

Birdhurst Medical Practice

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.

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Birdhurst Medical Practice on 25 October 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However, there was no evidence that the practice were taking action in response to national patient safety alerts.
- Not all risks to patients were assessed or well managed. For instance we found that the practice had not implemented any of the recommendations from their last fire risk assessment, recruitment checks had not been done for all staff and arrangements to ensure the safe management of medicines and mitigate risks associated with infection control were not effective.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had received training to provide them with the clinical

skills, knowledge and experience to deliver effective care and treatment. However, not all staff had completed fire, infection control and basic life support training in line with current guidelines.

- 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. Improvements were made to the quality of care as a result of complaints and concerns. Though we found that complaints did not always offer an apology where appropriate and did not contain information of external organisations that patients could contact if they were unhappy with the practice's response.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice leadership structure was not always clear as some staff were not aware of the practice's safeguarding or infection control leads. Staff told us

Summary of findings

they felt supported by management. The practice proactively sought feedback from staff which it acted on but the practice did not have a patient participation group.

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider **must** make improvement are:

- Ensure that there are systems in place for ensuring that action is taken in response to patient safety alerts and that this is recorded.
- Ensure that there are appropriate systems in place to mitigate against risks associated with fire and infection control.
- Ensure that all staff have received appropriate essential training.
- Ensure that effective systems are in place in respect of medicine management including monitoring systems for controlled drugs and prescription pads. Ensure that recruitment and monitoring procedures are effective.

The areas where the provider **should** make improvement are:

- Continue to work on developing mechanisms to gather feedback from patients.

- Put systems in place to improve the identification of and support offered to patients who act as carers or those who have suffered bereavement.
- Review methods used to advertise chaperoning and translation services.
- Review areas where exception reporting rates are higher than local and national averages to ensure that these are appropriate and take action if required to reduce the number patients exception reported.
- Review complaints procedures and policies to ensure that they comply with current legislation and guidance and consider the appropriateness of responses.
- Consider introducing formal business or strategic planning.
- Review failsafe mechanisms in place for monitoring the temperature of vaccines.
- Consider offering longer appointments for patients with learning disabilities or complex conditions.
- Review patients to ensure that all those with Chronic Obstructive Pulmonary Disease are being identified.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, two of the staff we spoke with were uncertain of the identity of the safeguarding and infection control lead and the processes for managing medicines were not always effective.
- Risks to patients were not always well managed. For instance the practice had not complied with any of the actions from their last fire risk assessment, the staff toilets presented an infection control risk and there were gaps in the practice's recruitment and monitoring procedures.
- There was an effective system in place for reporting and recording significant events; however, the practice could not supply evidence of action taken in response to patient safety alerts.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs
- Staff had the clinical skills, knowledge and experience to deliver effective care and treatment. However, we found that not all staff had completed essential training in accordance with current guidance including basic life support, information governance, fire safety and infection control.

Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice had higher rates of exception reporting in several areas including atrial fibrillation, asthma and chronic obstructive pulmonary disease.
- The practice had not completed a two cycle audit where improvement could be demonstrated. However, we did find evidence of other quality improvement work.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with other practices locally and nationally for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. Though we found that complaints did not always offer an apology where appropriate and did not contain information of external organisations that patients could contact if they were unhappy with the practice's response.

Good



Are services well-led?

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

Requires improvement



Summary of findings

- The practice had a vision but this was not supported by a business plan or formal strategy which aimed to address challenges that the practice had identified.
- The practice's leadership structure was not always clear as some staff did not know the identity of the safeguarding or infection control leads. Staff felt supported by management. The practice had a number of policies and procedures to govern activity and governance issues were discussed at team meetings.
- The practice's governance framework did not support the delivery of good quality care as risk was poorly managed in key areas including fire safety and there was no evidence that action was being taken in response to patient safety alerts. We only saw one example of action taken to monitor and improve quality but there were no examples of two cycle audits.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice did not have a patient participation group (PPG) but were launching an online PPG in October 2016. The practice had taken action in response to Friends and Family feedback and staff said that they would be able to make suggestions for service improvement.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for providing safe and well led services making the practice requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice currently looks after five nursing homes that cater to 130 patients and the practice ensures that all residents are seen every two weeks.
- The practice organised a small Christmas concert in 2015 for one of the nursing homes that they provide GP services to with six children of practice staff.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for providing safe and well led services making the practice requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority and the practice would ensure that those with long term conditions were seen on the day if required.
- Performance for diabetic indicators were comparable to local and national averages.
- Home visits were available when needed but the practice did not have a policy of offering longer appointment for patients with long term conditions. However, we were told that the practice did not place time limits on patient appointments.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for providing safe and well led services making the practice requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice had a GP specialised in child and teenage health.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test has been performed in the preceding 5 years was 87% compared with 82% locally and nationally.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and attempted engagement with health visitors.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for providing safe and well led services making the practice requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provides extended hours access between 8 am and 11 am for patients with pre booked appointments on Saturdays.
- The practice was proactive in offering online services and telephone consultations as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for providing safe and well led services making the practice requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice did not offer longer appointments for patients with learning disabilities but would try and allocate these patients at the end of surgeries so that they could have additional time and did not have restrictions on the length of consultations.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Staff had received training on Female Genital Mutilation in response to a safeguarding incident.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for providing safe and well led services making the practice requires improvement overall. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average. The practice had 0% exception reporting for this indicator.
- One of the GPs had a special interest in psychiatric care.
- The practice performance in respect of mental health was higher than average performance locally and nationally. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared with 85% locally and 88% nationally. All exception reporting rates for mental health indicators were lower than local and national averages.

Requires improvement



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. Dementia reviews for patients in one of the nursing homes the practice were responsible for was undertaken by a GP with a specialist interest in dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and thirteen survey forms were distributed and 110 were returned. This represented 1.7% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Birdhurst Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to Birdhurst Medical Practice

Birdhurst Medical Practice is part of Croydon Clinical Commissioning Group (CCG) and serves approximately 6200 patients. The practice is registered with the CQC for the following regulated activities Maternity And Midwifery Services, Treatment Of Disease, Disorder Or Injury, Surgical Procedures, Diagnostic And Screening Procedures and Family Planning.

The practice is based in a geographic area ranked within the fifth least deprived decile on the index of multiple deprivation. The practice population contains a slightly larger proportion of working age patients compared to the national average. The practice provides GP services to five nursing homes with approximately 130 patients.

The practice is run by three female partners. The practice employs one long term locum who is male. There are two practice nurses and one healthcare assistant who are female. The practice offers 21 GP sessions per week.

The practice is open between 8 am and 6.30 pm Monday to Friday and provides extended hours access between 8 am and 11 am for patients with pre booked appointments on Saturdays.

Birdhurst Medical Practice operates from 1 Birdhurst Avenue, South Croydon, Croydon

CR2 7DX which. The premises are owned by two of the partners. The premises are accessible for those with mobility needs.

Practice patients are directed to contact the local out of hours provider when the surgery is closed.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These are: childhood vaccination and immunisation scheme, extended hours access, facilitating timely diagnosis and support for people with dementia, improving patient online access, influenza and pneumococcal immunisations, learning disabilities, risk profiling and case management, rotavirus and shingles immunisation and unplanned admissions.

The practice is part of the East Croydon network GP federation.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 October 2016. During our visit we:

- Spoke with a range of staff (GPs, nurse, practice management and reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and learning was shared not only among practice staff but also with other organisations and practices within the locality.

The practice showed us evidence that they had systems in place to cascade patient safety alerts to staff. However, there was no evidence that these were discussed in clinical meetings or that any action had been taken in response to safety alerts.

We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we reviewed one significant event which concerned dictated notes being lost because of a fault with one of the practice's Dictaphones. As a result patient records were reviewed in order to obtain lost dictated materials so that correspondence could be drafted. The practice instituted a process where clinicians would check the recording equipment was functional before passing this to reception and reception staff would undertake periodic checks of this equipment to ensure it was functional.

Overview of safety systems and processes

The practice systems, processes and practices did not always keep patients safe. The practice had systems to keep people safeguarded from abuse. However, some staff we spoke with on the day of the inspection were not aware of the practice's safeguarding leads:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding though two staff members we spoke with were unclear about who the lead point of contact for adult and child safeguarding were. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We did not see evidence of working with the health visitor team however the practice provided several emails sent to the health visitor team trying to arrange meetings. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to child protection or child safeguarding level 3 and non-clinical staff to level 1 and all GPs had received training on Female Genital Mutilation.
- A notice in all clinical rooms advised patients that chaperones were available if required. However, there was no sign in the patient waiting area. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene in most areas. We observed the premises to be clean and tidy. However, the staff toilet, which was not accessible to patients, was used to store electrical equipment and cleaning materials. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place but only two staff members had received up to date training and not all staff spoken with were aware of the identity of the infection control lead. Annual infection control audits were undertaken and we saw evidence that action had or was being taken to address any improvements

Are services safe?

identified as a result. For example the flooring in some of the clinical areas had been cited as needing to be replaced. The practice had applied for an improvement grant to pay for this and provided evidence that the CCG supported their bid for funding.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions stored in printers were not securely stored and the systems in place to monitor their use were not sufficiently effective; with only the serial numbers of the boxes containing the pads being recorded. Patient Group Directions (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The practice did not have a data logger or second thermometer in any of the vaccine fridges and the fridge thermometer were not calibrated on a monthly basis.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). Though these drugs were securely stored both had expired. The boxes had been clearly marked to indicate that the medication had expired and the practice told us that they had been unsure of who to contact to dispose of this medication. There was no policy in place for the management of controlled medication or how the practice would dispose of this.
- We reviewed five personnel files and found that most appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we saw that there was no DBS on file for one of the partners and the DBS for the practice

healthcare assistant was from their previous employer. The practice told us that these would be applied for after our inspection. We also found that there was no system in place for monitoring the professional registrations of clinical staff.

Monitoring risks to patients

Some risks to patients were assessed but action had not been taken to mitigate against fire safety risks.

- The practice had undertaken a fire safety risk assessment but we were told that none of the recommendations had been actioned. However the premises had been assessed as presenting only a slight risk to patients. The practice did have a system of smoke detectors which would alert staff to fire within the building but no fire alarm system. We were told that staff would alert patients to the presence of fires using whistles. The practice fire procedure did not specify who the practice fire marshals were and only one staff member had undertaken fire safety training. We were told that fire safety training would be completed by all staff by 23 November 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had undertaken a fire drill within the last 12 months. All staff we spoke with could explain the fire evacuation procedures and knew the identity of the practice fire marshals. There were no signs in the patient waiting area advising what to do in the event of a fire though exit signs were clearly displayed.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff worked set hours. Non clinical staff absences were covered by other staff within the practice and clinical absences were covered by locum staff.

Arrangements to deal with emergencies and major incidents

Are services safe?

The practice had adequate arrangements in place to respond to emergencies and major incidents. However, seven non-clinical staff members had not received basic life support training within the last 12 months.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Not all non-clinical staff had received annual basic life support training. The practice told us that they were not aware that all staff required this annually. There were emergency medicines available and staff knew of their location.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.4% of the total number of points available. The practice's overall exception reporting rate was 13.5% this is compared to a national average of 9.2% and a CCG average of 7.7% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92% compared to the CCG average of 87% and a national average of 88%. The percentage of patients with diabetes, on the register, who have had influenza immunisation was 88% compared to the CCG average of 90% and the national average of 94%.
- Performance for mental health related indicators was higher than the national average. for example The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a

comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the CCG average of 85% and the national average of 88%. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% compared to 85% in the CCG and 84% nationally.

We noted that in 2014/15 the practice had higher than average exception reporting figures in a number of clinical domains. For example

The number of patients with atrial fibrillation who had been exception reported was 32% compared with 12.9% in the CCG and 11.0% nationally.

The number of patients with peripheral arterial disease who had been exception reported was 10% compared with 5.3% in the CCG and 5.8% nationally.

The exception reporting rate for Asthmatic patients was 22.9% compared with 4.1% in the CCG and 6.8% nationally.

The exception reporting rate for patients with Chronic obstructive pulmonary disease was 28.7% compared with 11.8% in the CCG and 12.3% nationally.

We also saw evidence that the practice had held discussions about the higher than average exception reporting rates in these areas and had attributed this to the large number of patients they cared for in nursing homes who were not clinically fit to have these assessments undertaken. We reviewed a sample of patient records and were satisfied that patients sampled were being exception reported appropriately.

The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD) was half the national average but comparative to CCG average.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, neither of these were completed audits which demonstrated improvement.
- The practice participated in local audits. For example the practice had been tasked with reducing the number of unplanned admissions to accident and emergency. A reduction target of 4% (65 fewer attendances) for 2015/16 comparative to 2014/15 had been set. Through the introduction of detailed care planning for those at risk of

Are services effective?

(for example, treatment is effective)

attendance or who had previously been frequent attenders and conducting regular multidisciplinary reviews for these patients; the practice reduced the attendances by 23% (372 fewer attendances).

Effective staffing

Staff had the clinical skills, knowledge and experience to deliver effective care and treatment. However some essential training had not been completed.

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, confidentiality and emergency procedures.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- We found gaps in some role appropriate staff training. For example seven non-clinical staff had not received basic life support training. The practice told us that they were unaware of the updated guidance which stated that annual training was required for all staff. Only one staff member had received infection control training and only two had completed information governance training. Only one staff member had undertaken fire safety training. Staff we spoke with on the day of the inspection were able to outline what action they would take in the event of a fire and how they maintained patient confidentiality. All staff had completed child

safeguarding training. The practice informed us all training would be completed by the end of January 2017. The practice have provided evidence of fire safety training after our inspection.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Patients could be referred to a dietician or for support with smoking if required.

The practice's uptake for the cervical screening programme was 87%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring that a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of females screened for breast cancer within the last 36 months 61% compared with the CCG average of 63% and the national average of 72%. The

percentage of people screened for bowel cancer in the last 30 months was 48% compared with 50% locally and 58% nationally. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 95% and five year olds from 79% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could take them to a private area to discuss their needs.

All of the 31 patient Care Quality Commission comment cards we received were positive about the care experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to other practices locally and nationally for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 97%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. Though there were no notices in the reception area informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 44 patients as carers (0.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us they would not proactively contact patients who had suffered bereavement. However, support from a

GP was available if requested and the practice outlined instances where support had been given. Advice was available on local bereavement support services. This information could also be found on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice were reviewing patients and producing registers for patients who were obese and for those with pre diabetic symptoms with a view to providing additional assistance and support to these patients.

- The practice offered a 'Commuter's Clinic' on a Saturday for patients with pre booked appointments who could not attend during normal working hours between 8 am and 11 am.
- The practice did not have a policy of offering double appointments to patients with complex needs but told us that they would try and co-ordinate appointments for patients who needed to see the nurse and GP including those with long term reviews. The practice would also book patients who may require more time at the end of surgery and that they did not rush patients or restrict appointment times.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible there was a hearing loop and translation services available.

Access to the service

The practice was open between 8 am and 6.30 pm Monday to Friday. Appointments were available during these times. Extended hours appointments were offered at the following times on Saturdays between 8 am and 11 am for patients with pre booked appointments. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients; satisfaction with how they could access care and treatment was comparable, and in respect of telephone access above, local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 94% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at 5 complaints received in the last 12 months and found that on the whole these had been dealt with satisfactorily and in a timely fashion. However, in some instances, particularly when complaints related to staff attitude and behaviour, no apology was offered. None of the written responses contained information about who patients could escalate complaints to if they were unsatisfied with the practice's response and this information was also not included in the complaint policy in the patient waiting area. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the

Are services responsive to people's needs? (for example, to feedback?)

quality of care. For example, we reviewed one complaint regarding breach of confidentiality. Discussions were held and the importance of confirming a patient's name and date of birth was reemphasised to those discussing patient information over the telephone.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. However, deficiencies in governance and risk management prevented the practice from achieving this vision:

- Although practice staff were clear on their values and the challenges they faced, there was no clear documented strategy in place which detailed how the partnership would address these issues.

Governance arrangements

The practice's governance arrangements were not sufficient to ensure that high quality, safe care was provided at all times. For example:

- Not all staff we spoke with were clear on who provided leadership in respect of safeguarding and infection control yet all staff were clear on their own job role and purpose and how this contributed to the practice's core objectives.
- Practice specific policies were available to all staff and most of these were being implemented by staff. However, the practice did not have a policy in place for management of controlled drugs.
- There was no programme of continuous clinical and internal audit. However we did see one example of an initiative that had improved patient outcomes within the last two years.
- The practice did not have adequate arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions in all areas. For example the practice had not followed the recommendations in their most recent fire risk assessment. Prescription pads were not stored securely and not all necessary recruitment checks had been conducted for all staff.

Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). This included support for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

Staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback but the practice did not have an active patient participation group.

- The practice did not have an active patient participation group. The practice told us that their PPG had stopped functioning as members had ceased to attend either as a consequence of other commitments or ill health. The practice told us that they had introduced a virtual PPG in October 2016 at the suggestion of the CCG who they had approached for advice on how to better engage with patients. The practice had undertaken a review of Friends and Family comments and the practice had documented changes they had made on the basis of this feedback. For example patients had provided negative feedback about appointments running late. As

Are services well-led?

Requires improvement



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

a result the practice ensured that staff would explain to patients in the waiting area if clinical staff were running late and they anticipated that there would be a delay to their appointment.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to:</p> <ul style="list-style-type: none">• Take action to mitigate against risks associated with fire.• Ensure that all medicines in the practice were managed safely.• Ensure that all risks associated with infection control were mitigated.• Take action in response to relevant patient safety alerts.• Not all staff had received the essential training to provided them with the competence, skills and experience to ensure safe care and treatment was provided at all times. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at Birdhurst Medical Practice were compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

How the regulation was not being met:

Systems and processes did not operate effectively to ensure that risks to health, safety and welfare of service users stemming from:

- infection control
- fire
- the management of medicines
- patient safety alerts
- recruitment and staffing

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.