

# 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.

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Orchard Surgery-St Ives on 7 November 2016. The practice was rated as inadequate overall with ratings of inadequate for providing safe, effective, and well led services, requires improvement for responsive services and good for caring

services. As a result of the findings on the day of the inspection the practice was issued with warning notices for Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance). You can read our findings from our last inspections by selecting the 'all reports' link for Orchard Surgery – St Ives on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Summary of findings

This inspection was an announced focused inspection carried out on 28 March 2017 to confirm that the practice had carried out the improvements needed to meet the legal requirements in relation to the breaches in regulations identified in our previous inspection on 7 November 2016. This report covers our findings in relation to those requirements.

The key findings from our inspection on 28 March 2017 across all the areas we inspected were as follows:

- During this inspection 28 March 2017, we found the practice had recognised the improvements needed following the previous inspection. The GP partners had formed a 'task' team to review the report; they had prioritised the improvements needed and had plans in place to deliver these. The task team met regularly and communicated with their colleagues. All practice staff we spoke with told us they had been engaged with the improvement process and had seen significant improvements, in particular with leadership and communication.
- During our inspection on 7 November 2016, we found that the practice had not undertaken any risk assessments for fire safety and had not undertaken actions identified in a report dated May 2004 from the Fire and Rescue Service. During this inspection on 28 March 2017, we found the practice had undertaken a risk assessment, conducted staff training, and some actions had been completed. However, further improvements were needed, for example, the signage to indicate where the oxygen cylinder was stored needed to be put into place.
- During our inspection on 7 November 2016, we found that 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. During this inspection 28 March 2017, we found that significant improvements had been made including documentation, awareness, staff training, and audits.
- During our inspection on 7 November 2016, we found that the practice did not have a written risk assessment in relation to the security of the dispensary. During this inspection 28 March 2017, we

found that significant improvements had been made to the dispensary. All medicines were stored in locked cupboards and access was restricted to the GP partners and dispensary staff.

- During our inspection on 7 November 2016, we found that the practice had not maintained an accurate, complete, and contemporaneous record in respect of each patient. The practice had an inconsistent approach to coding of patients' medical records. In addition we found that the practice performance in relation to the Quality and Outcome Framework data available from the Health and Social Care Information Centre was significantly lower than the Clinical Commissioning Group (CCG) and England averages. During this inspection on 28 March 2017, the practice demonstrated the improvements they had made, for example, the GP, nurses and administration team had developed new templates to record clinical findings and had introduced a recall system to invite patients in for reviews at the appropriate time.
- During our inspection on 7 November 2016, we found that the practice did not demonstrate clear clinical leadership and did not evidence their working in partnership with other relevant bodies to ensure that safeguarding children and vulnerable adults would keep patients safe from harm. During this inspection on 28 March 2017, we found that there was clear clinical leadership in place, meetings with other professionals such as health visitors and district nurses were recorded, and the information was shared within the practice.
- We found these new systems and processes still needed to be embedded in order to fully assess their appropriateness, workability, and sustainability.

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

Importantly, the provider must:

- Ensure further improvements to the management of fire safety in the practice. Ensure an appropriately trained person reviews the risk assessment and completes all actions identified.

# Summary of findings

- Ensure that the new systems and process recently introduced to provide appropriate recall for patients and medical records are maintained to provide accurate, complete, and contemporaneous record in respect of each patient.
- Ensure clinical leadership and recorded meetings are embedded to ensure safeguarding of children and adults and that information continues to be shared with and available to all appropriate staff.

In addition the provider should;

- Continue to provide effective clinical leadership to ensure further improvements are made, and recently introduced systems and processes are embedded.

**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?

- We visited the practice dispensary and saw the improvements that had been made as a result of the practice undertaking a risk assessment of its security. We found significant improvements.
- We reviewed the practice fire safety systems and processes. We noted that improvements had been made but further improvement was required. Practice staff had attended training with the local Fire and Rescue Service and had undertaken a risk assessment of the practice. Some identified actions had not been completed for example; clear signage in relation to the storage of the oxygen cylinder and the practice did not have clear evacuation plans in place.
- The lead member of staff for infection control in the practice was a nurse who had attended appropriate training to undertake this role. The practice had liaised with the local infection control nurse who undertook a joint audit of the practice. The practice had implemented changes and introduced policies, systems, and processes to ensure they met the required standards.

### Are services well-led?

- A 'task' team consisting of GPs, nurses and non-clinical staff had been formed; they had reviewed the previous inspection report, prioritised the improvements needed and agreed plans to deliver these. The team met regularly and communicated with their colleagues. All practice staff we spoke with told us they had been engaged with the process and had seen significant improvements, in particular with leadership and communication.
- The practice demonstrated the improvements they had made to ensure they maintained high quality medical records. For example, the GPs, nurses, and admin team had developed new templates and had introduced a recall system to invite patients in for reviews at the appropriate time.
- We found that there was clear clinical leadership in place, meetings with other professionals such as health visitors and district nurses were recorded, and the information shared in the practice to ensure that children and vulnerable adults were kept safe.

# Summary of findings

- We found these new systems and processes still needed to be embedded in order to fully assess their appropriateness, workability, and sustainability.

# Summary of findings

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure further improvements to the management of fire safety in the practice. Ensure an appropriately trained person reviews the risk assessment and completes all actions identified.
- Ensure that the new systems and process recently introduced to provide appropriate recall for patients and medical records are maintained to provide accurate, complete, and contemporaneous record in respect of each patient.

- Ensure clinical leadership and recorded meetings are embedded to ensure safeguarding of children and adults and that information continues to be shared with and available to all appropriate staff.

### Action the service **SHOULD** take to improve

- Continue to provide effective clinical leadership to ensure further improvements are made, 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 and included a GP Specialist Adviser.

## 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 GP), three practice nurses and a team of two dispensary trained staff support the GP lead.
- A team of eight administration and reception staff support the management team. The practice manager is supported by a deputy 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 sessions.
- 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; however the practice has a lower number of older people (210 patients aged over 75 years) and a greater number of people aged between 30 years and 50 years.
- Life expectancy in this area for females is 86 years and for males is 82 years; this is above the England averages of 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. The full comprehensive report following the inspection on November 2016 can be found by selecting the ‘all reports’ link for Orchard Surgery – St Ives on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Orchard Surgery – St Ives on 28 March 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements as detailed in the warning notices issued 12 December 2016.

## How we carried out this inspection

During our visit we:

- Spoke with a range of staff which included GPs, nurses, and reception and administration team.

## Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

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

- During our inspection on 7 November 2016, we found that the practice had not undertaken any risk assessments for fire safety and had not undertaken actions identified in a report dated May 2004 from the Fire and Rescue Service. During this inspection on 28 March 2017, we found the practice had undertaken a risk assessment, which had been completed by practice staff who had recently attended training with the local fire and rescue service. The practice planned to have this risk assessment reviewed by the fire and rescue service to ensure that it had been completed thoroughly and in sufficient detail. Some actions were still outstanding; for example, the emergency lighting had not been tested, although the practice told us that an electrician was booked to undertake this work. Three practice staff members had received additional training to undertake the role of fire marshal.
- During our inspection on 7 November 2016, we found that 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. During this inspection on 28 March 2017, we found the practice nurse had received training to undertake the lead role for infection control. The practice had introduced policies and procedures and staff had received training including hand hygiene.

The practice nurse had liaised with the local infection control nurse who had attended the practice and undertaken a joint infection control audit. We saw that improvements had been identified and the practice had actioned these.

- During our inspection on 7 November 2016, we found that the practice did not have a written risk assessment in relation to the security of the dispensary. During this inspection on 28 March 2017, we found the practice had undertaken a written risk assessment and had made significant changes to the dispensary. The practice had fitted new lockable cupboards and all medicines were stored securely in these. Access was restricted to the GP partners and the dispensary staff.

# Are services well-led?

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

## Our findings

- Following our previous inspection, the practice had formed a 'task' team consisting of GPs, nurses and non-clinical staff to review the previous inspection report, prioritise the improvements needed and agree plans to deliver these. The team met regularly and communicated with their colleagues. All practice staff we spoke with told us they had been engaged with the process and had seen significant improvements, in particular with leadership and communication. The practice had introduced the use of internal emails to ensure all staff members were kept up to date with changes and plans.
- The practice demonstrated the improvements made to ensure that detailed medical records were maintained; for example, new templates and a recall system to invite patients in for reviews at the appropriate time had been implemented. The practice administration team worked with the clinicians to ensure that patients were reviewed in a timely way. Clinical staff told us the review needs of the patients were seen more easily due to improved electronic recording. Reviews were undertaken at every opportunity, even if the patient had attended for other

reasons. These improvements had been recently introduced and therefore the effects on the Quality and Outcome data could not be assessed on the day of the inspection.

Following our previous inspection, NHS England (NHSE) had conducted a review of medical records. The senior partner had received the NHSE report from this inspection but on the day of the inspection this had not been formally discussed with all partners.

- During our previous inspection we identified that the practice did not provide clear clinical leadership or that clinical staff attended regular meetings that would safeguard children and vulnerable adults. Information from the meetings which a non-clinical member of staff had attended were not available. During this inspection on 28 March 2017, we saw evidence of clear clinical leadership in place; a GP had attended meetings with other professionals such as health visitors and district nurses, minutes were recorded, and the information was shared within the practice to ensure that children and vulnerable adults were kept safe.
- We found these new systems and processes still needed to be embedded in order to fully assess their appropriateness, workability, and sustainability.

## 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 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none"><li>• The practice fire risk assessment was incomplete and some actions identified had not been completed.</li><li>• The systems and processes to provide appropriate recall for patients and to ensure medical records are maintained to provide an accurate, complete, and contemporaneous record in respect of each patient had been recently introduced. Their effectiveness could not be assessed.</li><li>• The practice had not reviewed the report produced by NHS England in relation to the quality of medical record keeping by the GPs.</li><li>• The programme of meetings to ensure that safeguarding of children and vulnerable adults had been recently introduced and only one meeting had taken place which did not demonstrate that these improvements would be sustained.</li></ul>