

# Dr Schultz and Partners

## 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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Schultz and Partners, also known as Beauchamp House Surgery on 17 January 2017. Overall, the practice is rated as good.

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. The provider was aware of and complied with the requirements of the duty of candour.
- Risks to patients at the premises were assessed and well managed. Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Data from the national GP patient survey showed patients were happy with the service that they were receiving.
- There was a commitment to learning, sharing information and improvement.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from patients, which it acted on.

The areas where the provider should make improvement are:

- Ensure patients with learning disabilities are invited to an annual health check.
- Improve the identification of patients who are carers.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for recording significant events. The provider was aware of and complied with the requirements of the duty of candour.
- The practice responded to safety incidents, including Medicine and Health products Regulatory Agency (MHRA) alerts, which sought to ensure patients were safe.
- Arrangements were in place to monitor, review and share information in relation to children and vulnerable adults who were at risk of abuse.
- There were processes to monitoring and managing risks to patient and staff safety at the premises, including policies, checks and risk assessments.
- The practice had adequate arrangements in place to respond to emergencies and major incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### 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 others 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.

Good



# Summary of findings

- The practice identified carers and provided them with additional support.
- The practice had identified that improvements were needed to ensure that patients with learning disabilities had regular health checks.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Appointments could be booked on-line, on the telephone or in person.
- A midwife held a weekly clinic at the practice.
- Appointment reminders could be sent by text message to patients providing their mobile phone number.
- Telephone consultations were available.
- Repeat medicines could be requested online.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were translation services available for patients who did not speak English as a first language, as well as sign language services available for patients who were deaf.
- Care plans were in an accessible format for patients who required additional support with their communication.
- 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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

- All patients who were aged 75 years and over were offered a flu vaccination and advised of their named GP.
- There were monthly frailty meetings attended by healthcare professionals to discuss the needs and share information about relevant patients.
- There was a lead GP for care homes where patients were living, who made regular visits which sought to ensure continuity of care.
- The practice used Information About Me (IAM) care plans where relevant to help patients to understand and be involved in their care.

Good



### People with long term conditions

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

- Performance for diabetes indicators was in line with CCG and national averages. Diabetic care was led by a named GP.
- The percentage of patients with diabetes whose cholesterol was within specified limits was 81%, which was comparable to the CCG average of 76% and England average of 80%.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified.
- There were monthly multi-disciplinary meetings with other healthcare professionals to discuss complex patients.
- There were systems in place to ensure safe prescribing of repeat medicines, including those that were high-risk.

Good



### Families, children and young people

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

- The midwife held a regular clinic at the practice.
- There were appointments available out of school hours.
- The practice carried out antenatal and postnatal checks.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 97% and five year olds from 94% to 95%.

Good



# Summary of findings

- There were procedures in place to safeguard children from abuse.
- The practice had policies and trained staff on consent and capacity for young patients.

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

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were available for patients who were unable to attend the practice
- Data for the year 2015/2016 showed that 74% of females aged 25-64 had attended for their cervical screening which was in line with the CCG and national averages.
- Appointment reminders could be sent by text message to patients providing their mobile phone number.
- There was online access to records, appointments and ordering repeat prescriptions. Prescriptions could be sent to pharmacies which were convenient to the patient.
- Appointments were available from 8.10am.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice had identified 105 patients as carers, which amounted to 0.9% of the practice list. Carers were invited for flu vaccinations and provided with flexible appointments.
- 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.
- The practice had 58 adults on the learning disability register. In the last year, 12 health checks had been completed, 12 patients had declined an invitation health check and one patient did not attend their appointment. The practice was in the process of securing training for nursing staff to improve uptake for these health checks.
- The practice worked with local organisations to provide support and treatment for patients who were homeless or living with drug dependency issues.

Good



# Summary of findings

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

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

- Performance for mental health indicators was comparable and in some instances higher than CCG and national averages.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a care plan documented in the record in the 12 months was 99%, which was above the CCG average of 89% and England average of 89%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 88%, compared to the CCG average of 85% and England average of 89%.
- There was a counsellor at the practice one day a week.
- The Alzheimer's society held regular sessions at the practice to provide support for patients living with dementia and their families.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. Surveys were sent to patients in July to September 2015 and January to March 2016. On the whole, results were positive, with patients responding that they found it easy to get through to the surgery by phone and describing their experience of making an appointment as good. 234 survey forms were distributed and 104 were returned. This represented a completion rate of 44%.

- 78% of patients found it easy to get through to this practice by phone compared to the CCG average of 63% and a national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the area compared to the CCG average of 76% and the national average of 78%.
- 48% of patients said that they don't normally have to wait too long to be seen compared to the CCG average of 58% and national average of 58%.

- 53% of patients said that they usually wait 15 minutes or less after their appointment time to be seen compared to a CCG average of 63% and the national average of 65%.

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards. 24 of these were good, with patients telling us that the staff at the practice were helpful and caring and that they felt listened to.

We spoke with three patients who told us that the GPs, nurses and reception staff were helpful and caring. Patients told us that they could always get an appointment in an emergency and that they were able to get through on the telephone.

We reviewed the results of the Friends and Family test for the month prior to our inspection. Comments were largely positive. There were 175 responses received. In these, 156 patients indicated that they would be extremely likely or likely to recommend the practice to their friends and family, 15 patients would neither be likely or unlikely to do so, and four stated that they would be unlikely or extremely unlikely to recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure patients with learning disabilities are invited to an annual health check.



# Dr Schultz and Partners

## 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.

## Background to Dr Schultz and Partners

Dr Schultz and Partners is located in the centre of Chelmsford, Essex and provides GP services to approximately 12,000 patients. As Dr Schultz has retired from the partnership, the provider is in the process of updating its registration with the CQC to reflect its name as Beauchamp House.

The practice population has a similar number of children aged under 18 years compared to the CCG average, and fewer patients aged over 65 years of age. Unemployment levels are comparable to the CCG average and lower than the national average. The life expectancy of male and female patients is higher than the CCG and national average. The number of patients on the practice's list that have long standing health conditions is lower than that of the CCG and the rest of England.

Dr Schultz and Partners is governed by a partnership of seven GPs, four of whom are female and three male. The practice is in the process of updating the CQC of the current GP partners. There is also one female salaried GP working at the practice, as well as three female registrars (a registrar is a qualified doctor who is training to become a GP). The nursing team comprises of a senior nurse, five practice nurses and two healthcare assistants.

A number of full and part time administrative and secretarial staff support practice manager, who works full time.

The practice is open from 8am until 6.30pm from Monday to Friday. Appointments are from 8.10am until 11.20 am every weekday morning and 2pm until 5.50pm every afternoon. The practice has temporarily ceased registering new patients, following a surge in new patient registrations.

## 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.

## 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 17 January 2017. During our visit we:

- Spoke with a range of staff including secretarial and reception staff, the practice manager, two of the GP partners and two registrars. We also spoke with three patients who used the service.
- Reviewed policies, procedures and other documents.

# Detailed findings

- Observed how patients were being cared for whilst waiting for their appointments.
- Reviewed 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 recording significant events. A comprehensive analysis took place, and there was evidence of review and shared learning. Significant events were discussed with relevant staff members, depending on whether the significant event was clinical or administrative in nature. Advice was sought from appropriate bodies to enable informed learning and appropriate action. Examples we looked at reflected that the practice complied with the duty of candour.

- Staff told us they would inform a senior member of staff of any incidents and we saw evidence of how these were recorded. They told us of significant events that they had been involved in. There was an open, transparent dialogue between the management team, GPs, clinical and reception staff so that impact of a significant event could be mitigated in a timely manner.
- One such significant event we looked at was of a serious nature. We found that the circumstances of the incident had been discussed internally and externally and learning shared with other healthcare professionals. This had also led to additional literature being provided for the information of patients.
- Medicine and Health products Regulatory Agency (MHRA) alerts were received and acted upon appropriately. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. We saw that alerts were communicated to relevant members of staff and searches were undertaken to identify patients who may be affected by the alert.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place which sought to safeguard children and vulnerable adults from abuse. There was a policy about safeguarding children and guidelines for safeguarding vulnerable adults. These were available on a shared drive for all staff to access. Information around the premises informed staff of which partner to contact

about safeguarding concerns. A policy about safeguarding vulnerable adults was put in place immediately following our inspection. These policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three.

- Notices in the waiting area and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The practice had completed an infection control audit and identified any actions required. We identified that the taps in one of the treatment room were not appropriate. The practice immediately rectified this following our inspection. There was an infection control protocol in place and staff had received training in infection control. The infection control lead was to receive additional training relevant to their role in March 2017.
- The arrangements for managing emergency medicines and vaccines kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There were effective arrangements in place to monitor patients taking medicines, including those that were high-risk, and for repeat prescribing. There was a pharmacist who worked in the practice one day a week who would see patients who took multiple medicines or if there were concern with patient's medicines. Searches were regularly completed to identify patients whose medicines meant they needed monitoring within required timeframes.
- There was an effective system of managing referrals. These were reviewed by a designated partner. Partners took responsibility for a particular clinical area, and reviewed other clinician's referrals to ensure that these were appropriate.
- Blank prescription forms for use in printers prescriptions were kept securely at all times and tracked in respect of their location in the practice.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

## Are services safe?

employment, for example, proof of identification and checks through the Disclosure and Barring Service (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). There were systems in place to check that locum GPs had indemnity cover in place and were suitable for work.

### Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety at the premises. The practice carried out regular fire drills and a fire risk assessment had been completed. All electrical equipment was checked to ensure that this was safe to use and clinical equipment was checked to ensure it was working properly. 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 legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings) and infection control.
- Arrangements were in place for planning and monitoring the number of staff needed to meet patients' needs. Staff were multi-skilled and were able to cover different roles at short notice.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice. 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. NICE guidance, CCG clinical pathways and other relevant guidance was discussed at a weekly clinical meeting.

### 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). Most up to date verified data available to us for the year 2015/2016 showed the practice had achieved 97% of the QOF points available. This was 2% above the CCG and England average.

This practice was performing above or in line with CCG and England averages in respect of all indicators. Data from 2015/2016 showed:

- The percentage of patients with asthma who had an asthma review in the preceding 12 months was 72% which was in line with CCG and England average of 76%. The practice had not yet achieved its targets in respect of the current year's asthma checks, but plans were in hand to address this.
- Performance for mental health indicators was comparable and in some instances higher than CCG and national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a care plan documented in the record in the 12 months was 99%, which was above the CCG average of 89% and England average of 89%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 88%, compared to the CCG average of 85% and England average of 89%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to face review in the preceding 12 months was 86% which was in line with the CCG average of 85% and England average of 84%.
- Performance for diabetes indicators was in line with CCG and national averages. The percentage of patients with diabetes whose cholesterol was within specified limits was 81%, which was comparable to the CCG average of 76% and England average of 80%.

There was evidence of quality improvement including clinical audit. For example, one audit considered antibiotic prescribing with patients presenting with urinary tract infections. Learning was shared with the clinical team and re-audit identified that improvements had been made. There had been six clinical audits commenced since the beginning of the year, two of which were completed cycle audits.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This involved training in their new role, shadowing another member of staff, orientation around the premises, as well as reviewing policies and procedures.
- The learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- Staff received training that included: safeguarding, fire safety awareness and infection control. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

Dr Schultz and Partners was aware of the health needs of their practice population and shared information appropriately. The practice held a monthly multi-disciplinary meeting for patients who were frail. These meetings involved the GPs from the practice, social workers, community nurses and representatives from local

# Are services effective?

(for example, treatment is effective)

care homes and other healthcare professionals as appropriate. There was a meeting every two months for patients who were at the end of their lives to review their needs.

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff had training and understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The GP registrar was in the process of auditing minor surgery, which involved checking that appropriate consent had been obtained.

## Supporting patients to live healthier lives

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 94% to 97% and five year olds from 94% to 95%.

The practice was proactive in recalling patients for their health checks. Data for the year 2015/2016 showed that 74% of females aged 25-64 had attended for their cervical screening which was in line with the CCG and national averages of 82%, as was the number of patients who had attended for breast and bowel cancer screening.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

Dr Schultz and Partners had been established in the 1940s by a returning missionary from China. The practice was proud to be compassionate, with a Christian ethos. The practice promoted an equal and caring approach, and staff that we spoke with told us of how this impacted on their roles

The reception desk was positioned opposite the waiting area. In order to avoid patients overhearing confidential discussions, music was played and there was a television screen displaying local information and health advice.

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

- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) average of 84% and national average of 85%.
- 94% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 96% of patients said the nurse was good at listening to them compared to the CCG average of 93% and the national average of 92%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 86% 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 95% and the national average of 95%.

### Care planning and involvement in decisions about care and treatment

The practice was performing in line with averages in relation to responses relating to involvement in decisions with the GPs and nurses, detailed as follows:

- 87% of patients said the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.

- 96% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 88% of patients said that the last GP they spoke to was good at involving them in decisions about their care, compared to the CCG average of 80% and national average of 82%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. In these, patients told us that the practice provided a good service, that the GPs were caring, helpful and available. Patients told us they were treated with respect and that they felt listened to.

Patients told us that the receptionists were friendly and polite. The results of the GP survey aligned with this feedback:

- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

- Translation services were available for patients who did not have English as a first language. There were fact sheets on the website which were available in several languages. These explained the role of UK health services to newly-arrived patients.
- There was a portable hearing loop available for use in consultations. The system for calling patients to their appointment was visual as well as audible. Reception staff told us that if patients needed support with their communication, they would put a note on the patient's record so that the GP would attend at the reception area in person to call the patient to their appointment.
- The GP completed an Information About Me care plan with patients who were vulnerable because of their learning disability or because they were at the end of their lives for example. This detailed patient's preferences if their needs and circumstances changed, in an accessible, easy to read format.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

The practice's website provided information about how to access services in the community. Further, 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 105 patients as carers, which amounted to 0.9% of the practice list. Relevant patients were invited to identify themselves as carers so that they could be supported appropriately during their consultations and there was a partner who had a lead role for supporting carers. The patient participation group were committed to supporting and identifying carers and used their notice board to make patients aware of support groups in the locality. Carers were provided with an information sheet which detailed useful contacts.

The practice made referrals to the local foodbank when patients in need were identified. Further, they registered patients who were homeless and those who had problems with substance misuse.

The practice had 58 adults on the learning disability register as of the date of our inspection. In the last year, 12 health checks had been completed, 12 patients had declined an invitation health check and one patient did not attend their appointment.

The practice had experienced changes to the nursing team over the past year, and as yet, none of the permanent nursing staff had received training to perform checks for patients with learning disabilities as this was yet to become available. The practice had identified this, and was using a nurse employed on a flexible basis to perform this role while they sought appropriate training for their permanent members of staff. We saw that 12 checks for patients with learning disabilities had been booked to take place in the month following our inspection.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice was sensitive and aware of the needs of their practice population, and reviewed and made changes to services when this was required. The practice had temporarily ceased registering new patients due to a surge in demand. We saw evidence that this was being closely monitored and considered at regular meetings. The practice had re-opened its list in September 2016, but had to close it again 10 weeks afterwards due to a significant number of new patient registrations. The provider explained that this was being done so that they could continue to meet and manage the healthcare needs of the existing practice population.

Services to respond to and meet patient's needs were as follows:

- Appointments could be booked on-line, on the telephone or in person.
- A midwife held a weekly clinic at the practice.
- Appointment reminders could be sent by text message to patients providing their mobile phone number.
- Telephone consultations were available.
- Repeat medicines could be requested online.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were translation services available for patients who did not speak English as a first language, as well as sign language services available for patients who were deaf.
- Care plans were in an accessible format for patients who required additional support with their communication.
- Facilities were accessible to patients who used a wheelchair.

- A portable hearing loop was available for use in consultations.
- There was a car park on-site.

### Access to the service

The practice was open from 8am until 6.30pm from Monday to Friday.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was in line with clinical commissioning group (CCG) and national averages:

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% national average of 76%.
- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and national average of 73%.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. This was available on-line and in the reception area.
- The policy identified who to contact in the first instance, and the avenues of recourse in the event that the complainant was unhappy with the outcome.
- There had been nine complaints in the year prior to our inspection. We found that these were investigated by the most appropriate person at the practice, depending on the nature of the complaint. These were discussed at practice meetings, where learning was shared and patients given an explanation and an apology where required.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

Dr Schultz and Partners, also known as Beauchamp House Surgery, had a clear vision and strategy, whilst anticipating change and planning for risks ahead. These risks included changes to secondary care and community services and development and growth within the locality, for example. When risks were identified, the practice worked with other providers and stakeholders to discuss potential changes to services and develop strategy.

In their statement of purpose, the practice advocated effective and compassionate healthcare whilst providing a positive model of general practice care for those who trained and learned with them. During the course of our inspection, we saw positive examples of how the practice's ethos permeated through the delivery of care and how they valued learning and information sharing. There were weekly educational meetings, which involved all GPs and the registrars. In these, the clinicians discussed NICE guidelines, clinical commissioning group (CCG) pathways and audit.

### Governance arrangements

The practice had a sound understanding of their performance, local development and their practice population. Management staff had designated roles and responsibilities. There was a detailed meetings structure which sought to ensure that information was cascaded and discussed regularly at an appropriate level. The practice manager had identified that it was difficult for all secretaries and administration staff to attend a regular meeting due to their working hours and had therefore, implemented a daily briefing email to ensure staff were kept up to date of practice matters. Further, additional practice information was annexed to employee's payslips.

There were measures in place to ensure effective governance. These included:

- Practice specific policies were implemented and available to all staff. Staff were knowledgeable about where to find these.
- There was information in staff areas which detailed lead roles within the practice. There were systems in place when identified leads were not at the practice, to ensure information and risks were appropriately managed.

- There was a programme of clinical and internal audit to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks at the premises, which involved regular checks, risk assessments, reviews and protocols.

### Leadership and culture

There was a culture of responsibility and continual learning throughout the practice. Meeting minutes evidenced shared learning and discussion, and there were systems in place to appropriately question, challenge and support decisions. We saw evidence of this through the system of referrals, significant events and complaints.

The practice was partner-led, with four out of the seven partners having been trained at the practice. There was one salaried GP employed. The partners had defined areas of responsibility, and there were safeguards in place should any one of those partners be absent for any period of time to ensure that relevant actions were carried out in a timely manner.

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

The practice valued feedback from its patient participation group (PPG), the Friends and Family test, comments and complaints from patients and feedback from the GP patient survey.

The practice had identified that many patients were commenting in relation to the availability and convenience of appointments. In response to this, the practice reviewed their appointment system, creating more telephone appointments to replace some face-to-face appointments, as they found that two telephone appointments could take place in the time it took to have one face-to-face appointment. Telephone appointments were only used when these were appropriate, for example routine medicine requests. The practice continued to review the appointment system on a monthly basis, but had found patient feedback to be positive.

The patient participation group was active, holding 'meet and greet' sessions to explain their role to patients, as well as sitting on the interview panel when new GPs were recruited. They had been involved in securing improvements access to the premises and developing policies and procedures, particularly around supporting carers.

# Are services well-led?

Good 

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

## Continuous Improvement

The practice had identified where additional skills were required within the team and was seeking to develop and recruit staff. As a training practice, they were committed to learning and teaching.

GP registrars as well as medical students and physician associates. They were mindful of succession planning,

recruiting two GP partners into the partnership in 2016 to replace the retiring senior partner. There were future plans to strengthen relationships with other practices in the locality to develop services, and to increase the frequency of strategic management meetings to promote continuous improvement.