

Care Quality Commission

Inspection Evidence Table

The Birches Medical Centre

Inspection date: 10 April 2018

Safe

Safety systems and processes

Source	
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Reports and learning from safeguarding incidents were available to staff.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for the role and had a DBS check.	Yes

Recruitment Systems	
The registered person provided assurances that safety was promoted in their recruitment practices.	Yes
Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).	Yes
Staff vaccination was maintained in line with current PHE guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes

Safety Records	
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 2 April 2018
There was a record of equipment calibration Date of last calibration:	Yes 2 April 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 21 March 2018
Actions were identified and completed.	Yes
Additional observations: Fire risk assessments needed to include information about the risk of fire hazards within the building and what action should be taken to minimise any identified risks.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 27 March 2018
Health and safety risk assessment and actions Date of last assessment:	Yes 27 March 2018
Additional comments: Fire drill: 18/10/2017 Fire marshals appointed to different areas of the building each day All staff had completed fire safety training.	
Infection control Risk assessment and policy in place	Yes 9 October

<p>Date of last infection control audit: The provider acted on any issues identified</p> <p>Detail: The outcome of the infection control audit rated the practice as amber which indicated a medium risk. The practice manager had addressed the issues raised in the infection control audit.</p>	<p>2017 Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>

Risks to patients

<p>The practice had systems in place to monitor and review staffing levels and skill mix.</p>	<p>Yes</p>
<p>There was an effective approach to managing staff absences and busy periods.</p>	<p>Yes</p>
<p>Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance</p>	<p>Yes</p>
<p>Staff knew how to respond to emergency situations.</p>	<p>Yes</p>
<p>Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.</p>	<p>Yes</p>
<p>The practice had equipment available to enable assessment of patients with presumed sepsis.</p>	<p>Yes</p>
<p>There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.</p>	<p>Yes</p>
<p>The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.</p>	<p>Yes</p>

Information to deliver safe care and treatment

<p>Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.</p>	<p>Yes</p>
<p>The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.</p>	<p>Yes</p>
<p>Referral letters contained specific information to allow appropriate and timely referrals</p>	<p>Yes</p>
<p>Referrals to specialist services were documented.</p>	<p>Yes</p>
<p>The practice had a documented approach to the management of test results and this was managed in a timely manner.</p>	<p>Yes</p>

The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
---	-----

Safe and appropriate use of medicines

Medicine Management	
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing , quantities, dose, formulations and strength)	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.	Yes
The practice held appropriate emergency medicines and .risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases	Yes
There was medical oxygen on site The practice had a defibrillator Both were checked regularly and this was recorded.	Yes Yes Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

Track record on safety and lessons learned and improvements made

Significant events	
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	2

Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
Improving Cancer Survival Rates & Early Diagnosis	<p>GP cancer lead in place</p> <p>Audit carried out</p> <p>Followed Greater Manchester template</p> <p>There was evidence that GPs had reflected on their practice.</p> <p>Learning was identified and shared with relevant staff during meetings.</p> <p>Actions for change / improvement were identified.</p>

Safety Alerts	
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>There was an effective system in place with a GP who took the lead. The GP viewed all alerts and it was clearly recorded whether action was required or not. If action was required this was assigned to an appropriate member of staff and it was recorded when this action complete. The alerts were regularly audited to ensure that action had been taken where required. All the alerts were stored in a file which was accessible by staff should they need to refer to them.</p>	

Effective

Effective needs assessment, care and treatment

Data

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score	539	548	539
Overall QOF exception reporting	4.2%	4.8%	5.7%

Effective staffing

Question	Y/N
The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to appraisals, one to one, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses.	Yes
Any further comments or notable training. The practice nurse was a trained independent prescriber.	

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017)	Yes

Helping patients to live healthier lives

Any additional evidence

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 12 months.

Practice average - 100%; CCG average - 91%; National average - 90%

The percentage of women aged 25 or over and who have not attained the age of 65 with schizophrenia, bipolar affective disorder and other psychoses whose notes record that a cervical screening test has been performed in the preceding 5 years.

Practice average - 100%; CCG average - 91%; National average - 88%

The practice supported national priorities and initiatives to improve the patient population's health. For example, stop smoking campaigns and tackling obesity. Patients were referred to Bury healthy trainers, Bury Exercise and Therapy Scheme and a local drug and alcohol support service which carried out support services at the practice.

Caring

Kindness, respect and compassion

CQC comments cards

Total comments cards received	37
Number of CQC comments received which were positive about the service	24
Number of comments cards received which were mixed about the service	9
Number of CQC comments received which were negative about the service	4

Examples of feedback received:

Source	Feedback
CQC comment cards	<p>'Care from doctors and nurses is good especially the nurses – they go the extra mile.'</p> <p>'I think the service at The birches Medical Centre is always a good experience. I couldn't fault the doctors and in particular the nurses who always make me feel dignified and respected during cervical screen tests.'</p> <p>'Reception staff always try to be helpful and informative with answering questions. Nurses and doctors are always very caring and empathetic, listening carefully, even when time is tight - very respectful. I am pleased with the care I received.'</p> <p>'On the whole everything at the practice is ok. Sometimes it is difficult to get an</p>

	<p>appointment. I don't like the system of having to phone at 8am to get an appointment.'</p> <p>'I find it difficult to get an appointment especially after work hours.'</p>
--	---

National GP Survey results

The practice carries out its own patient survey/patient feedback exercises Yes

Date of exercise	Summary of results
2018	<p>The practice carried out its own survey of patient satisfaction rates. Questions included:</p> <ul style="list-style-type: none"> • How helpful do you find the receptionists at our practice? • How easy is it to get through on the telephone? • Do you find it useful being able to speak to a GP on the telephone? • Were you able to see a GP/Nurse within 48 hours? • Were you able to see a practitioner of your choice? • How do you rate the length of time waiting in practice? • Your overall satisfaction with the practice? <p>The findings showed the practice had improved its ratings in all areas from 2016 and 2015.</p>

Any additional evidence
<p>The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017) (GP Patient Survey)</p> <p>Practice average - 71%; CCG average - 80%; National average - 71%</p>
<p>The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017) (GPPS)</p> <p>Practice average - 87%; CCG and National average - 89%.</p>
<p>The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017) (GPPS)</p> <p>Practice average - 96%; CCG and National average - 95%.</p>
<p>The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017) (GPPS)</p> <p>Practice average - 83%; CCG and National average - 86%.</p>

The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them **(01/01/2017 to 31/03/2017)** (GPPS)

Practice average - 94%; CCG and National average - 91%.

The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern **(01/01/2017 to 31/03/2017)** (GPPS)

Practice average - 95%; CCG and National average - 91%.

Interpretation services were available for patients who did not have English as a first language. Yes

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. Yes

Information leaflets were available in easy read format. Yes

Information about support groups was available on the practice website. Yes

Carers	Narrative
Percentage and number of carers identified	49
How the practice supports carers	A member of staff acted as a carer's champion. Their role was to ensure carers received information about community services available. NHS health checks were offered by the practice.

Privacy and dignity

Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	The patient waiting area was small so the seating area was close to the reception desk. Staff spoke quietly to patients at the desk and a radio was playing quietly in the background.

Consultation and treatment room doors were closed during consultations. Yes

A private room was available if patients were distressed or wanted to discuss sensitive issues Yes

Examples of specific feedback received:

Source	Feedback
CQC comment cards	'The staff have always been kind, understanding, supportive and always with respect and dignity'. 'Staff are always pleasant and helpful'. 'I think the service at The Birches Medical Centre is always a good experience. I couldn't fault the doctors and in particular the nurses who always make me feel dignified and respected during cervical screening tests'. 'Staff behind the desk could be more respectful to patients – sometimes rude and arrogant'.
Small screens rather than curtains were provided in some consulting rooms.	The practice manager told us that curtains could not be fitted in some consulting rooms for practical reasons and consequently small screens were provided. The practice manager agreed to look into this issue again to further ensure patients' confidentiality.
The material curtains provided had been washed annually.	We advised the practice to wash the curtains in line with current guidelines which is every six months.

Responsive

Responding to and meeting people's needs

Opening Times		
Practice opening times	Monday	08:00-18:30
	Tuesday	08:00-18:30
	Wednesday	08:00-18:30
	Thursday	08:00-18:30
	Friday	08:00-18:30
Appointments available	Monday: 8.30am - 11:30am (Book on the Day) and 3pm to 5:00pm Tuesday: 9:00am - 11:00am and 3pm to 5pm Wednesday: 9.00am - 11.30am and 3pm to 5pm Thursday: 9:00am - 11:00am and 3pm to 5pm Friday: 9:00am - 11:00am(Book on the Day) and 3pm to 5pm	
Extended hours opening	Extended hours were not provided.	

Home visits	
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
Requests for home visits were added to the home visit list and the duty doctor determined whether the visit was necessary and the urgency. If an urgent request was received the duty doctor was advised immediately by reception of the request.	

Timely access to the service

Examples of feedback received from patients:

Source	Feedback
CQC comment cards	Most patients said they found it easy to book an appointment, however, some patients reported they found it difficult to get through to the practice to book an appointment and convenient appointments were not always available.

National GP Survey results	The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017) Practice average - 73%; CCG average - 79%; National average - 76%
	The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017) Practice average - 65%; CCG average - 70%; National average - 71%
	The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017) Practice average - 75%; CCG average - 86%; National average - 84%
	The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017) Practice average - 59%; CCG average - 74%; National average - 73%
	We discussed the data relating to patients' overall experience of making an appointment with the GPs. They were aware of this and had taken steps to try and improve this by carrying out their own in house patient survey, provided more telephone lines and telephone consultations.

Listening and learning from complaints received

The complaints policy and procedures were in line with recognised guidance and contractual obligations. Yes (See *My expectations for raising concerns and complaints* and *NHS England Complaints policy*)

Information was available to help patients understand the complaints system. Yes

Complaints	
Number of complaints received in the last year.	8
Number of complaints we examined	4
Number of complaints we examined that were satisfactorily handled in a timely way	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	

Complaint 1: A patient was unable to make an appointment and experienced problems contacting the practice by telephone.

Response 1: A written response was sent to the patient detailing the appointment system.

Complaint 2: An incorrect prescription was issued to a patient on several occasions.

Response 2: A written response was formulated and the reason for the incorrect prescription was explained to the patient.

Complaint 3: Inconsistent communication regarding blood tests and the collection of a prescription.

Response 3: a letter was sent to the patient requesting the patient contact the practice to discuss the issues raised.

Well-led

Leadership capacity and capability

Vision and strategy

Practice Vision and values

The practice had a clear vision to deliver high quality, patient-centred, sustainable care.

The practice strived to preserve the traditional values of Primary Care Medicine, whilst empowering patients to fully participate in their own care

Staff spoken with were clear on the practice vision and what was expected of them.

Staff spoke highly of the GPs who they said were very positive in their approach towards developing the practice.

There were formal governance structure to ensure priority areas were highlighted, risks identified and actions planned.

Culture

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff	Staff spoken with said there was an open culture within the practice. They said the GPs and practice manager encouraged them to put forward their views at team meeting and their comments were listed to and taken on board where possible

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

Source	Example
Staff	Staff dealt with a specific issue relating to a member of the public requiring the use of the practice defibrillator. After the issue staff requested a meeting to discuss what had happened and to ensure the right actions were taken at the time. This meeting was arranged for a week after the inspection.

Examples of action taken by the practice to promote the safety and wellbeing of staff

Source	Example
Discussion with practice manager and staff	Regular meetings took place to ensure staff were fully aware of practice related issues. Information was emailed to staff so they were informed of issues quickly.
Discussion with practice manager and staff	Staff were offered immunisations such as hepatitis B so they were kept safe from the risk of cross infection

Examples of action taken by the practice to promote equality and diversity for staff

Source	Example
Staff	All staff were trained in equality and diversity. There was an open culture of communication and discussion.

Examples of actions to improve quality in past 2 years

Area	Impact
Discussion with GPs	GPs carried out regular clinical audits to test the effectiveness of the care provided. For example, clinical audits were carried out in relation to patients with osteoporosis, acute kidney disease and bowel cancer.

Examples of service developments implemented in past 2 years

Development area	Impact
Training	The practice nurse had completed their independent nurse prescribing course.
Medicines management	The practice has recently recruited a pharmacist to work at the practice on a permanent basis one day a week.
Greater Manchester Standards	The practice achieved 100% in the Greater Manchester Standards for the delivery of patient care. Greater Manchester standards are a new benchmark for quality in GP care.

Appropriate and accurate information

Staff whose responsibilities include making statutory notifications understand what this entails	Yes
--	-----

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Quality assurance survey	Improved outcomes for 2017 from 2016 and 2015.
Staff	Annual appraisals and regular staff meetings	Staff suggestions are regularly discussed and implemented where appropriate. Appropriate training identified by staff has been provided.
External partners	Bury Clinical Commissioning Group (CCG).	The practice met regularly with the CCG to update them on improvements to the practice and ongoing work.

Feedback from Patient Participation Group (PPG):

Feedback
The PPG met regularly to discuss practice related issues. The practice manager and a GP always attended the meetings. The PPG member spoken with reported they felt listened to and included in decision making. Their views and ideas were taken on board when possible and they were always treated with respect.