

Orchard Surgery - St Ives

Quality Report

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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 Orchard Surgery St Ives on 7 November 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Orchard Surgery – St Ives on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 11 July 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had ensured there was effective leadership capacity to deliver all improvements. A team consisting of GPs, nursing staff and non-clinical staff had met regularly and had delivered improvements.
- The practice had improved the systems to assess, monitor and mitigate risks to patients;

For example, risk assessments undertaken to ensure the health and safety of patients of receiving the care and treatment. The practice had engaged qualified persons to train and support the staff to undertake a comprehensive fire safety assessment and to implement identified improvements.

- Effective systems had been implemented for safeguarding patients from abuse. An accurate, complete, and contemporaneous record was maintained for the patients affected, including relevant information from safeguarding meetings.
- The practice had significantly improved the management of infection prevention and control.
- The security of the dispensary had been reviewed and improvements made.
- Clinical audits had been undertaken and had led to improvements.
- Patient recall systems had been implemented, and coding of patient groups was more consistent, resulting in improved management of patients with long term conditions.

Summary of findings

- Systems and process had been implemented to ensure that complaints and feedback were managed effectively and safety had been improved. Minutes of meetings contained sufficient detail to ensure shared learning by practice staff.
- All staff had received an annual appraisal.
- The practice had established a Patient Participation Group.
- Patients said they were treated with compassion, dignity, and respect.
- Patients said they found it easy to make an appointment with a named GP and there were urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice liaised effectively with support organisations and proactively supported vulnerable patient groups.

However, there were areas of practice where the provider should.

- Monitor the new systems and processes introduced to provide appropriate recall for patients and that coding of medical records is accurate and complete.
- Continue to provide effective clinical leadership to ensure improvements are sustained, and recently introduced systems and processes are embedded.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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.

Good



- The system and processes in place for reporting and recording significant events had been improved, formalised and learning was shared with the practice staff.
- The practice had trained key members of staff to undertake risk assessments. Qualified persons had supported them in undertaking risk assessments, including fire safety and infection control and prevention.
- The safeguarding systems and processes in place had been improved to ensure that joint working with other agencies would keep children and vulnerable adults safe from harm.
- The practice had a system and clear oversight to receive and take action on safety alerts.
- The practice had significantly improved the management of infection prevention and control.
- The security of the dispensary had been reviewed and improvements made. We saw evidence that medicines were managed safely including high risk medicines.
- Practice staff had received training deemed mandatory by the practice, for example safeguarding of children and vulnerable adults. Improvements to the recording of training had been made.
- We reviewed personnel files and found that the appropriate recruitment checks had been undertaken for all staff prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the quality and outcome framework 2015/2016 showed that some patient outcomes were in line with the national average and that some were significantly below the national average. For example, the practice performance for diabetes was 71% this was 20% below the CCG and national average. The practice performance for hypertension was 100% which was 2% above the CCG average and 3% above the national average. Unverified data provided by the practice for 2016/2017 showed improvements.

Summary of findings

- A programme of clinical and non-clinical audits to monitor and deliver improved outcomes for patients had been implemented and had led to improved practice.
- At our last inspection, the practice told us that multidisciplinary (MDT) meetings did take place but this was informal and record keeping was limited or absent. During this inspection we saw that these meetings had been formalised and minutes of meetings shared with appropriate members of the team.
- Practice staff had received an annual appraisal; the GPs had undertaken the appraisals with staff. Practice staff we spoke with told us they had found these useful.
- Staff were aware of current evidence based guidance and discussed this at the regular clinical meetings which were held weekly.
- Staff had the skills and knowledge to deliver effective care and treatment.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey, published in July 2017, showed patients rated the practice in line with the clinical commissioning group (CCG) and national averages for several aspects of care. For example, 56% of patients usually got to see or speak with their preferred GP compared with the CCG average of 58% and national average of 56%.
- Since our last inspection the practice had undertaken their own patient survey using the results to discuss further the provision of extended hours.
- Information for patients about the services available was accessible.
- We saw that practice staff worked together as a cohesive team and treated patients with kindness and respect, and maintained patient and information confidentiality.
- 41 of the 44 comments we received all contained positive feedback.
- Since our last inspection, the practice had identified specific notice boards for carers within the waiting room. Information of local support groups was available.
- We saw that practice staff made every effort to maintain patient confidentiality at the front desk and on the telephone.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The complaints system in place had been significantly improved. We found learning was identified and shared with the practice team. The practice recorded all feedback including verbal to identify trends, implement changes to prevent and encourage improvements.
- Practice staff described how they were aware of the needs of their practice population, and tailored their care accordingly.
- Data from the GP Patient Survey, published in July 2017, showed the practice performance for patients who usually got to see or spoke with their preferred GP was 56%; this was in line with the CCG of 58% and national average of 56%. The practice performance for patients satisfied with the surgery's opening hours was 72%; this was in line with the CCG and national average of 76%.
- Patients told us they could always make an appointment with a GP or nurse both in advance and on the same day.
- Home visits, including those for management of long term conditions were available when necessary. Appointments after school were available for children and unwell children were seen without delay.
- Due to limited resources, the practice did not offer extended hours. Telephone consultations were offered at protected times during the day for those that wished to access advice this way. However, the practice told us this was under review.
- The premises were suitable for patients who had a disability or those with limited mobility.
- The practice offered a full range of contraceptive services including long-acting reversible contraceptives (LARC).
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The practice engaged with a newly formed patient participation group.

Are services well-led?

The practice is rated as good for being well-led.

- The practice had ensured there was effective leadership capacity to deliver all improvements. A team consisting of GPs, nursing staff and non-clinical staff had been formed, met regularly and had delivered improvements.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Practice staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- The practice had policies and procedures to govern activity, these had been reviewed, and staff were aware of where to locate them.
- The overarching governance framework to support the delivery of the strategy and good quality care, including arrangements to monitor and improve quality and identify risk had been significantly improved.
- Several new members of staff had been employed and the practice actively encouraged staff to mix and team build.
- Practice staff had received inductions and annual performance reviews. Staff attended staff meetings and had access to training opportunities. Practice staff we spoke with told us that the partners and management actively encouraged them to give feedback and ideas.
- The provider was aware of the requirements of the duty of candour.
- The partners and management team encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with a newly formed patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training had been identified as a priority and learning had been undertaken to ensure all staff had received training the practice deemed mandatory, such as safeguarding children and vulnerable adults.

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.

Good



- The practice had a significantly lower number of older people compared to the national average, approximately 210 over the age of 75. Practice staff told us that they knew most of these patients well.
- Practice staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified older patients who may need palliative care as they were approaching the end of life. The practice involved older patients in planning and making decisions about their care, including their end of life care. The practice proactively used special notes to ensure other health providers were aware of the patient's wishes in relation to their preferred place of care.
- The practice followed up on older patients discharged from hospital and ensured their care plans were updated to reflect any additional needs.

People with long term conditions

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

Good



- The GPs led the chronic disease management in the practice; the practice nurses supported them.
- The practice had implemented a practice based re-call system to ensure patients that required regular monitoring were contacted for annual reviews.
- A community diabetes nurse attended the practice monthly to help patients living with diabetes.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that
- The practice nurses provided appointments for complex dressings for patients.

Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured their care plans were updated to reflect any additional needs.
- There were emergency processes in place for patients with long-term conditions who experienced a sudden deterioration in health.

Families, children and young people

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

Good



- We found there were systems 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 accident and emergency (A&E) attendances.
- The practice had met the national target for the standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors, and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics. Minutes of meetings were shared with appropriate team members.
- The practice had emergency processes in place for acutely ill children and young people, and for patients with acute pregnancy complications.
- Practice staff had undertaken additional training in awareness of domestic abuse and female genital mutilation.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered Chlamydia testing to all patients aged 15 to 24 years.
- A full contraceptive service including long acting reversible contraceptives (LARC) was available with appointments at flexible times. Free condoms were available for young people that requested them.

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).

Good



Summary of findings

- The practice told us they were reviewing the provision of extended hours at the practice.
- The practice offered telephone consultations with GPs or nurses at dedicated times twice a day for those who wished to access advice this way.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.
- NHS health checks were available at times convenient to the patient.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including those who were homeless or patients that had a learning disability. The practice had low numbers of patients in this group and the practice told us they knew them well. The practice offered longer appointments for patients with a learning disability.
- The practice held regular weekly meetings to ensure that patients who may be vulnerable were managed in a holistic manner.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Practice staff we spoke with knew how to recognise signs of abuse in children, young people, and adults whose circumstances may make them vulnerable. GPs attended multi-disciplinary team meetings and record keeping had significantly improved since our November 2016 inspection.

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).

Good



- The practice carried out advance care planning for patients living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Summary of findings

- Data from the quality and outcome framework showed 52% of patients experiencing poor mental health had a comprehensive care plan, which was 37% below the CCG and national average 89%. Data from the quality and outcome framework showed the practice performance for indicator relating to depression was 0% this was 53% below the CCG and national average. Unverified data for 2016/2017 showed significant improvements.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice encouraged patients to attend a free exercise programme which was designed for people living with dementia, Alzheimer's, memory loss and their carers.
- The reception staff were responsive to any patient who was experiencing discomfort whilst waiting in the waiting room and would offer a private room for them to wait in.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice results were in line or lower than local and national averages. 258 survey forms were distributed and 124 were returned. This represented a 48% response rate.

- 82% of patients described the overall experience of this GP practice as good compared with the CCG average of 86% and the national average of 85%.
- 85% of patients described their experience of making an appointment as good compared with the CCG average of 87% and the national average of 86%.
- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 80% and the national average of 77%.

We discussed these results with the practice who were aware of the lower results. The practice told us that they believed the new improved leadership and awareness of survey results would lead to greater satisfaction of their patients in the future.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards, 41 of the 44 comments we received all contained positive feedback. Three of the comments cards had given negative feedback about the staff they had seen. Ten of the 44 cards included a positive and a negative comment, mostly relating to waiting times they had experienced. We spoke with four patients on the day of the inspection including two members of the PPG who were all positive about the care they had received from the practice. We saw from comments that patient's had sent to the practice after the publication of our report from the November 2016 that patients were very supportive of the practice, the practice staff had received a card wishing them good luck for this inspection.

Areas for improvement

Action the service **SHOULD** take to improve

- Monitor the new systems and processes introduced to provide appropriate recall for patients and that coding of medical records is accurate and complete.
- Continue to provide effective clinical leadership to ensure improvements are sustained, and recently introduced systems and processes are embedded.

Orchard Surgery – St Ives

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 and a second CQC inspector who was shadowing the inspection. The CQC medicines team provided remote support.

Background to Orchard Surgery – St Ives

The practice area covers the town of St Ives and extends into ten outlying villages. The practice dispenses medicines to patients who live in some of these outlying villages. We inspected the dispensary as part of this inspection.

The practice offers health care services to around 4,200 patients and has consultation space for GPs and nurses as well as extended attached professionals including midwives. The practice holds a General Medical Service (GMS) contract with the local CCG.

- There are three GP Partners (two female and one male GPs), three practice nurses and a dispensary trained staff member (this staff member was a qualified registered nurse).
- A team of eight administration and reception staff support the management team. The practice currently has an acting practice manager.
- The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available from 8.30am to 12pm and from 3.30pm to 5.30pm. When the demand exceeded the appointments available GPs added in extra appointments at the end of the morning and at the beginning of the afternoon.

- If the practice is closed Herts Urgent Care provide emergency care, patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency.
- The practice demography is similar to the national average; it does show the practice has a lower number of older people (approximately 210 patients aged over 75) and a greater number of people aged between 30 years and 50 years. The practice serves an area of low deprivation.
- Male and female life expectancy in this area is for females 86 years and for males 82 years; this is above the England average at 79 years for men and 83 years for women.

Why we carried out this inspection

We undertook a comprehensive inspection of Orchard Surgery – St Ives on 7 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate overall and inadequate for providing safe, effective, and well led services, requires improvement for responsive services and good for caring services, and was placed into special measures for a period of six months.

We also issued warning notices to the provider in respect of safe care and treatment and good governance and informed them that they must become compliant with the law by 31 March 2017. We undertook a follow up inspection on 31 March 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the November 2016 and the focused report for March 2017 inspection can be found by selecting the 'all reports' link for Orchard Surgery – St. Ives on our website at www.cqc.org.uk.

Detailed findings

We undertook a further announced comprehensive inspection of Orchard Surgery – St. Ives on 11 July 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

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

At our previous inspection on 7 November 2016, we rated the practice as inadequate for providing safe services as patients were at risk of harm because systems and processes were not in place, had weaknesses, and were not implemented in a way to keep them safe. For example, The practice had not assessed the risks to the health and safety of service users receiving care and treatment. The practice had not undertaken any risk assessments for fire safety and had not undertaken action identifies in a report of May 2004 from the Fire and Rescue Service. The practice did not meet the requirements as detailed in the Health and Social care Act 2008; Code of Practice for health and adult social care on the prevention and control of infections and related guidance. The practice did not have a record of the immunisation status of clinical staff. The practice did not have a written risk assessment in relation to the security of the dispensary and had not taken sufficient actions to mitigate identified risks.

These arrangements had improved when we undertook a follow up inspection on 11 July 2017.

The practice is now rated as good for providing safe services.

Safe track record and learning

- At our previous inspection the system and processes in place for reporting and recording significant events and complaints was inadequate. During this inspection we found that theses have been significantly improved. The practice had reviewed and shared a revised policy and procedure with staff. The staff had been engaged and had identified ways to ensure feedback had been recorded, and learning from events was recognised and shared effectively with the practice team. For example, the reception team had introduced a book in the reception area where patient verbal feedback was recorded. We saw that both positive and negative feedback was entered. These comments were reviewed at the staff meeting.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

- There had been 20 recorded events since January 2017; for example, in April 2017 the fridge containing flu vaccine had been left slightly open, the practice followed procedures and the contents disposed of. Information was sent to all staff to remind them to check the door was closed and not to assume it self-closed.

Overview of safety systems and process

There were practice systems, processes, and practices in place to ensure patients were kept safe and safeguarded from abuse.

- Arrangements to safeguard children and vulnerable adults from abuse had been improved and reflected relevant legislation and local requirements. Policies were accessible to all staff and outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- There was a lead GP for safeguarding. Regular meetings were held and minutes from meetings were available and information shared with the appropriate team members. Future dates were planned to ensure maximum attendance of all staff including community team members at the meetings. Records we reviewed showed that information was accurate and available within the patient records.
- The GPs told us they provided reports where necessary for other agencies.
- Practice staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and nurses were trained to level three. We saw an example where a staff member had used this knowledge to ensure that patients were safe. At the end of their investigation the nurse was assured that there was no issue. GPs were trained to child safeguarding level three.
- Processes were in place to receive and take action on safety alerts, for example those sent from the Medicines and Healthcare Products Regulatory Agency. The practice maintained a log to record the alert, any actions taken for shared learning and future monitoring. We checked two alerts that had been sent to the practice. A medicines recall had been received in May 2017, documented evidence showed the practice and checked their stock and returned a box of medicine that

Are services safe?

had been recalled. A further alert had been received in July 2017 in relation to a medicine, evidence we saw documented that the practice had checked the stock available and none was in place.

- The chaperone policy was displayed in the clinical rooms and 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 (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).
- We observed the premises to be clean and tidy. The practice nurse was named as the infection prevention and control (IPC) clinical lead and had received training and support from the lead nurse for IPC from within the local clinical commissioning group (CCG). The nurse had supported the practice with completing an audit and identity improvements needed. There was an infection control protocol in place and practice staff had received up to date training.
- A record of the immunisation status of clinical or practice staff that may be exposed to infection associated risks was held.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained.
- The new staff member had recently been employed to support the lead GP to manage the dispensary. This staff member held a dispensary qualification, was a registered nurse, and held a qualification to support patient who may be experiencing mental health problems. The lead GP and staff member told us that they found these additional skills enhanced the service within the dispensary ensuring safe management of medicines.
- The dispenser attended the clinical meetings that took place weekly to discuss issues relating to patients, dispensing procedures, policies, concerns, or incidents.
- The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed. Any medication changes, including those from discharge letters were made by GPs.
- There was a variety of ways available to patients to order their repeat prescriptions and these were reviewed and signed by GPs before the medicines were given to the patient.
- The practice involved patients in regular reviews of their medicines. The practice had developed a system for providing oversight for the management of high risk medicines such as lithium, warfarin, methotrexate, and other disease modifying drugs, which included regular monitoring in accordance with national guidance. This ensured these medicines were dispensed only following appropriate monitoring tests. Records we reviewed confirmed this.
- The practice had refurbished the dispensary area where medicines were stored. Although other staff members had access to the dispensary area, all medicines were stored securely, within locked cupboards and only accessible to authorised staff. Records showed medicine refrigerator temperature checks were carried out to ensure medicines and vaccines requiring refrigeration were stored at appropriate temperatures. The dispensary also housed the staff kitchen area where they made hot drinks using a kettle, it did not have any outside windows, and practice staff told us that it could at times become very warm. They did have a room thermometer available, checked, and recorded the temperature to ensure that all medicines were stored at appropriate temperature.
- The practice held a small supply of controlled drugs and these were well managed and stored appropriately. The GPs checked the medicines before they were dispensed.
- Records showed medicine refrigerator temperature checks were carried out to ensure medicines and vaccines requiring refrigeration were stored at appropriate temperatures.
- Blank prescription forms were handled in accordance with national guidance, as these were tracked through the practice and kept securely at all times. Uncollected prescriptions were well managed and clinicians notified appropriately.
- A private area would be made available if patients wished to discuss any areas of concern or queries.

Are services safe?

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Monitoring risks to patients

The procedures in place for monitoring and managing risks to patient and staff safety had been improved significantly.

- A health and safety policy was available which identified staff with responsibility for health and safety within the practice. Practice staff had received training relating to health and safety.
- The practice had reviewed the fire safety policy, and key practice staff had attended a training course provided by the local fire safety officers. A comprehensive fire risk assessment had been undertaken and the fire officer had attended the practice to review this. The practice had implemented or had confirmed plans for the all necessary improvements to be completed.
- There were two trained fire wardens, further wardens were to be trained on the 19 July 2017, and regular fire drills had been undertaken. Practice staff were able to describe the actions they would take in the event of a fire.
- 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 an assessment in place to monitor safety of the premises such as 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. The practice did not use a wide range of skill mix within the practice. For example, the practice did not employ health care assistants or phlebotomists. However, the management team and the nursing staff told us that they had discussed this as part of their appraisal and development. Nursing staff told us that they had found this supportive and were looking forward to the new opportunities of nurse lead clinics for the management of long term conditions.
- There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- An accident book was available and staff we spoke with reported that any accidents were investigated and they were given support.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date and stored securely.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and suppliers to the practice.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 7 November 2016, we rated the practice as inadequate for providing effective services as the practice systems to ensure that information was recorded accurately and shared was not effective. The practice did not have an effective system to monitor quality and encourage improvement. Practice staff had not received annual appraisals.

These arrangements had significantly improved when we undertook a follow up inspection on 11 July 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant, current evidence based guidance, and standards, including National Institute for Health and Care Excellence (NICE) evidence based guidelines.

- The practice had systems to keep all clinical staff up to date. Practice staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through with risk assessments, through the recently introduced audit programme, and random sample checks of patient records.

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 2015/2016 were 83% of the total number of points available. This was below the national and CCG average of 95%. The practice exception report was 7% compared to the CCG average of 11% and the national average of 10%. (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).

Unverified data the practice shared with us for 2016/2017 showed improvement in all areas. The practice had achieved 88% and on the data available forecast a higher performance for 2017/2018.

Data from 2015/2016 showed:

- Performance for diabetes related indicators was 71% this was 20% below the CCG average and 19% below the national average. The unverified 2016/2017 data showed a decrease in performance to 69%.
- Performance for mental health related indicators was 58% this was 36% below the CCG average and 35% below the national average. The unverified 2016/2017 data showed an increase in performance to 74%.
- Performance for chronic obstructive disease indicators was 56% this was 40% below the CCG and national average. The unverified 2016/2017 data showed an increase in performance to 95%.
- Performance for depression indicators was 0% this was 93% below the CCG average and 92% below the national average. The unverified 2016/2017 data showed an increase in performance to 80%.
- Performance for Asthma indicators was 67% this was 30% below the CCG average and 31% below the national average. The unverified 2016/2017 data showed an increase in performance to 77%.
- Performance for Atrial fibrillation indicators was 100% this was in line with the CCG and national average. Exception reporting was 0%. The unverified 2016/2017 data showed this had maintain at 100% with 0% exception reporting.
- Performance for Hypertension indicators was 100% this was 2% above the CCG average and 3% above the national average. Exception reporting was 1.3%; this was 3.2% below the CCG average and 2.6% below the national average. The unverified 2016/2017 data showed this had maintain at 100% with a similar exception reporting rate.

We spoke with the practice regarding these figures they were aware that their QOF performance was still lower than the national and CCG averages. We saw that the practice had implemented systematic recall systems and patients were seen for medicines reviews by GPs. At these appointments GPs reviewed any health needs of the patient. The practice had improved the system to ensure

Are services effective?

(for example, treatment is effective)

that there was a consistent and reliable approach to coding within patients' medical records. Further training was planned to enhance the knowledge already obtained and to cascade further to the team members.

- The practice had implemented and used clinical and non-clinical audits to monitor and improve quality and outcomes for patients. These audits included those relating to safe medicines management including antibiotic prescribing, cervical screening performance and patients newly diagnosis with hypertension.

We reviewed the audit relating to patients newly diagnosis with hypertension, the second cycle completed in May 2017 showed an improvement with the practice nurses testing the urine samples of patients and sending to the laboratory for further tests. The results of the audit were discussed at a clinical meeting of GPs and nurses, and further appointments were made available to complete routine ECGs of some patients.

We reviewed an audit that had been undertaken for patients with coeliac disease. The second cycle of the audit completed in June 2017 showed the practice had improved in the care given to these patients; further improvement was identified in respect of patients who required a specialist scan (Dexa).

The practice participated in audits required by the CCG and had undertaken an audit under the DSQS scheme.

The practice had reviewed the prevalence of some diseases such as diabetes at the practice and compared with the local and national averages. They recognised that there prevalence in some areas was lower. They told us that they were undertaken further reviews of patient's records to identify patients who may be at risk. For example those who may meet the threshold for pre diabetes. The practice planned to identify any patients and to invite them in for a review. Practice staff we spoke with told us they had found this very useful to undertake and had given them a greater understanding of their population and improved their record keeping.

Effective staffing

Staff had the skills, knowledge, and experience to deliver effective care and treatment but not all practice staff had received all the training deemed mandatory such as infection control training.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Practice staff who administered vaccines had attended an immunisation update course.
- The GPs in the practice had undertaken staff appraisals; staff we spoke with told us they had found these useful, they had been encourage to share any concerns and ideas to ensure the practice made the improvements needed. Staff told us they had been engaged in identifying opportunities to develop their skills to maximise the care offered to patients. For example nursing team members discussed the management of patients with long term conditions.

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 shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had undertaken training, held meetings with staff to develop and implement a consistent approach to the coding of medical records; these improvements are reflected in the 2016/2017 Quality and Outcome Framework (QOF) scores. The practice is confident that the scores for 2017/2018 will reflect greater improvement.

The practice told us that they worked together and with other health and social care professionals 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. The GPs meet with other health care professionals, for example, the health visitor and the community care co-ordinator for unplanned admissions.

Are services effective?

(for example, treatment is effective)

Minutes were taken from these meetings and the relevant information was shared with the appropriate clinicians to ensure that patients received effective and safe care from all professionals involved in their health and wellbeing.

Consent to care and treatment

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

- Practice staff 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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Written consent from patients receiving minor surgery at the practice was obtained. The practice had developed a booklet giving information relating to the procedures undertaken.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation and weight management advice was available from the Camquit. (Camquit area specialist community team and attended the practice regularly).

- Appointments were flexible allowing patients to attend the practice at times convenient to them.

The practice's uptake for the cervical screening programme was 80%, which was in line with the CCG and the national average of 82%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by contacting patients by telephone. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice had met the national standard for providing the immunisations in all indicators.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Data from Public Health England showed:

- The percentage of patients screened for breast cancer in the last 36 months was 75%; this was comparable to the CCG average of 75% and the national average of 73%.
- The percentage of patients aged 60-69 screened for bowel cancer in the last 30 months was 59%; this was in line with the CCG and the national average of 58%.

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

At our previous inspection on 7 November 2016, we rated the practice as good for providing caring services.

The practice is still rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains or screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations, and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by male or female clinicians.

We received 44 comment cards, 41 of the 44 comments we received all contained positive feedback. Three of the comments cards had given negative feedback about the staff they had seen. Ten of the 44 cards included a negative comment, mostly relating to waiting times they had experienced. We spoke with the practice about this, they told us they had recognised this and had implemented changes to the GPs appointment schedule.

We spoke with four patients, they told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in July 2017, showed patients felt they were treated with compassion, dignity, and respect. The practice was generally in line with others for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average and the national average of 89%.

- 85% of patients said the GP gave them enough time compared with the CCG average of 87% and the national average of 86%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national average of 86%.
- 93% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 98% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and the national average of 97%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 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. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey, published in July 2017, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.

Are services caring?

- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national average of 82%.
- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and national average of 90%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Longer appointments were available for these patients.
- Information leaflets were available in easy read format.
- The electronic referral service was used with patients as appropriate (a national electronic referral service which gives patients a choice of place, date, and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. The practice had a lower number of older patients which reflected in a lower number of carers. The practice told us that carers were supported at each opportunity and a referral for support organisations if required. The practice also ensured that appointments for carers were available at times when it was convenient for them to attend. Since our inspection in November 2016, the practice had increased the awareness of carers. A dedicated notice board was used to display relevant information.

Staff told us that if families had suffered bereavement, their usual GP contacted them directly to offer support. The practice signposted bereaved family members to support organisations such as CRUSE (a charity set up to offer help and support to bereaved people).

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 7 November 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 11 July 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- Appointments could be booked in advance and available on the same day for those patients that requested them.
- Longer appointments were available for patients with a learning disability or complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. We saw evidence that person specific directions were recorded to ensure that the nursing staff administered the vaccine in accordance with the regulations.
- There were accessible facilities, which included a hearing loop, and interpretation services.
- We saw evidence that practice staff were flexible when considering patients' needs and adjusted appointments accordingly. The practice has considered and implemented the NHS England Accessible Information

Standard to ensure that disabled patients received information in formats that they could understand and received appropriate support to help them to communicate.

- A full contraceptive service including long acting reversible contraceptives (LARC) was available with appointments at flexible times. Free condoms and Chlamydia testing were available for young people that requested them.

Access to the service

The practice was open and appointments were available between 8am and 6pm Monday to Friday, and pre-bookable appointments could be booked up to eight weeks in advance. Urgent appointments were available for patients that needed them; the GPs extended their appointment list to accommodate additional demand. The practice did not offer extended hours services but staff we spoke with told us this was under review.

Results from the national GP patient survey, published in July 2017, showed that patient's satisfaction with how they could access care and treatment was generally in line local and national averages:

- 72% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) and the national average of 76%.
- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 71%.
- 83% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 86% and the national average of 84%.
- 73% of patients said their last appointment was convenient compared with the CCG average of 85% and the national average of 81%.
- 78% of patients described their experience of making an appointment as good compared with the CCG and the national average of 82%.
- 67% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Are services responsive to people's needs?

(for example, to feedback?)

The practice demonstrated they had a system to assess the clinical priority of those requesting home visits or urgent medical attention in a timely way.

Listening and learning from concerns and complaints

The practice had improved their system for handling complaints and concerns.

- The 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.
- We saw that information was available to help patients understand the complaints system. There were posters in the waiting area, information in the newly designed practice leaflet and on the practice web site.

- The practice had a system in place to record verbal feedback, to identify trends and drive improvement.

We looked at complaints that had been received since our last inspection and found these had been satisfactorily managed. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had complained about the care and treatment they had received from a locum staff member. The practice reviewed the case and put measures in place to avoid this happening again. The practice also raised this as a significant event and discussed at a meeting held 14 June 2017.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 7 November 2016, we rated the practice as inadequate for providing well-led services as not all the structures and procedures in place were not effective enough to ensure the practice had a safe and effective governance framework to support the delivery of the strategy and good quality care.

Vision and strategy

The practice had a clear vision that had been written with the involvement of all staff, their vision was to;

- To continue to maintain and develop professionally personal relationships with our patients from initial contact throughout their care, and encouraging patient engagement in shared decision-making.
- To move towards more effective ways of delivering coordinated patient care by working collaboratively with care providers across primary, secondary and social care, including other appropriate agencies.
- To embrace diversity in our patients and continually explore ways to improve delivery of healthcare services to all.
- To continue to explore community-led research, development and quality improvement.
- To move towards more integrated, cost-effective and resilient systems of care.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had significantly improved the overarching governance framework which supported the delivery of the strategy and good quality care.

The practice had formed a new management team. This team was multi-disciplined and included nurses and non-clinical staff. This team had developed an action plan to ensure that the improvements identified were implemented, delivered better outcomes and were monitored to ensure patients received high quality, safe care.

- The GPs had developed a comprehensive understanding of the clinical performance of the practice.

- The practice had implemented the use of clinical and internal audit to monitor quality and to make improvements.
- The arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions had been significantly improved to keep patients and staff safe.
- The GPs had undertaken staff annual appraisals and a programme of regular performance reviews with staff were planned.
- Information governance had been improved and practice staff were able to use the computer system to provide assurance around patient recall systems, consistently code patient groups, and produce accurate performance data. Further training and development had been planned.
- Agendas had been developed to ensure that meetings were effective and issues such as significant events and complaints were standing items. Minutes of meetings were now routinely taken and contained sufficient detail to ensure shared learning across the practice. Further development of meetings was planned in the future.

Leadership and culture

On the day of our inspection the practice demonstrated they had the experience, capacity, and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Practice staff told us the management team were approachable and always took the time to listen to all members of staff.

- There was a clear leadership structure in place. Since our previous inspection in November 2016, the practice had increased the clinical leadership within the practice. A team, consisting of GPs, nurses and non-clinical staff met regularly to review, monitor and encourage improvements. The practice staff we spoke with told us that this management team had involved them in developing the improvement plan, future developments, and improved services to patients.
- The practice was aware of and had systems to ensure compliance with the requirements of the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety

Are services well-led?

Good 

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

incidents. The organisation and practice encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, and a verbal and written apology.
- The practice generally kept written records of verbal feedback to monitor trends and encourage improvements.
- Practice staff told us the practice held regular team meetings which they found very useful.
- Practice staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were available for practice staff to view.
- Practice staff said they felt respected, valued and supported, particularly by the management team in the practice. All staff were involved in discussions about how to run and develop the practice. The management team 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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the newly formed patient participation group (PPG) and through surveys and complaints received.

- Results from the practice survey data showed 78% of patients reported they were extremely likely or likely to recommend the practice to family and friends.
- Practice staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Practice staff told us they felt involved and engaged to improve how the practice was run.

Improvements the practice had made as a result of feedback from patients included;

- Adjustment to GPs appointment schedules to help reduce the long waiting times experienced by some patients.
- Review of the provision of evening or week end appointments for patients.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice demonstrated their commitment to continue to improve the services offered at Orchard Surgery St - Ives. The practice plans included encouraging more members to join their patient participation group and practice staff development, using and enhance skills and knowledge within the team. The practice is committed to ensuring they sustain the improvements made by investing in protected time for clinical leadership, use of a shared practice calendar and planned dates for meetings. The practice has engaged with a local practice to investigate options for new ways of working to ensure they are ready to meet the challenges they face in the future to deliver primary care with the potential increase in population as a result of new housing developments.