

# Birchwood Medical Practice

## Inspection report

The Health Centre  
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Horley  
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RH6 7DG  
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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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at Birchwood Medical Practice on 5 February 2019 as part of our inspection programme.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

## **We have rated this practice as requires improvement overall.**

We rated the practice as **requires improvement** for providing safe services because:

- The practice could not demonstrate that they always carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- Infection prevention and control (IPC) was not always well managed.
- The practice did not always have systems for the appropriate and safe use of medicines.

We rated the practice as **requires improvement** for providing effective services because:

- Not all staff had received regular appraisals.

We rated the practice as **requires improvement** for providing well-led services because:

- Staff stated they felt respected, supported and valued within their own teams, but not always by management and members of the management team were not always available.
- Staff told us that not all management and lead roles were covered effectively during practice opening hours.
- The practice did not have clear and effective processes for managing risks, issues and performance.

These areas affected all population groups so we rated all population groups as **requires improvement**.

We rated the practice as **good** for providing caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice supported patients who were carers and had a dedicated member of staff as a carers champion.

- The practice offered services to meet patients' needs. This included a bereavement counsellor delivered by a local hospice and regular support groups organised by volunteer health champions.
- The practice had named GPs for patients who were frail, elderly or receiving palliative care. They also had a named GP for nursing homes.

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

(Please see the specific details on action required at the end of this report).

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

- Strengthen the processes in place to document the ongoing monitoring and actions in response to concerns about vulnerable patients.
- Continue to monitor and act upon patient feedback regarding access to appointments and to ensure all patients are treated with kindness, respect and compassion.
- Implement plans to improve practice performance in monitoring patients with hypertension.

## **Details of our findings**

At this inspection we found:

- We received positive feedback from patients who said they were treated with compassion, dignity and respect. They commented that they were involved in their care and decisions about their treatment.
- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, some of these processes were

# Overall summary

not implemented effectively. For example; recruitment processes and ongoing monitoring of clinical staff registration, staff appraisals, production of patient specific directions, and infection prevention and control.

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients found the appointment system easy to use and reported that they were mostly able to access care when they needed it. This included access to online video consultations with another provider.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and most staff felt supported. However, this was not always by the management team. All staff spoke positively about working at the practice.

We saw two areas of outstanding practice:

- The practice had a number of additional services available for registered patients. This included access to a bereavement counsellor who offered up to six sessions. We saw that between May 2016 and

September 2017 they had taken a patient survey, which showed that 85% of respondents felt the service highly met their expectations. This also showed that 92% felt the service was very easy to use.

- The practice had volunteer health champions who organised and delivered regular coffee mornings for all patients every two weeks and a monthly carers support group. The group was well attended and we saw health champions assisting patients including general discussions, how to get online, and support with completing application forms. The health champion leader told us they planned to expand on their work by arranging health walks, health and lifestyle education (such as diabetes and healthy-eating suggestions) and games.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP  
Chief Inspector of Primary Medical Services and Integrated Care

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

## Population group ratings

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

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor and a practice manager advisor.

## Background to Birchwood Medical Practice

Birchwood Medical Practice is located in purpose built premises at The Health Centre, Kings Road, Horley, Surrey, RH6 7DG. The practice became part of the Modality Partnership in January 2018. Modality Partnership is an organisation operating across eight regions and 40 locations, providing services to over 400,000 patients.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, and treatment of disease, disorder or injury.

The practice provides NHS services through a General Medical Services (GMS) contract to 17,260 patients. The practice is part of the East Surrey Clinical Commissioning Group (CCG).

The patient profile for the practice has an above-average working age population, between the ages of 20 and 49 years. The number of patients aged from birth to four years is slightly above average. The number of patients aged over 65 is in line with the average for England. The locality is considered to be the third least deprived centile nationally.

There are six GP partners and four salaried GPs (six female, four male), two advanced nurse practitioners, six practice nurses and two health care assistants. GPs and nurses are supported by a practice manager and a team of reception/administration staff.

Birchwood Medical Practice is open from Monday to Friday between 8am and 6:30pm. The practice also offered pre-bookable appointments on Monday evenings from 6:30pm to 8pm, and on Saturday mornings from 8am to 11am.

As part of a national initiative, GP practices in East Surrey offered additional routine and urgent GP appointments in the evenings and at the weekend for registered patients. These were available at designated practices or at Caterham Dene Hospital. Birchwood Medical Practice hosted appointments from Monday to Friday from 4pm to 8pm and on Saturdays from 8am to 12pm.

Standard appointments are 10 minutes long, with patients being encouraged to book double slots should they have several issues to discuss. Patients who have previously registered to do so may book appointments online. The provider can carry out home visits for patients whose health condition prevents them attending the surgery.

Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hour's service by calling the surgery or viewing the practice website ( ).

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**How the regulation was not being met:**The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:The practice was unable to demonstrate that staff had the appropriate authorisations in place to administer medicines including Patient Specific Directions.The practice could not always demonstrate effective systems or processes to assess the risk of, and prevent, detect and control the spread of, infections, including those that are health care associated.This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**How the regulation was not being met:**The practice was unable to demonstrate that systems and processes were implemented effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities.The practice was unable to demonstrate effective systems and processes to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purpose of continually evaluating and improving such services.This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Regulated activity

#### Regulation

This section is primarily information for the provider

## Requirement notices

Diagnostic and screening procedures  
Family planning services  
Surgical procedures  
Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**How the regulation was not being met:**The practice was not ensuring that all staff received regular appraisal of their performance in their role from an appropriately skilled and experienced person and any training, learning and development needs identified, planned for and supported.This was in breach of regulation 18(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

**How the regulation was not being met:**The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:The practice was unable to demonstrate systems in place to ensure the registration of clinical staff (including nurses) was checked and regularly monitored.The practice was unable to demonstrate they obtained evidence of satisfactory conduct in previous employment for all staff.This was in breach of regulation 19(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.