

The Birches Medical Centre

Inspection report

Twelve Acre Approach

Kesgrave

Ipswich

Suffolk

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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?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Good



Overall summary

We carried out an announced comprehensive inspection at The Birches Medical Practice on 11 December 2018 as part of our inspection programme. The practice was previously inspected in September 2015 and rated as good.

Our judgement of the quality of care at this service is based 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.

This means that:

- People were protected from avoidable harm and abuse, however some of these systems and processes needed to be improved and embedded into the culture of the practice.
- The provider had a detailed action plan in place to address shortfalls within the practice, such as upskilling staff to address issues with recruiting GPs.
- Patients had good outcomes because they received effective care and treatment that met their needs.
- The practice was fully engaged with reviewing and monitoring the clinical service they offered and used this information to make changes and drive care. For example, the practice had a system to monitor patients on a range of medicines, including high risk medicines.
- Patients were supported, treated with dignity and respect and were involved as partners in their care.
- People's needs were met by the way in which services were organised and delivered. For example, the practice had introduced a new appointment system to ensure patients were seen by the appropriate clinician.
- The leadership and culture of the practice promoted the delivery of high quality person-centred care.
- The practice encouraged continuous improvement and innovation. For example, they were supporting new members to the management team.
- Staff reported they were happy to work in the practice and proud of the changes that had been made.

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

- The practice had not previously undertaken risk assessments in relation to, health and safety and legionella's disease. Just prior to our inspection the practice engaged external companies to undertake

these assessments. The assessments identified actions for the practice to undertake such as water temperature testing. The practice had started to build the action plan and implement and embed systems and processes to ensure patients and staff were kept safe.

- The practice had not previously undertaken an infection prevention and control (IPC) audit. The IPC lead and management team had undertaken one prior to our inspection, however, this was not sufficiently detailed to ensure all areas would be reviewed and recorded. The practice immediately contacted the IPC team at the CCG who agreed to visit the practice and undertake a full review of the practice system and process and training needs.
- The practice did not hold a Control of Substances Hazardous to Health (COSHH) register and were not fully aware of the requirements. The practice immediately contacted an external company for a copy of the register held by them and added all other substances that may be used in the practice.
- Prescription stationary was stored in a locked cupboard; however, they did not monitor their use.
- The practice did not have full oversight of all safety alerts, on the day of inspection we found that the practice had not acted on all alerts.

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

- Data from the 2018 GP patient Survey showed patients satisfaction regarding access to the practice was statistically comparable; however, most indicators were below the CCG and national averages. Some comments on NHS choices and on the comment cards we received reported negative experiences.

We found the provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

We found the provider **should**:

- Review the system for recording carers to ensure they are offered support.
- Maintain clear oversight of practice training records to ensure all staff are appropriately trained and updated.

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

Overall summary

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC inspector and included a GP specialist advisor.

Background to The Birches Medical Centre

- The name of the registered provider is The Birches Medical Centre.
- The address of the location is Twelve Acre Approach, Kesgarve, Ipswich, Suffolk. IP5 1JF.
- The practice is registered to provide diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.
- The Birches Medical Centre provides services to approximately 7,600 patients.
- The practice has two GP partners (two male) and three salaried GPs (two female and one male). The practice has two female advance nurse practitioners (one salaried and one locum providing long term cover) and two female practice nurses and one healthcare assistant. There is a management team management team and administration and reception staff.
- The practice holds a General Medical Services contract with NHS England.
- The practice is open between 8.30am and 6.30pm Monday to Friday with extended hours to 8.30pm on a Wednesday. Urgent appointments are available for people that need them.
- When the practice is closed patients access advice via the NHS 111 service. Out of hours emergency care is provided by Care UK.
- We reviewed the most recent data available to us from Public Health England which showed the patient population has a slightly higher than average number of patients under 18 compared to the practice average across England. It has a slightly higher proportion of patients aged over 65 compared to the practice average across England. Income deprivation affecting children and older people is significantly lower than the practice average across England.
- Life expectancy for patients at the practice is 83 years for males and 86 years for females; this is higher than the CCG and England expectancy which is 80 years for males and 83 years for females.

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	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular we found:</p> <p>The practice had not fully implemented or embeded new systems to monitor and manage risk to patients, actions from risk assessments relating to fire safety, and health and safety, and Legionella's disease.</p> <p>The practice did not hold a Control of Substances Hazardous to Health (COSHH) register and were not fully aware of the requirements.</p> <p>Prescription stationary was stored in a locked cupboard; however, they did not monitor their use.</p> <p>The practice did not have full oversight of all safety alerts, on the day of inspection we found that the practice had not acted on all alerts.</p> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>