review to meet demand.
- The practice undertook a range of onsite tests such as electrocardiographs, and offered a range of testing service such as for blood tests accessing the local NHS pathology services. Patients were always contacted by telephone direct by the GP when the test results had been received as part of the follow up of their consultation.
- The service was available to the whole population, and did not discriminate against any client group.
- Reasonable adjustments were made so that people with a disability could access and use services. The facilities at the centre complied with the Disability Discrimination Act 2005; they were comfortable and welcoming for patients, with a manned reception area and an inner waiting room with refreshments available for patients.
- Patients were routinely advised of the expected fee for the proposed treatment or consultation in advance of treatment being initiated. Fees were clearly listed on their website.

### Timely access to the service

The practice had effective systems in place to ensure patients were able to access care and treatment from the service within an acceptable timescale for their needs. We were told this would be at a time convenient to patients.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Appointment were pre-bookable only, patients with urgent care needs were referred to urgent care services.
- Patients' feedback told us the appointment system was easy to use.

### Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The complaint policy and procedures were in line with recognised guidance. There was one complaint received in the last year. We saw the complaint had been responded to in a timely way and that the practice had shared their learning from the complaint.
- Systems were in place to ensure the service learned lessons from individual concerns and complaints. We were told that this information would be used to improve the quality of care.
- Information about how to make a complaint or raise concerns was readily available for patients.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability;

The service was run by the partners supported by the centre manager who maintained the premises and support staff. The partners had the capacity and skills to deliver high-quality, sustainable care.

- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- They worked closely to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The partners told us they had a clear vision to work together to provide a high quality personalised care, making treatments accessible and safe; this was a shared ethos and vision and underpinned the decision for starting the practice.

### Culture

The service had a culture of high-quality sustainable care.

- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints and during our inspection visit. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for ensuring the partners staff with the development they needed. This included GP appraisal to meet the requirements of professional revalidation.
- There was a strong emphasis on safety and well-being.
- The service actively promoted equality and diversity. It identified and addressed the causes of inequality. The partners had undertaken equality and diversity training.
- There were positive relationships between the partners and the Litfield House support staff team.

### Governance arrangements

The governance arrangements for the service were developed through a process of continual learning. The service had a number of policies and procedures in place to govern activity. All of the policies and procedures we saw had been reviewed and reflected current good practice guidance from sources such as the National Institute for Health and Care Excellence (NICE). There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- The partners were clear on their roles and accountabilities.
- The partners had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

There was a comprehensive written risk management policy and procedures, which covered the identification and assessment of risks throughout the service. This included health and safety audits, infection control audits and arrangements for the identification, recording, analysing and learning from adverse health events or near misses. When areas for improvements were identified as a result of an audit, an action plan was developed and closely monitored until all actions had been completed. Service specific policies and standard operating procedures were available, such as safeguarding and infection control.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. Performance of clinical staff could be demonstrated through completed annual appraisals. The partners had oversight of MHRA alerts, incidents, and complaints.
- A programme of audits was planned by the service which would regularly monitor the quality of care and treatment provided, and highlight any changes needed. We found the practice had completed two audits; in addition we found that patients records were audited for quality of content and to ensure appropriate referrals or actions were made.

### Appropriate and accurate information

# Are services well-led?

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

The practice acted on appropriate and accurate information.

- There were arrangements in place in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. We saw that patient records being held in a secure storeroom. We noted that patient records were only transported to and from the consulting room.

## **Engagement with patients, the public, staff and external partners**

- There was evidence that the service regularly obtained feedback about the quality of care and treatments available to patients.

- The provider had a whistleblowing policy in place. A whistle blower is someone who can raise concerns about practice or staff within the organisation.
- The partners were part of the management board at Litfield House Medical Centre where issues and new developments were discussed.

## **Continuous improvement and innovation**

There was a focus on continuous learning and improvement at all levels within the service. The partners were keen to learn and improve outcomes for patients. They met on a regular basis to review their work and put together plans, such as undertaking further training in order to offer a wider range of services to patients.