The Orchard Surgery

Quality Report

Willow Parade
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Slough
Berkshire
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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	Inadequate
Are services safe?	**Inadequate**
Are services effective?	**Requires improvement**
Are services caring?	**Requires improvement**
Are services responsive to people's needs?	**Inadequate**
Are services well-led?	**Inadequate**

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of The Orchard Surgery on 13 May 2015. This was the first inspection under the new CQC comprehensive inspection approach and was undertaken to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We have rated the overall practice as inadequate.

Specifically, we found the practice inadequate for providing safe services, responsive and being well led. It was also inadequate for providing services for all the six population groups. Improvements were also required for providing caring and effective services.

Our key findings across all the areas we inspected were as follows:

- Patients were at risk of harm because systems and processes were not in place to keep them safe. We found concerns in safeguarding, infection control, training, medicine management, access and quality and monitoring systems.
- The majority of the patients we spoke with were not satisfied with access to appointments. Patients reported considerable difficulty in getting through the telephone system and said it was difficult to get an appointment.
- We found the practice had not taken all measures to identify, assess and manage risk. For example, the practice did not have robust systems for checking and recording fridge temperatures. The practice did not have adequate systems in place to ensure practice nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. The practice did not have systems in place to monitor the issue of access, to determine whether the actions the practice had taken had any positive impact on patients.
- There was no clear vision and strategy with realistic plans to achieve the vision, values and strategy.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand.

However, there were also areas of practice where the provider needs to make improvements.

Action the provider MUST take to improve:

- Ensure medicine management systems are reviewed and reflect national guidelines.
- Ensure appropriate infection control systems are in place, in line with national guidelines.
- Provide safeguarding training to all staff at the required level for their role.
- Ensure there are systems in place to regularly assess and monitor the quality of the services provided. Develop a regular completed clinical audit process and implement actions.
- Ensure there are processes in place to identify, assess and manage risks relating to health, welfare and safety of patients.
- Ensure staff receive regular appropriate training, specific to their role.
- Undertake and record risk assessments. Including those relating to health and safety and risks to patient safety.
- Develop a regular completed clinical audit process and implement actions.
- Implement a process to review significant events annually and disseminate learning to practice staff
- Review responses from patients regarding the accessing appointments in order to make improvements to the service provided.

Action the provider should take to improve:

- Review the staffing levels of nursing staff and the allocation of urgent appointments to the nursing team.

Where, as in this instance, a provider is rated as inadequate for one of the five key questions or one of the six population groups it will be re-inspected no longer than six months after the initial rating is confirmed. If, after re-inspection, it has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place it into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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?

Inadequate

The practice is rated inadequate for providing safe services. Patients were at risk of harm because systems and processes were not in place and implemented in a way to keep them safe. We found concerns in the following areas; medicines management did not reflect national guidelines. The practice did not have robust systems for checking fridge temperatures. The practice did not have appropriate infection control systems in place, in line with national guidelines. There was no system in place to disseminate learning that had occurred from significant events and complaint outcomes to practice staff. The practice did not have appropriate systems in place to manage and monitor risks to patients, staff and visitors to the practice. We found not all staff had received relevant role specific training on safeguarding.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. The practice did not have a system in place to carry out regular completed (a minimum of two cycles) clinical audits. All GPs were up to date with their annual continuing professional development requirements and all either have been revalidated or had a date for revalidation. All staff completed annual appraisals which identified learning needs. The practice worked with other service providers to meet patient needs. The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made. Data showed that patients rated the practice lower than others for some aspects of care. The practice did not have appropriate systems in place to provide support for patients who did not speak English as a first language. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services was available and easy to understand. We observed that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Inadequate 

The practice is rated as inadequate for providing responsive services and improvements must be made. Patients reported considerable difficulty in accessing a named GP and poor continuity of care. Majority of the patients we spoke with were not satisfied with access to appointments. Patients reported considerable difficulty in getting through on the telephone system and told us it was difficult to get an appointment. The practice had not robustly considered or monitored this concern and how any changes may have impacted upon patients. Patients could get information about how to complain in a format they could understand.

Are services well-led?

Inadequate 

The practice is rated as inadequate for being well-led. The leadership of the practice was not always consistent which impacted on the quality and safety of the service to patients. Governance systems were unclear and not always effective. The practice had not taken all measures to identify, assess and manage risks. The practice did not have a documented business or strategic plan in place. The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed they were performing in line with national standards. Clinical staff told us QOF data was regularly reviewed and discussed in team meetings.

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

Inadequate

The provider was rated as inadequate for safety and for well-led and requires improvement for effective and responsive domains. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is rated as inadequate for the care of older patients. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older patients. However, the practice did not always complete effective audits to monitor the health outcomes of people and identify how these could be improved. The practice was not always responsive to the needs of older patients. The practice ran vaccination clinics for flu, shingles and pneumonia for older patients. However, the flu vaccination rate for patients over 65 years of age was lower than the CCG average. Patients were offered home visits if they were housebound or too ill to attend the surgery. All patients over 75 had a named GP. The practice worked closely with the social services, occupational therapy and community physiotherapy to ensure patients received co-ordinated care.

People with long term conditions

Inadequate

The provider was rated as inadequate for safety and for well-led and requires improvement for effective and responsive domains. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is rated as inadequate for the care of patients with long-term conditions. Results from the patient survey demonstrated that patients were not always involved in developing their care plan. The practice results for this area were lower than the national average. The monitoring of outcomes for patients with long term conditions was not always audited effectively to identify improvements. The practice ran various clinics to support this patient group. These included diabetes and asthma clinics. The practice runs a regular GP led diabetic clinic, every Wednesday, where appropriate treatment and care is provided and medication reviews are undertaken. 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. For example, patients with epilepsy are provided with co-ordinated care between the practice and the neurology department in the hospital.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young patients. The provider was rated as inadequate for safety

Summary of findings

and for well-led and requires improvement for effective and responsive domains. The concerns which led to these ratings apply to everyone using the practice, including this population group. Patient survey results demonstrated that access to the practice was difficult at times. Patients we spoke with on the day sometimes found it difficult to get through on the phone and were not always aware of the extended opening times. Safeguarding procedures and processes were not robust and may not support patients who were vulnerable. The practice provided open access to all children who were under the age of five. Childhood immunisations were carried out at the practice. The immunisation rate was monitored and take up was good.The practice offered family planning services, which included contraceptive advice and initiation of the contraceptive pill. The practice offered an onsite contraceptive implant insertion service to patients.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working-age patients (including those recently retired and students). The provider was rated as inadequate for safety and for well-led and requires improvement for effective and responsive domains. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice runs extended surgeries for this population group, at their branch site from 6.30pm to 8.30pm every week days and appointments were available from 9am to 5pm on Saturday and Sunday. However, the working age patients we spoke with were not always aware of the extended hours. This included all the GP services, appointments with nurses and travel clinics. Telephone calls to patients who were at work were made at times convenient to them. Smoking cessation clinics were offered to patients. There was health promotion material available in the waiting area and on the website. Health clinics were held for all new patients and for those who were 40-74 years of age, where health promotion and lifestyle advice was given to patients.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of patients whose circumstances may make them vulnerable. The provider was rated as inadequate for safety and for well-led and requires improvement for effective and responsive domains. The concerns which led to these ratings apply to everyone using the practice, including this population group. A personalised care plan was in place for patients with physical and learning disabilities and for children with special needs. However, patients in the patient survey reported not always being involved in their development.

Summary of findings

On the day of inspection access to the service was difficult as the front door was not working correctly. The practice had not risk assessed the difficulties experience by patients trying to get through the front door. Practice staff translated GP/nurse conversations with patients whose first language was not English. The practice had not risk assessed this activity in order to protect patients from harm or inappropriate treatment through misunderstanding. We were told that patients wishing to register at the practice were always accepted. Staff knew how to recognise signs of abuse in vulnerable adults and children. The practice worked closely with the locality lead for child protection, who worked at a nearby practice.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of patients experiencing poor mental health (including patients with dementia). The provider was rated as inadequate for safety and for well-led and requires improvement for effective and responsive domains. The concerns which led to these ratings apply to everyone using the practice, including this population group. Patients with mental health care needs were registered at the practice. They had written care plans but were not always involved in their development. The practice worked closely with the local mental health services and child adolescent service, and referred patients to these service for advice and counselling support. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

We spoke with 14 patients this also included members of the patient participation group (PPG). A PPG is made up of a group of volunteer patients and practice staff who meet regularly to discuss the services on offer and how improvements can be made.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive.

However, patients reported considerable difficulty in getting through the telephone system and said it was difficult to get an appointment. Some patients told us very long queues were formed outside the surgery during busier times, and this caused significant inconvenience, particularly during the winter period. The 2014 GP national survey showed 34% of patients said they found it easy to get through to the surgery by telephone. This was significantly lower than compared to the national average of 76%. Fifty eight per cent of patients were satisfied with the surgery's opening hours and this was lower than the local CCG average of 69%.

The practice results for the 2014 national GP patient survey showed 58% of patients were satisfied with the surgery opening hours. 73% of patient said the last nurse they saw was good at giving them enough time. All of these results were above average compared to the clinical commissioning group (CCG). 65% of patients with a preferred GP usually got to see or speak to the GP and 86% of patients said the last GP they saw was good at treating them with care and concern. 70% of patients described their overall experience of this surgery as good.

We received further feedback from six patients via comment cards. The comments cards reviewed were generally positive. Patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure medicine management systems are reviewed and reflect national guidelines.
- Ensure appropriate infection control systems are in place, in line with national guidelines.
- Provide safeguarding training to all staff at the required level for their role.
- Ensure there are systems in place to regularly assess and monitor the quality of the services provided.
- Ensure there are processes in place to identify, assess and manage risks relating to health, welfare and safety of patients.
- Ensure staff receive regular appropriate training, specific to their role.
- Undertake and record risk assessments. Including those relating to health and safety and risks to patient safety.
- Develop a regular completed clinical audit process and implement actions.
- Implement a process to review significant events annually and disseminate learning to practice staff
- Review responses from patients regarding the accessing appointments in order to make improvements to the service provided.

Action the service SHOULD take to improve

- Review the staffing levels of nursing staff and the allocation of urgent appointments to the nursing team.

The Orchard Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector, and a GP specialist advisor. The team included a second CQC inspector, a practice manager and expert by experience.Experts by experience aremembers of the team who have received care and experienced treatment from similar services.

Background to The Orchard Surgery

The Orchard Surgery provides general medical services to over 7,800 registered patients. The practice is split over two sites, The Orchard Surgery and Wheelwrights Place Surgery. We inspected The Orchard Surgery and not the branch surgery at Wheelwrights Place.

The Orchard Surgery is a suburban practice on the eastern border of Slough, with easy access to three mainline motorways, Heathrow Airport and London. The Orchard Surgery has a high number of patients registered who are under 18 years of age. The practice serves to a large ethnic population, with diverse cultural beliefs and needs. The practice demographic ranges from affluent and middle class, to deprived and unemployed patients. The practice also provides care to asylum seekers, refugees and the travelling community.

The practice operates from a new purpose built premises. All consulting and treatment rooms are located on the ground floor. Care and treatment is delivered by three male GPs, one female GP and two nurses. The practice also works closely with midwives, district nurses and health visitors.

Detailed findings

The Orchard Surgery is open between 8am and 6pm Monday to Friday. Appointments are from 8.30am to 6pm Monday to Friday. Extended hours surgeries are offered at the following times from 6.30pm to 8.30pm weekdays and 9am to 5pm every Saturday and Sunday. This service was provided from the Wheelwrights Place Surgery in conjunction with another Slough practice.

The practice has a General Medical Services (GMS) contract. GMS contracts are subject to direct national negotiations between the Department of Health and the General Practitioners Committee of the British Medical Association.

We were unaware of issues or concerns about this practice prior to our inspection.

This was a comprehensive inspection.

The practice provides services from the following two sites:

The Orchard Surgery

Willow Parade

276 High Street

Langley

Slough

Berkshire

SL3 8HD

Wheelwrights Place Surgery

11 Wheelwrights Place

High Street

Colnbrook

SL3 0JX

Why we carried out this inspection

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. This inspection was planned to check whether the provider is meeting the legal 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.

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.

How we carried out this inspection

Before visiting we reviewed information about the practice such as clinical performance data and patient feedback. This included information from the clinical commissioning group (CCG), Slough Healthwatch, NHS England and Public Health England. We visited The Orchard Surgery on 13 May 2015. During the inspection we spoke with GPs, nurses, the practice manager, reception and administrative staff. We obtained patient feedback by speaking with patients, from comment cards, the practice's surveys and the GP national survey. We looked at the outcomes from investigations into significant events and audits to determine how the practice monitored and improved its performance. We checked to see if complaints were acted on and responded to. We reviewed the premises to check the practice was a safe and accessible environment. We looked at documentation including relevant monitoring tools for training, recruitment, maintenance and cleaning of the premises.

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 are provided for specific groups of people and what good care looks 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)

Inadequate

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. National Institute of Heath and Care Excellence (NICE) guidance and reminders were cascaded by the GPs to relevant staff.

The practice manager told us they received medical alerts and regular Medicines and Healthcare Products Regulatory Agency (MRHA) updates and disseminated these to the GPs and nurses, for them to action accordingly. However, no systems were in place to ensure appropriate action had been taken by the GP or nurse.

Learning and improvement from safety incidents.

The practice had a system in place for reporting and recording significant events. The practice used a significant event template, and recorded information such as details of the incidents, why the incident occurred, learning and if changes were made to practice policies. For example, we reviewed a significant event dated 4 March 2015 where there had been an administrative error on the blood test results issued to a patient. The GP partner told us the significant event was discussed at the next clinical meeting, and learning was shared with staff. We noted records to confirm this. There was no documented evidence to demonstrate how the practice reviewed all significant events annually in order to identify any trends and share learning with staff.

The practice recorded all incidents and accidents in a log. Staff knew how to access the accident log and record information if needed. We reviewed this log and noted one entry was made in in the last year.

The practice had a chaperone policy in place. The GP partner told us they did provide a chaperone service to patients and this was often taken up by patients. Information on how to access a chaperone was available in the waiting area, but was not displayed in the consulting and treatment rooms. Only the GPs and nurses acted as chaperones. The clinicians we spoke with understood their responsibilities when acting as a chaperone, including where to stand to be able to observe the examination. We found the practice had carried out criminal records checks through the Disclosure and Barring Service (DBS) for staff that carried out chaperone duties.

Reliable safety systems and processes including safeguarding

The practice had comprehensive adult and children safeguarding policies in place. Staff knew how to recognise signs of abuse in older patients, vulnerable adults and children. The staff we spoke with were aware who the safeguarding lead was, and knew how to access the safeguarding procedures. They told us they would approach the practice manager or a GP partner if they had any concerns.

The practice had appointed designated GPs as leads in safeguarding vulnerable adults and children. The safeguarding lead described the recent referrals that had been made to the local safeguarding team and the actions they had taken. They told us names of people who they would contact in the safeguarding team to seek advice or to report concerns; however they were unable to locate contact details for them.

The safeguarding lead told us they had received an appropriate level of safeguarding training. However, there was no evidence to support this. The training record made available to us showed all GPs had completed level one child protection training. There was no evidence to confirm level three training in safeguarding children had been completed by the safeguarding lead and by the other GPs. There was no further evidence to demonstrate that GPs had undertaken adult safeguarding training.

Nursing and non clinical staff had not always received relevant role specific training on safeguarding. The nursing team had not received any adult safeguarding training. The training record provided to us showed that the nursing staff had only received level one child protection training. Staff from the nursing team could not remember when they last had received safeguarding training. The practice manager, administrative and reception staff had completed level one children protection training but had not completed any training in adult safeguarding.

Medicines management

Inadequate

Are services safe?

We saw there were medicines management policies in place. We checked the medicines held at the practice and found these were all appropriately stored.

All prescriptions were reviewed and signed by a GP before they were given to the patient. We found blank prescriptions were kept in a lockable cupboard behind the reception. We noted batch numbers were not recorded and if prescriptions were stolen, the practice may not know how many were missing, as prescription forms were not tracked.

We found the practice had ineffective systems for checking and monitoring refrigerator temperatures. The vaccines were stored in fridges and these were kept in two separate treatment rooms. In the first treatment room, we found the log book showed that temperatures outside normal range were recorded, but no reason or action was recorded by the practice. For example, on 8 April 2015, the maximum reading recorded was 12.6C; however there was no note of reason for this or the action taken. As the previous reading recorded was on 1 April 2015, we were unable to ascertain how long the temperature had been raised within the fridge. The nurse informed us this could have been due to a delivery that was received a day before, which could have raised the temperatures briefly while the fridge was being stocked, however there was no record of this or consideration of concern as to the safety of vaccines stored in this fridge. There was a risk that if vaccine cold chain is not maintained appropriately, the potency of the vaccine is lost, and subsequently the vaccines become ineffectual.

We noted other high temperature readings on 19th and 26th November 2014 and found no evidence of the reason for this or the action taken by the practice. The nurses did not know what protocol to follow when the temperatures were higher than the normal range and the importance of reporting this to the management team.

The nurse told us they were responsible for monitoring the fridge temperature on the days they worked, and confirmed they only worked two days of the week. The temperatures were not read or recorded on the other remaining days of the week. The practice did not have systems in place to ensure the temperatures were recorded on a regular basis.

In the second treatment room, there was no record of monitoring of fridge temperature from the period of 1st January to end of April 2015. In the logs that were available for this fridge, again where high temperatures were recorded there was no evidence of any action taken. In this room we noted NHS England protocols in relation to delivery and storage of vaccines was displayed, which included information on the importance of taking action when temperatures outside the safe range are recorded. The staff had access to procedures but these were not being followed by staff.

A member of the nursing staff told us they were qualified as an independent prescriber. This member staff also worked for another organisation, and told us they had completed training and had received supervision for this role from their primary work of place. However, at the time of the inspection we found no evidence to support this statement. There was no evidence that this staff member received regular supervision from the practice and support in their role or updates in the specific clinical areas of expertise for which they prescribed.

We found the practice nurses administered vaccines using directions that had not been produced in line with legal requirements and national guidance. For example, we saw a number of Patient Group Directives (PGDs) that had not been signed by an appropriate professional and were not dated. This included PGDs for Zoster, Influenza, Rotavirus, Revaxis and Giardasil vaccines. PGDs are written instructions to help the professional to supply or administer medicines to patients, usually in planned circumstances. An assessment of whether the PGD remained the most effective way of providing the relevant services to the patient had not been carried out.

Cleanliness and infection control

We found the cleaning of the premises was inconsistent. For example, the reception and waiting area and the patient toilets were clean and tidy. However, we found not all the treatment and consultation rooms were clean. For example, in one treatment room we found the couch was dusty, in another room the examination light was very sticky and visibly unclean, and the scales were dusty. In the third room we saw the fridge top was dusty. We saw in the staff toilets the disabled grab rail was dirty and found overflowing sanitary waste. During our discussion with practice manager, we were told the sanitary waste was only emptied once every month.

The practice had infection control policy in place. This policy provided conflicting information. For example, the policy stated a specific named GP was the infection control

lead; however in practice the senior partner confirmed they were the infection control lead for the practice. We found no evidence that confirmed the infection control lead had completed appropriate training to perform the role.

The practice manager and a nurse had completed an infection control audit in February 2015, and this was made available to us. The audit had identified staff required infection control training and hand washing training. The practice manager also carried regular spot checks to ensure infection control protocols were being met. However, the infection control audit and the spot checks did not identify, the inconsistency in cleaning of the practice premises, the lack of hand gel and soap, and that staff did not always have appropriate equipment. For example, one nurse confirmed to us that they required a sharps bin for cytotoxic waste in their treatment room, but did not have one in place. We saw no evidence that this had been discussed between the practice staff and whether this had been actioned.

Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

Notices about hand hygiene techniques were displayed in consulting and treatment room and in patient toilets. However, we found hand soap, hand gel and hand towel dispensers were not always available for staff and patient to use. For example, in the staff and patient toilets there was no soap in the dispenser or any hand gel. In the patient toilets we found there were no hand towels for patients to use. We noted there was no hand gel for patients to use in the waiting area. The practice did not have adequate systems in place to reduce the risk of infection.

We noted all cleaning equipment was stored in a cleaning cupboard. In the cleaning cupboard we found mop heads for cleaning different areas of the practice had been placed together in one bucket. Cleaning equipment was not used or stored in line with current infection control guidance.

The practice had employed an external cleaner. They worked in accordance with the cleaning schedules provided by the practice. The cleaner and practice staff also used the communication book, for any particular areas that required cleaning on that day. At the time of the inspection, different cleaning schedules were made available to us. The schedule produced by the practice for the cleaner was a 'pre-ticked' checklist and required no action from the cleaner to confirm the areas of the practice that had been cleaned. Later on the inspection day we were provided with another cleaning schedule, which was had a less detailed specification than the first schedule, and had been emailed by the cleaner who confirmed they were using this schedule. There was no clarity about the responsibility for cleaning specific areas and items and it was not clear who was responsible for which area between the practice staff and the contractor.

We found appropriate arrangements were not always in place to enable the safe storage and disposal of the different types of waste generated from the practice. For example, in the clinical waste area we found two yellow wheelie bins and three large yellow lockable bins were not always lockable or stored securely.

The practice did not have a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal).

We were provided with evidence of Hepatitis B status of the GPs and nurses. However, we found Hepatitis B status checks were not completed for locum GPs upon appointment.

Equipment

All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date was September 2014. A schedule of testing was in place. We saw a log of calibration testing for the practice and all equipment was calibrated in January 2015.

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

A designated staff member was responsible for booking locum GPs and ensuring their registrations details were up to date before they were appointed. The locum records

showed that professional registration for GPs was always checked and confidentiality statements were sought. However, we found the practice did not routinely seek evidence of appropriate medical indemnity cover.

Most staff told us the practice had good staffing levels as the staff retention was high. The GPs and nurses tried to cross cover internally, where possible. The practice did use locum GPs and nurses, when cover was required. Staff told us they were concerned at the staffing levels of the nursing team, as the practice had lost their full time health care assistant (HCA). They told us they were not aware of whether another HCA was going to be appointed. The practice manager told us staffing levels were frequently reviewed, to ensure they had enough staff members with appropriate skills.

Monitoring safety and responding to risk

The practice did not have appropriate systems in place to manage and monitor risks to patients, staff and visitors to the practice. For example, there was no evidence of regular monitoring and review of the access, medicines management, infection control and the clinical waste arrangements. The practice had also not assessed the risks of using staff as translators for patients in consultations.

The practice had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

We found no evidence of relevant risk assessments. For example, risk assessments for fire safety and control of substances hazardous to health (COSHH) and there was no health and safety risk assessment in place. A document entitled 'Health and Safety Risk assessment' dated October 2013, was made available to us, however this risk assessment related to a different premises and was not for The Orchard Surgery.

Arrangements to deal with emergencies and major incidents

Staff had access to a defibrillator and oxygen and the equipment was checked and recorded regularly to ensure it was in working order. The practice had access to emergency medicines. The emergency medicines were checked by the practice nurse, who kept a record with volumes and expiry date. However we found not all the medicines we checked were in date and fit for use. For example, we found reliever medication, which had expired in May 2013. These expired medications had not been identified during regular checks and were not removed from the emergency trolley.

A copy of the business continuity plan was made available to us. We saw the plan had been put in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, a reduction in staffing levels, unavailability of premises and equipment failure. The document also contained relevant contact details for staff to refer to. For example, contact details of the electricity and gas company to contact if the electricity and gas system failed. The practice had also fire safety procedures and medical emergencies protocols, and staff were familiar with these.

Staff told us they had received regular training in basic life support. We saw evidence that nurses, reception and administrative staff had received cardio pulmonary resuscitation (CPR) training and this training was in date.

We saw evidence that the GPs had received adult basic life support training in March 2015; however this did not cover the defibrillator and anaphylaxis training.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. The GP partner told us any changes to professional guidance or new guidelines are disseminated and discussed during clinical meetings. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The GP partners had interests in clinical areas such as, diabetes, gynaecology, minor surgery and psychological medicine. The GPs were supported by the practice nurses, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support.

All GPs we spoke with used national standards for urgent referrals seen within two weeks, and we saw national templates were saved on the shared drive for easy access.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took into account the patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice showed us some examples of clinical audits that had been undertaken in the last two years. These included minor surgery audits and diabetic prescribing audit. For example, we reviewed the minor surgery audit. We noted this audit did not have a date recorded to confirm when it was undertaken and by which clinician. We saw the aim of audit was to review the standard of care provided to patients who have undergone a minor surgical excision procedure and to identify if there were any areas of potential improvement. The audit results showed that consent was recorded regularly and appropriate referrals to the histology department were being made, as and when required in a timely manner. The results had identified some areas of improvement. For example, the first audit demonstrated that two patients were seen with a wound complication within one month of procedure. This information was discussed with the clinician, who reviewed their technique when carrying out the procedure and made some changes to this process. The second audit showed no patients had been seen with a wound complication within one month of the minor surgery excision procedure, since the first audit was carried out.

The GP partner told us the practice completed prescribing audits, in conjunction with the local CCG prescribing advisor. We were shown a sample of these audits on the computer system. We saw these appeared to be results of a straightforward computer search and were not a completed audit. For example, in one document we saw a computer search had been used to identify patients who were on medication for anxiety.

We noted there was limited evidence of an audit plan with identified aims or objectives, for the audits reviewed or why these audits were chosen. We found no evidence that the results had been shared with practice staff, or that an action plan had been devised to monitor changes and there was no evidence that a repeat audit had been planned. The nursing team had not been involved in any clinical audits, and this was confirmed by the staff we spoke with.

The practice routinely collected information about patients care and outcomes. The practice used the Quality and Outcomes Framework (QOF) which is a voluntary system for the performance management and payment of GPs in the National Health Service. This enables GP practices to monitor their performance across a range of indicators including how they manage medical conditions. The practice achieved 97% on their QOF 2014 score compared to a national average of 96%. Data from the QOF showed how the practice had performed well in areas including maternity services and palliative care.

Effective staffing

All GPs were up to date with their yearly continuing professional development requirements and all had either been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment

Requires improvement

Are services effective?

(for example, treatment is effective)

called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

All staff received annual appraisals which identified learning needs. Staff told us their learning and training needs were discussed and if they required further training or wished to go on training courses the practice would support them. The training record provided to us, showed that some training had been undertaken in various subjects. This included child protection, information governance, health and safety, fire safety, manual handling and equality and diversity. However, the practice had not provided training for infection control or safeguarding training to all staff.

We reviewed the locum pack that had been devised for the locum GPs. The information was kept in three folders, and contained information such as referral forms, basic information about the practice hours and contact numbers for the district nurse and the counsellor, who no longer worked for the practice. The practice could not demonstrate that the contents of the pack reflected current arrangements. Staff told us the deputy manager provided an induction to all locum GPs on appointment. However, there was no evidence available to support this statement.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs. It received blood test results, X-ray results, and letters from the local hospital (including discharge summaries), out-of-hours GP services and the 111 service both electronically and by post. These were followed up daily by the GPs and nurses and actioned appropriately.

The practice took part in multidisciplinary team meetings on ad hoc basis to discuss the needs of patients with complex medical needs, for example those with end of life care needs. The GP partner told us these meetings were attended by district nurses and palliative care nurses and decisions about care planning were shared and discussed. The practice did not have documented evidence of the content of these meetings and the actions that were required.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice made most of their referrals through the Choose and Book system. Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital. Staff reported that this system was easy to use. The practice had a follow up system in place for all two week referrals, and this information was kept in a folder and a designated member of staff checked this on a daily basis.

The practice had also signed up to the electronic Summary Care Record (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours). There was information in the practice and on the website informing patients of this.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. GPs told us consent was sought and recorded on a consent template, which was saved on the patient record. For example, written consent was sought for minor surgery, or when a patient was seen by a medical student.

The GPs we spoke with gave examples of how a patient's best interests were taken into account if a patient did not have capacity to consent. GPs and nurses demonstrated a clear understanding of Gillick competencies, used to identify children under the age of 16 who have the legal capacity to consent to medical examination or treatment.

We found the consent forms were not always fully completed. For example, we reviewed a completed consent form where the clinician had not recorded appropriately if anaesthetic was used or not for minor surgery and if the patient had agreed to this.

Requires improvement

Are services effective?

(for example, treatment is effective)

Health promotion and prevention

There was health promotion material available in the waiting area. This included information on, cancer, diabetes, memory loss, and sexually transmitted diseases. There was also information about services to support patients, for example, smoking cessation clinics. Patients were encouraged to take an interest in their health and to take action to improve and maintain it.

In 2013/14 the number of patients with a smoking status recorded in their records was 92.22% which was higher than the CCG and England average on 86.63%. Of these patients 98.74% of patients had received advice and support to stop smoking which was higher than the national and CCG average.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all childhood immunisations was approximately 95% and was above average for the CCG. There was a clear policy for following up non-attenders by the practice nurse.

In 2013/14 the practice vaccinated 67.15% of patients over 65 years old with the flu vaccine. This was lower than the national average of 72.98%. For patients within the at risk groups, 53.38% of patients were vaccinated in the same period. This was slightly higher than the national average of 53.22%.

The practice's performance for cervical smear uptake was 74%. This was below the national target of 81%. There was a policy to offer telephone reminders for patients who did not attend for cervical smears, and clinicians reminded patients opportunistically when they attended for their appointments.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent patient satisfaction data available for the practice. This included information from the 2014 GP patient survey and 2014/15 survey conducted by patient participation group (PPG). The evidence from both sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the patient participation group (PPG) survey showed 90% of patients said that they were treated with respect and dignity by the practice staff. According to 2014 GP patient survey 88% of patients said the GPs were good at listening to them and 89% of patients said the GP gave them enough time. Both of these results were above the national average.

Patients completed CQC comment cards to tell us what they thought about the practice. We received six completed cards and all were positive about the service experienced. We also spoke with 14 patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations. A chaperone policy was in place and leaflets were displayed only in the waiting area but not in the consulting rooms and treatment rooms.

The practice switchboard was located at the reception desk and as a result patients were able to overhear potentially private conversations between patients and reception staff. For example, we were told on a few occasions patient standing in the queue had offered to act as an interpreter, as they had overheard the conversation between the staff and the patient. We saw this system in operation during our inspection and noted that it was difficult to maintain confidentiality during busy times because the reception area was crowded and little privacy could be afforded to patients.

Care planning and involvement in decisions about care and treatment

Staff told us that translation services were available for patients who did not have English as a first language. We did not see any notice in the reception area but receptionist showed us contact details for external interpreter service. A GP informed us that they had only used the interpreter once because usually patients attended appointments with their family members who acted as an interpreter or a member of staff provided this service. We found no evidence that staff had been trained to carry out this role. There was no evidence of a risk assessment to ensure patients were not at risk from receiving this service from staff. There was no system in place to identify patients with a language barrier prior to the consultation, and no efforts were made to increase consultation time accordingly. Reception staff told us they were familiar with these patients, but acknowledged this information had not been documented on patient records.

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the GP patient survey showed 78% of patients said the GP involved them in care decisions compared to the national average of 82% and 85% of patients felt the GP was good at explaining treatment and results. The results from the GP patient survey showed that 95% of patients said they had confidence and trust in the GP.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Patient/carer support to cope emotionally with care and treatment

Requires improvement

Are services caring?

During the inspection all the patients we spoke with mentioned how much they valued the emotional support provided by the GPs during consultation. The patients we spoke with on the day of our inspection and the comment cards we received indicated that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room, on the TV screen and patient website also told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer or a vulnerable person. GPs encouraged carers or support workers to attend the appointment with patients.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had identified the needs of some of their patient population. This included the travelling community, and had adjusted the services they offered to ensure these were accessible, flexible and offered continuity of care to these patients. For example, the senior GP said that if a member of the travelling community attended an appointment they used this as an opportunity to assess the patient and deal with all issues, without having to ask the patient to return for a further appointment. The GP partner told us often the patient would bring members of the family with them, and that they were also seen by the GP and provided with treatment and care accordingly, and were not turned away because they did not have an appointment to see the GP.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised.

The practice ran child immunisation, flu and routine vaccination clinics. The practice had systems in place to communicate information about these clinics to patients with young children and elderly patients, which included correspondence via letter or contact by telephone. Home visits were arranged for frail and elderly patients. The practice arranged transport for the elderly patients to ensure they were able to attend their appointment at the practice or in the hospital.

A range of clinics and services were offered to patients, which included midwifery services, minor surgery, menopause, counselling and smoking cessation. The practice ran regular clinics for long-term conditions. These included asthma, diabetes and chronic obstructive airway disease clinics. Longer appointments were available for patients if required, such as those with long term conditions. GPs placed all new patients who were diagnosed with a long term condition on the practice register and organised recall programmes accordingly.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example, arrangements were in place to ensure visitors from overseas and travellers had regular access to a GP. These patients were registered with the practice and were able to make an appointment there. Staff told us the patient record system, alerted staff if a patient was deaf and gave details of who has been given consent by the patient to be spoken with on their behalf.

The Orchard Surgery occupied a purpose built building, which was leased to the practice. The practice did not have control over the building maintenance or management, as this was managed by another organisation. This had limited the practice in what they could provide to patients. For example, the practice manager told us plans were in place to pave and ramp the area to rear of premises for better access from the car park and this has been discussed with the landlord but they had not actioned this. At the time of the visit we saw the automatic front door was not in working order and as a result we saw that patients with limited mobility, wheelchair users and patients with prams had difficulty with accessing the service. The practice had not undertaken a risk assessment to mitigate the risks to patients with regards to access. The practice had not undertaken a disability access audit.

All consulting and treatment rooms were located on the ground floor. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

The practice had access to a telephone translation service and used this service when a patient requested an interpreter. Patients whose first language was not English could bring a relative or friend with them to their appointment to translate for them if they preferred. The practice website carried a facility to translate information into over 50 different languages.

Staff had received equality and diversity training.

Access to the service

The practice offered a range of appointments to patients every weekday between the hours of 8am and 6pm. Since July 2014 the practice offered regular appointments with the GP and nurses from 6.30pm and 8.30pm every weekday and additional appointments were offered from Saturday and Sunday from 9am to 5pm.

The majority of the patients we spoke with were not satisfied with access to appointments. Patients reported considerable difficulty in getting through the telephone system and said it was difficult to get an appointment.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Some patients told us very long queues were formed outside the surgery during busier times, and this caused significant inconvenience during the winter period. The 2014 GP national survey showed 34% of patients said they found it easy to get through to the surgery by telephone. This was significantly low than compared to the national average of 76%. Fifty eight per cent of patients were satisfied with the surgery's opening hours and this was lower than the local CCG average of 69%. Fifty per cent of patients described their experience of making an appointment as good and 75% of patients said were able to get an appointment to see or speak to someone the last time they tried.

The 2014/15 the practice survey showed 65% of patients on being asked how easy it was to book an appointment, rated this experience as average and 10% said it was not good. In the 2013/14 practice survey 70% of patients had rated their experience as average and 10% said it was not good.

In response to feedback received from patients, the practice reviewed their systems and made some changes. For example, the practice installed a new telephone system. The new system provided patients with a cancellation option and a system was implemented to improve phone access and speed of call answering, by overflowing calls to the first floor administration team. Additional clinical staff were employed, this include two GPs and part-time nurse. The practice had successfully applied for the Primary Ministers Care Fund (PMCF) and used this money to offer additional evening and weekend appointments to patients. This was provided from the branch site, which was shared by another local GP practice.

There was no evidence of any follow up or monitoring to assess if any of these changes were impacting the patients positively and if access had been improved for patients. For example, the practice had not completed an audit to establish if the additional evening and weekend appointments were having positive impact on patients and whether this was improving the access issue. The practice was unable to confirm to us the uptake of these appointments since they were introduced in July 2014. The practice could not provide us information on the current levels of 'did not attend (DNA)' the practice, and whether this had any impact on the appointment access.

The practice had a high level of registered users for online services, and offered online appointments. At the time of the inspection, the practice offered very limited online appointments, and despite service being very successful the GP partner confirmed they did not have any plans to offer more online appointments. The 2014/15 practice survey showed 72% of patients on being asked how easy it was to book an appointment online, rated this experience as excellent and 18% as very good. Ninety one per cent of patients said they were aware of the practice website and 7% of patient said they did not have access to a computer. The practice manager acknowledged that the practice does not monitor the online usage and the practice was unable to confirm how many patients actively use the online appointment system. The practice was not considering how to improve patient access to appointments by using alternative methods more widely.

The nursing team acknowledged access to appointments was difficult and told us the appointment system for the nursing team was not managed well. For example, the practice nurse told on the day urgent appointments were not set aside for the nursing team. This meant any urgent requests had to be fitted in, which caused delay to other patients. One staff member told us patients had approached them outside the practice, asking for an appointment, as they were unable to get through to the practice by telephone.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Patients could access a male or female GP. The practice offered longer appointments for patients who might require them, including patients with learning disabilities, mental health conditions, and multiple long-term conditions. Home visits and telephone consultations were available to patients who required them, including housebound patients and older patients.

Listening and learning from concerns and complaints

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a 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.

Patient's comments and complaints were listened to and acted upon. Information on how to make a complaint was provided on the practice website and leaflet. The complaints procedure provided further information on how to make complaint on someone's behalf and who at the practice would deal with the complaint. The practice had a clear complaints procedure and this was displayed in the waiting area. This described how patients could make an anonymous complaint.

The practice kept a record of all written complaints received. We reviewed a sample of complaints, which included a mixture of clinical and non-clinical complaints. We saw the complaints had been investigated and responded to, where possible, to the patient's satisfaction. The outcomes of complaints, actions required and lessons learned were shared with the staff during team meetings.

Staff told us complaints were openly discussed to ensure all staff were able to learn and contribute to any improvement action that might be required; and this was reflected in some of the records we looked at. The patients we spoke with told us they would be comfortable making a complaint if required.

Are services well-led?

Inadequate

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

Our findings

There was no clear vision and strategy with realistic plans to achieve the vision, values and strategy. The senior GP partner told us the practice management team had discussed the business development plan for the next five years. This included a potential merger with another local practice. The GP partner told us discussions had been taken place between the two practices.

However, the practice did not have a documented business or strategic plan in place. The senior management had not discussed with staff or with patients the plans for the next five years and how the practice would meet patient demand. For example, staff told us the practice list had grown from 6,800 to 7,800 in the last year and that the practice was expecting a further increase of patients in the next three years. We saw no evidence of how the practice was going to meet the patient demand. The GP partner confirmed they had not had any discussions about this or formally discussed the staff business plan for the next five years and agreed planning was needed to ensure patients are not affected long term.

Staff told us that the senior GP partner and the practice manager adopted an open policy and that the management team were approachable. Staff described the practice as having an open and supportive culture. There was a stable staff group and staff were positive about the open culture within the practice.

Governance arrangements

Governance arrangements and their purpose were unclear. The practice had not taken all measures to identify, assess and manage risks. Medicines management systems did not reflect national guidelines. For example, the practice did not have robust systems for checking and recording fridge temperatures. The practice did not have adequate systems in place to ensure practice nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. The practice did not have appropriate infection control systems in place, in line with national guidelines. The practice was not routinely monitoring safety and risk consistently overtime and therefore was unable to demonstrate a safe track record.

The practice did not have systems in place to monitor the issue of access, to determine whether the actions the practice had taken had any positive impact on patients. Monitoring systems had not identified these issues.

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the practice computer system. These included policies for children and adult safeguarding, infection control, confidentiality, chaperone, whistleblowing, complaints and health and safety. All policies and procedures we looked at had been reviewed annually and were mostly up to date.

We saw evidence of some clinical audits which were used to monitor quality and systems to identify where action should be taken. These included audits in minor surgery, COPD and health checks for patients with disability. However, there was no audit plan and some of the audits we reviewed were not always recorded or completed cycles.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed they were performing in line with national standards. Clinical staff told us QOF data was regularly reviewed and discussed in team meetings.

Leadership, openness and transparency

The leadership of the practice was not always consistent which impacted on the quality and safety of the service to patients. The practice had a leadership structure with named members of staff in lead roles. For example, the GPs had lead roles in children and adult safeguarding, complaints, clinical guidance and infection control. However, we found significant concerns with some of these areas during the inspection, which demonstrated leadership was not always effective. For example, policy documents did not always identify the correct lead within the practice which caused some confusion for staff and governance systems were not effective.

The nursing team had expertise and lead roles in chronic disease management and immunisations. All staff we spoke with were clear about their own roles and responsibilities and they told us they felt valued, well supported and knew who to go to in the practice with any concerns.

Are services well-led?

Inadequate

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

The practice nurses told us they did not attend any multidisciplinary meetings or the practice palliative care meetings. They told us they did not have access to the minutes of these meeting and information that was discussed was not shared with them.

We saw minutes of GPs meetings that were held weekly. The nurses had monthly meetings and the administration team meetings were held monthly. We reviewed various meeting minutes and saw evidence of information being discussed and shared. For example, we saw in the clinical meeting minutes dated May 2015, discussion included cervical smear rates, guidance on cervical screening, and the prescribing newsletter. We noted at the latest reception team meeting, the appointment system and booking options were discussed. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example disciplinary procedures, induction policy, and management of sickness which were in place to support staff. We were shown the electronic staff handbook that was available to all staff, which included sections on whistleblowing and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

Practice seeks and acts on feedback from its patients, the public and staff

There were limited systems in place to monitor the issue of access and to determine whether the actions the practice had taken had any positive impact on patients. The practice gathered feedback from patients through the national GP survey; family and friends test survey, suggestion box and complaints received. In the 2014 national GP survey patients had raised concerns regarding access and expressed difficulties in getting an appointment. In response to these comments, the practice made some changes to their systems. For example, the practice had employed additional two GPs, in order to offer more appointments. The practice had successfully applied for the Primary Ministers Care Fund (PMCF) and used this money to offer additional evening and weekend appointments to patients. To further improve access, a self-check in service was ordered and a new text message service was introduced to enable patients to book and cancel appointments via text message at any time.

However, the practice has not fully responded to the more recent feedback of its patients in relation to improving the continued poor access to appointments. On the day of inspection the majority of patients told us how difficult it was to gain access to booking appointments. This aligned with some of the views of patients who had completed comments cards and from the patient surveys which demonstrated significant dissatisfaction.

The practice had a patient participation group (PPG), where twelve members attended. The PPG advertised information on how to join the group on the practice website, spoke to patients personally and information was displayed in waiting area.

The PPG members told us they met every two to three months and meetings were attended by a GP and the practice manager. The PPG meetings were used as forum to share information about the practice and the PPG confirmed they supported the practice to analyse patient survey results. The PPG members expressed their desire to elect a chairperson for PPG so they could work more independently and effectively in order to become a critical voice for patients.

Staff told us they felt involved in the running of the practice and were able to give their input informally to the practice manager. The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

Management lead through learning and improvement

There was not a strong focus on continuous learning and development. Significant events were reviewed regularly and learning was shared with staff. However, there was no system in place to review significant events annually to identify trends and patterns.

Training had been provided but the practice had failed to ensure effective mandatory training was provided for all staff in relation to safeguarding and infection control.

Staff told us that the practice supported them to maintain their clinical professional development. We looked at staff files and saw that all staff had received an annual appraisal in the last 12 months.

The Orchard Surgery was currently in the process of applying to become a training practice.

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 were not being met. The provider must send CQC a report that says what action they are 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment** **Care and treatment must be provided in a safe way for service users. The registered person must comply with the proper and safe management of medicines. Regulation 12 (1) (2) (g)**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment** **Care and treatment must be provided in a safe way for service users. The registered person must comply with the assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are heath care associated. Regulation 12 (1) (2) (h)**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **Regulation 13 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.** **The registered person failed to ensure systems were established and operated effectively to prevent the abuse of service users. Specifically, the practice had not provided safeguarding training at the required level to all staff. Regulation 13 (2).**

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance** **The registered person must assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17 (1) (2) (a) (b)** **There was not an effective operation of systems designed to regularly assess and monitor the quality of the services, to identify, assess and manage risks relating to the health, welfare and safety of patients and others who may be at risk.** **The provider did not have a robust programme of systems and audit :** • Audit cycles were not always completed to ensure improvements in clinical care were undertaken. • Trends and analyse were not identified for significant events. • There were inadequate systems for checking and monitoring refrigerator temperatures. In the logs that were available for this fridge, where high temperatures were recorded there was no evidence of any action taken. • The system operated was inconsistent for cleaning of the practice premises, clinical waste was not always secured properly, and there was lack of hand gel and soap on the practice premises. • There was a lack of risk assessments such as for fire safety and control of substances hazardous to health (COSHH) and there was no health and safety risk assessment in place. • The provider had not completed an audit to establish if the additional evening and weekend appointments were having positive impact on patients.