

Birchwood Medical Practice

Quality Report

Birchwood Health Centre
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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 Birchwood Medical Practice on 3 February 2016. 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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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 reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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 and personal development plans for all staff.
- Staff worked with multidisciplinary teams 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 generally rated the practice in line with local averages 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice were aware of the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 and other stakeholders.

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. Staff were clear about the vision and their responsibilities in relation to this.
- 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. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- 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.

- Care plans were in place and updated through monthly multi-disciplinary meetings with District Nurses for patients on the 'at risk' and palliative care register. Urgent telephone access was available to the named GP.

The practice worked other agencies such as Macmillan and Complex Care nurses, the local Neighbourhood Team, the Primary Care Navigator, and the Independent Living Team to create individualised care plans that respected patient's wishes.

- Weekly visits undertaken and urgent telephone access to Care Homes by their responsible GP.
- A leg ulcer service
- Practice Nurse & HCA home visits by a practice nurse or HCA were available.

Dementia Friendly through training.

Good



People with long term conditions

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

- Nursing staff were well qualified in chronic disease management and there was a lead for each chronic disease.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Effective recall procedures in place for disease monitoring with annual (on birthday) reviews and electronic prescribing and online ordering.
- Practice nurses available during extended hours to facilitate ease of access for chronic disease reviews
- Management of leg ulcers and dressings
- Year round immunisation services with additional clinics during flu season
- All day in-house and domiciliary phlebotomy service

Good



Summary of findings

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Twice weekly midwife clinic
- Daily 'open' children's' GP surgery
- Sexual health & contraception clinic including chlamydia screening, IUD, IUS, implant, C-Card scheme
- Toy tables in each consulting/treatment room and waiting room.

Good



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).

- Out of Area registrations
- Same day urgent triage
- Telephone consultations
- In house phlebotomy service
- Extended hours – early morning & evening appointments with GP, nurse or HCA
- Men's Health Appointments
- NHS health checks
- In house physiotherapy & podiatry service
- Travel clinic - advice and vaccination
- Nurses trained in smoking cessation
- Referral to weight watchers and exercise referrals
- Minor surgery facilities

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 list was open to all patients including the homeless.

Good



Summary of findings

- There was a learning disability lead within the practice and annual health checks for patients with learning disability. Flexible appointments were available for this group of patients.
- The practice regularly worked with multi-disciplinary teams such as health visitor, social services and the neighbourhood team in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations such as food banks and citizens advice bureau.
- Staff gave examples which illustrated they knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Translation services were available which included on the check in screen and practice website.

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).

- Mental health care plans and annual reviews
- Contact with Mental Health Liaison Nurse
- Regular contact with Community Psychiatric Nurse
- In house memory clinic
- Signposting and referral to appropriate support agencies
- Same day urgent triage
- Opportunistic dementia screening for at risk patients
- Dementia aware and Dementia Friendly staff
- Carer support & signposting

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 266 survey forms were distributed and 109 were returned. This represented a 41% completion rate.

- 77% found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 81% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 82% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 77% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received ten comment cards which were all positive about the standard of care received. Patients expressed their confidence in all the staff and described them as polite, professional, caring and knowledgeable. They also commented that appointments were easily available, often with their GP of choice at short notice, by adding them on at the end of a surgery.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. The Friends and Family Test data from January to December 2015 demonstrated out of 760 returns, 95% of patients would be extremely likely or likely to recommend the practice.

Birchwood Medical Practice

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, a second CQC inspector and a practice manager specialist adviser.

Background to Birchwood Medical Practice

Birchwood Medical Practice is a GP practice which provides a range of primary medical services to around 9,600 patients from a surgery in Birchwood, a suburb on the outskirts of the city of Lincoln. The practice's services are commissioned by Lincolnshire West Clinical Commissioning Group (LWCCG).

The service is provided by two male GP partners and three female partners who between them provide 37 sessions per week. There is also a nursing team comprising a senior nurse, four part time practice nurses and one full time healthcare assistant. They are supported by a practice manager, a deputy practice manager and a team of reception and administration staff. Birchwood Medical Practice is a training practice and at the time of our inspection there were three GP trainees and a foundation (FY2) doctor.

The practice has a General Medical Services Contract (PMS). The GMS contract is the contract between general practices and their commissioner for delivering primary care services to local communities.

Local community health teams support the GPs in provision of maternity and health visitor services.

The practice has one location registered with the Care Quality Commission (CQC). The location we inspected was Birchwood Medical Practice, Birchwood Health Centre, Jasmin Road, Birchwood, Lincoln road, , LN6 0QQ.

The surgery is a single storey purpose built premises with car parking which includes car parking spaces designated for use by people with a disability.

We reviewed information from Lincolnshire West CCG and Public Health England which showed that the practice population had deprivation levels in line with the average for practices in England.

The practice is open between 8.00am and 6.30pm Monday to Friday. Extended surgery hours are offered on Mondays from 1830 to 8.00pm with prebookable GP and nurse appointments available and on Wednesdays from 7.00am to 8.00am when appointments are available with a GP or healthcare assistant (HCA). The practice is open between 0800 and 1830 Monday to Friday.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

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 3 February 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing staff, practice management and reception and administration staff.
- Observed how patients were being interacted with and talked with patients who used the service.
- 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 reporting and recording significant events.

- Staff we spoke with told us they would inform the practice manager of any incidents and there was a recording template and full guidance and examples available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. We tracked three reported incidents and found all templates were fully completed; a full analysis had taken place and saw evidence of the learning identified. All the incidents had been discussed at a significant event meeting. An example of this was where poor practice had been identified in a nursing home and there was learning identified in respect of clinical care.

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 to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding children and a different lead for safeguarding vulnerable adults. Any safeguarding issues were discussed at the weekly clinical meeting as well as multi-disciplinary meetings which were attended by health visitors. Staff demonstrated a good understanding of their responsibilities and were able to give clear examples of safeguarding referrals made as well as an awareness of ongoing issues. All staff had received training relevant to their role. GPs were trained to Safeguarding level 3 and the safeguarding lead attended additional update training and new guidance was incorporated in to the safeguarding policies as a result.

- A notice in the waiting room 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 check (DBS check). (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).
- The practice maintained good standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Minor surgery was carried out at the practice and we saw that a separate infection control audit had been carried out in respect of this by the CCG.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found recruitment checks had been undertaken before employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Although we noted that not all files we reviewed had two written references in line with the practice's recruitment policy.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a comprehensive health and safety policy available. The practice had up to date fire risk assessments and carried

Are services safe?

out regular fire drills. All electrical equipment was checked to ensure the equipment 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 infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and e
- emergency medicines were available in a treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

The practice had a comprehensive business continuity plan in place for major incidents such as flood, fire epidemics and loss of power supply. The plan was regularly reviewed and updated and 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.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- We saw minutes of clinical meetings where new guidance had been discussed. The GP trainees participated in presenting new guidance to other clinicians.

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). The most recent published results were 98% of the total number of points available, with 8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. The average performance over the diabetes indicators was 90%, compared to the CCG rate of 91% and the national rate of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less at the practice was 83%, compared to the CCG average of 86% and the national average of 84%.
- Performance for mental health related indicators was better overall than the CCG and national average. For

example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90% compared to the CCG average of 90% and the national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been 12 clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and accreditation.
- Findings were used by the practice to improve services. For example, we saw that as a result of an audit relating to the use of novel oral anticoagulant (NOAC) medicines and patient renal function resulted in an increase in adherence to guidelines from 82% to 89%.
- Regular audits were also carried out of the appointment system, referral rates, hospital admissions, review of A&E attendances and QOF figures and the information gathered was used to make improvements if necessary.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. An induction booklet was signed by the staff members' manager and kept by the staff member.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations received specific training. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by regular update training and access to on line resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training and protected learning time to meet their

Are services effective?

(for example, treatment is effective)

learning needs and to cover the scope of their work. This included ongoing support during appraisals, informal clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received comprehensive training that included: safeguarding adults and children, fire procedures, health and safety, infection prevention and control and information governance awareness.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

This included care and risk assessments, care plans, medical records and investigation and test results. The practice had implemented a template for recording information for nursing home patients as they entered the home in order to take account of any factors that could be improved and clearly record patients' wishes should their health deteriorate.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had a buddy system in place so that when clinicians were on holiday another clinician covered their work to ensure nothing was left unactioned. If junior doctors were away their work was covered by their clinical supervisor

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that a variety of multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We reviewed training records which confirmed all staff had received mental capacity act training.
- Quarterly practice team meetings were held where practice staff were updated with appropriate legislative guidance and updates which included the Mental Capacity Act.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. When new patients registered they undertook a health assessment. As part of this they were scored on their alcohol intake and were invited in to discuss this with a nurse if they scored highly.
- The practice routinely made referrals to weight watchers for patients with a BMI over 30 and exercise referrals to patients who requested them. All of the practice nurses were trained in a recognised smoking cessation course and were able to offer smoking cessation support.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. There was a process in place to offer reminders for patients who did not attend for their cervical screening test. All the nurses were able to carry out cervical screening which ensured a female sample taker was always available. The practice ran an opportunistic chlamydia screening programme for 16-25 year olds and were a centre for the C- Card Scheme for young people to get free condoms without appointment.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 97% and five year olds from 82% to 97%.

Are services effective? (for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- When patients wanted to discuss sensitive issues or may have been distressed they would be offered the opportunity to speak privately.

All of the ten patient Care Quality Commission comment cards we received were positive about the service experienced. Patients expressed their confidence in all the staff and described them as polite, professional, caring and knowledgeable. They also commented that appointments were easily available, often with their GP of choice at short notice, by adding them on at the end of a surgery. Patients we spoke with on the day of our visit said they felt the practice offered an excellent service and staff were helpful and treated them with dignity and respect. They also told us they felt they received outstanding care.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and they were treated with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 86% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 83% said the GP gave them enough time (CCG average 89%, national average 87%).

- 93% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 89% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. They told us staff respected the decisions they made.

Patient feedback on the comment cards we received was also positive and aligned with these views. Patients said they felt involved in all aspects of their care.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%)
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%)

Staff told us that various translation services were available for patients who did not have English as a first language. There was also a translation option on the practice website. There was a hearing loop installed in the building for those with a hearing impairment.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Carers were identified on registration or opportunistically. The practice's computer system alerted GPs if a patient was

also a carer. Written information was available to direct carers to the various avenues of support available to them. There was also a display board in the practice with carers information.

Staff told us that if families had suffered bereavement, they would be offered a visit and an offer of support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice had a high number of young families in their patient population and offered an open children's clinic every morning at 11.00am. Parents knew they could attend without an appointment and their child would be seen by a GP.
- Each care home supported by the practice had their own responsible GP who carried out a weekly visit and offered urgent telephone access.
- The practice offered flexibility in appointments for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and there was a daily triage GP for other patients who needed to be seen on the day.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had imminent plans to undertake premises improvement which would increase their facilities to include two further treatment rooms, a disabled toilet, a treatment room sluice and would also extend the waiting room in order to provide more clinic opportunities, and increased waiting room space.
- In order to better support patients with dementia, all staff received training in dementia awareness and staff had become 'dementia friends'.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Extended surgery hours were offered on Mondays from 1830 to 8.00pm with prebookable GP and nurse appointments available and on Wednesdays from 7.00am to 8.00am when appointments were available with a GP or HCA. In addition to pre-bookable appointments

that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice also held a long established children's open clinic at 11.00am every morning. Patients were able to attend without an appointment and would be seen by a GP.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages, other than in respect of seeing a preferred GP.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 77% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).
- 50% patients said they always or almost always see or speak to the GP they prefer (CCG average 62%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them. This included appointments with the GP and nurse.

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.
- There was a designated responsible person who handled all complaints in the practice. Complaints were investigated and responded to by a clinician when appropriate.
- We saw that information was available to help patients understand the complaints system such as information on their website, posters and a complaints leaflet.

We saw that 19 complaints had been recorded in the last 12 months. We looked at three of these and found that they had been responded to in a sensitive and timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of

Are services responsive to people's needs? (for example, to feedback?)

care. For example, we reviewed a complaint around communication relating to death certification and saw that the learning was to improve awareness and communication in this area.

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

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a vision statement which was displayed on the staff noticeboard and staff we spoke with knew and were committed to these values. Their vision was to be a practice that could manage the demands of Primary Care over the next ten years.
- The practice had a robust strategy and supporting business plans which reflected the vision and associated values and these were regularly monitored. In line with their vision, the practice were about to undertake premises improvement which would increase their facilities to include two further treatment rooms, a disabled toilet, a treatment room sluice and would also extend the waiting room. These improvements would provide more clinic opportunities, an observation room for acutely unwell patients, better facilities for nurses and increased waiting room space.
- The practice had joined with five other practices to form Optimus Healthcare with the aim of working collaboratively with each other and sharing management good practice. They held regular meetings and educational events. The managers work very together and offer support and feedback and share from events or meetings that others are unable to attend. All the practices agreed to have SystmOne computer system for future sharing. In the past Optimus have tried to coordinate Saturday working but this was not possible due to record sharing difficulties but they hope to be able to do this in the future.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff

- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and all the staff we spoke with described them as approachable, open and receptive to new ideas. They told us they always felt listened to and included in the running and development of the practice. This created a strong sense of ownership amongst the staff which was evident throughout our visit.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or informally and felt confident in doing so and felt supported if they did. We noted team development days were held regularly.
- Staff at all levels, said they felt respected, valued and supported. They described a high level of trust amongst all staff and told us they were involved in discussions about how to run, develop and improve the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG also helped the practice with raising patient awareness with regards to specific medical conditions. For example, designing and implementing a patient information board regarding Parkinson's, as well as promoting support groups. The PPG had also held fundraising events to purchase equipment for the practice to benefit the patients. For example, a bench outside the practice for patients waiting to be picked up.
- The practice PPG also attended a larger patient participation group as part of the Optimus Group. This included PPGs from all six practices that were part of Optimus. This enabled the group to share information, for example regarding specific medical conditions and what support groups were available in the local community.
- The practice had gathered feedback from staff through practice meetings, informal feedback and suggestions, appraisals and practice development events. Staff told

us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

- The practice were keen to implement ideas presented by staff, for example, a previous trainee GP had suggested having an 'eye care box' in each room and the trainee was encouraged to develop this and introduced appropriate equipment and guidelines which are still in use.

Continuous improvement

There was a strong ethos of continuous learning and improvement at all levels within the practice. Birchwood Medical Centre had been a training practice for 25 years and provided training for medical students, F2s, GP registrars and nursing students. They were recently ranked the fourth best training practice in the East Midlands based on junior doctor feedback. The practice team was forward thinking and had held a development day in April 2015 for all staff. The staff had worked in groups of mixed job roles and looked at care provided by the practice for six different patient population groups. They identified how they considered care was already provided for these groups but also identified how they could improve their care. As a result of the event a list of agreed actions relating to each population group was compiled and responsibilities for the actions assigned. Many of these actions had been implemented at the time of our inspection. For example, the introduction of home visits to families who do not bring children for immunisations and the purchase of paediatric scales to help with dosing medication.