

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Birchwood Medical Practice

The Health Centre, Kings Road, Horley, RH6  
7DG

Tel: 08448151990

Date of Inspection: 17 September 2013

Date of Publication: October  
2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Birchwood Medical Practice
Registered Managers	Dr. Sian Nelstrop Dr. Elango Vijaykumar
Overview of the service	Birchwood Medical Practice is a four partnered GP practice providing primary care services for people in Horley.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Surgical procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 September 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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During our visit we spoke with four patients, four members of staff and a trainee GP. We observed people who received treatment and viewed patient records.

We saw staff treated patients with respect, for example calling people by their preferred names. We saw that staff closed doors of the treatments rooms that provided privacy and dignity to patients. All of the patients that we spoke with told us that they felt respected by the staff at the practice. One patient told us "I've had nothing but good experiences."

Patients that we spoke with told us that they felt involved in their care and treatment. We saw that staff discussed treatment options with patients and updated their records after each appointment. Patients told us that they were able to make appointments easily. They said they may not always get to the GP they wanted but were happy with the treatment they received with whoever was available to see them.

We found that staff were aware of procedures around safeguarding vulnerable adults and children. We saw that the practice had safeguarding policies that related to adults and children and there was a lead contact for each of these at the practice.

The practice had systems in place that monitored the quality of the service and to identify when things needed to be improved. We found that patient's views were taken into account to improve the practice for patients.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

Patient's privacy, dignity and independence were respected. Patient's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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We asked patients if they felt staff respected them. They all told us they did. We observed that staff spoke to patients in a respectful way during our visit. We watched and listened to how patients and staff interacted during the day and found this to be positive and friendly. Patients told us about the regular meetings they had with the practice where they discussed their views on the service provided. One patient told us "I always felt that I was listened to." Another told us "We get feedback on staff training." Another patient told us "I felt reassured by staff."

The staff we spoke to gave us examples of how they showed respect to patients and preserved their dignity. We saw staff knocked on treatment room doors before they entered. One staff member told us that "I ask if they would like someone in the room with them." Another told us "We pull the curtains and ask them if they would like the door locked." We saw that the reception area allowed for privacy for patients which included those patients who were in wheelchairs. Staff told us that they made sure patients were aware of their choices in relation to their treatment. We observed an example of this where a member of staff offered an additional treatment to a patient. We saw that the member of staff explained all of the risks involved and made it clear to the patient that it was their choice. Patients told us that care and any potential treatment was discussed with them. We observed this on the day during one of the patient clinic. This meant that patients were respected, and we saw that staff understood, and acted in ways showing respect which preserved patients' dignity.

The patients we spoke with told us that they felt involved in their care and treatment. We saw that the practice had a 'Patient Participation Group'. We spoke to representatives of this group who told us that they met regularly to discuss changes and improvements within the practice. We saw that the minutes of these meetings were available on the practice website and that copies were left in reception for patients to read. One patient said "We get feedback on the staff training and how staff have progressed – we like that feedback."

Another patient told us "We have quite a high degree of trust."

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We spoke with four patients who used the practice during our inspection. They told us they were happy with the service. Patients told us they felt their needs were listened to. One patient told us "The experience you have here is very positive – I feel reassured by them (GPs)."

We looked at some electronic patients records. We saw that the system recorded patient's medication, allergies, immunisations, a patient's medical history and notes from each appointment. We saw that the system had an alert to remind patients when they needed to come to the practice to have their medicines reviewed. The provider told us that they also had a good relationship with the local pharmacy who worked with the practice to review patient's medication. One of the patients that we spoke with confirmed that they were asked by staff to make an appointment to review their medication. This ensured that full information was available so that patient's conditions were monitored appropriately and a relevant plan of care was in place.

We saw there were treatment plans in place for managing health conditions which included patients who were on a blood thinning drug Warfarin, asthma and diabetes. There were systems in place on their electronic records to invite patients in for clinics to review their conditions. We observed one of these clinics on the day of our inspection. This clinic was designed for patients to have the results of their test on the day which reduced the amount of stress and time the patient experienced. One of the patients we observed expressed this to the member of staff.

In addition to patients attending the surgery the provider told us they visited patients in their own homes when needed. The practice also opened late on one evening and for half a day on a Saturday. This meant that patients in the community were all able to access the services provided even when they were unable to leave their homes. We spoke to a GP who was undertaking training at the practice. They told us "This is a good practice – it is well organised and all the equipment you need is provided."

We saw that there was emergency equipment and medication available for emergency use. This included a defibrillator (a lifesaving machine that gives the heart an electric shock in some cases of cardiac arrest). The provider told us that in the event of an

emergency where the surgery had to close patients would be able to access neighbouring practices for treatment. This meant that people were still able to receive treatment in an emergency.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

Patients who used the service were protected from abuse or the risk of abuse because suitable arrangements were in place that ensured this.

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## **Reasons for our judgement**

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We were able to confirm the staff's awareness that related to safeguarding vulnerable adults and children. For example, we spoke to four members of staff who told us they were aware of their role in safeguarding the people who used the service. Staff described the types of abuse that may occur and action they would take if abuse was suspected or alleged. They told us that they had received up to date training in Safeguarding vulnerable adults and children and that they felt they could approach their manager with any concerns. We saw that from the training matrix that all staff had received up to date safeguarding children training and that updated adults training had been booked. This meant that staff were trained in how to identify abuse and the correct procedures to follow.

Staff that we spoke with were able to describe the appropriate procedures for reporting potential safeguarding incidents. For example, they told us that they would either pass their concerns onto their manager or they would pass their concerns on to Surrey County Council (SCC) who were the lead agency for safeguarding issues. They were able to tell us that the practice had a lead for adults safeguarding and a lead for children's safeguarding. We saw that the practice had a safeguarding policy for adults and children to guide and inform staff of the correct procedures to take should there be an allegation of abuse or if abuse was suspected. We saw that the policies referred to (SCC) and the SCC Safeguarding Adults and Children's multi-agency procedures. Staff that we spoke with were aware of these policies. This meant that staff had the most up to date guidance in relation to safeguarding. All of the patients that we spoke with told us that they felt safe and protected in the practice. The provider may wish to note that not all staff had received a criminal records and barring check with the Disclosure and Barring Service. However we were told by staff that this was being addressed and that all clinical staff would be receiving one this year with the remainder at the start of next year. We saw from minutes of a staff meeting that this had been discussed. This meant that the practice could satisfy themselves that only suitable staff were working with vulnerable adults and children.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

Patients were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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Staff told us during our inspection that they felt fully supported by their manager. They told us that the manager had an open door policy and that they felt they could go to them to discuss anything. We saw this happen several times on the day of our visit. One member of staff told us "It's a good place to work – I feel supported, they are a good bunch." Another member of staff told us "Love it (the job) and the people."

The manager and staff told us that regular supervisions were undertaken with staff but that these weren't on a one to one basis. We saw that there were regular team meetings with nurses and separate meetings with all staff. The meetings addressed changes in the practice, training needs and we saw the minutes of these meetings. The provider told us that more formal one to ones with staff were being introduced. The staff we spoke with said that this would give them an opportunity to talk through any additional concerns they had. However they also told us that they would approach their manager if they needed to and that they had regular discussions with them on a day to day basis. We saw that the practice undertook yearly appraisals for staff and that staff were encouraged to expand their clinical knowledge and professional development. This meant that staff felt supported to undertake their role in the practice.

The practice also provided training and development and we saw that they had received an 'Investor in People Award' which recognised their commitment to their staff. In addition to this the practice helped to train doctors to qualify as GPs. One of the trainees told us "The timetabling and scheduling is well planned. I get the support I need – for such a big surgery they work well as a team – my colleagues (other trainees) are jealous."

We saw that staff undertook all of their mandatory training and that new staff underwent a full induction before they started work. We saw that the mandatory training included basic life support, fire safety training and health and safety. We saw that the clinical staff had received their appropriate training. Staff told us that since the closing of the Primary Care Trust it had been more difficult to source some clinical training but that they were addressing this.

The patients that we spoke with felt that staff were trained sufficiently and had never had any concerns over their knowledge and capabilities.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that patients received.

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### Reasons for our judgement

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We saw that the practice undertook regular monitoring of the service. This included clinical audits, medicines audits, fire alarm audits and data quality audits. We saw that there were actions plans to identify what needed to be improved and that these were addressed at meetings. For example we saw that one of the clinical audits suggested an alternative to a prescribed medication to reduce the side effects. We saw from a medicines audit that recommendations had been made to reduce one patient's antipsychotic medication. We found that in addition to this the practice undertook finance audits and checks on the accuracy of patient data stored on the electronic records. We saw from records that this addressed incorrect codes on patient's electronic information and that this was addressed.

The practice undertook regular patient surveys that gained the views of the service that was provided. The representatives from the 'Patient Participation Group' told us that they were also involved in the surveys. They told us that they recently met to discuss getting the views from patients on how to reduce caller waiting times to book appointments. We saw from the results of the most recent survey that patients were positive about the practice. Comments included 'Very helpful and friendly' and 'An excellent medical centre with pleasant staff'. We saw that the results of the survey were available for patients on the practice website. This showed us that the provider had regard to the comments expressed by patients who used the service.

The complaints procedure was made clear to patients on the practice website and also in the reception area. This meant that people who used the service were made aware of the complaints process.

We saw that the practice staff met quarterly to discuss significant events and any learning from these. We saw the minutes of the last meeting and we saw that each event was discussed, what action was taken, the learning from the incident and what future changes needed to take place. This meant that the provider took account of investigations into poor practice and learned from adverse events, incidents and near misses that occurred at the service.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

### ✓ **Met this standard**

This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

### ✗ **Action needed**

This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

### ✗ **Enforcement action taken**

If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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