

The Orchard Surgery

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 well-led?

Good



Summary of findings

Contents

Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	4
The six population groups and what we found	5

Detailed findings from this inspection

Our inspection team	6
Background to The Orchard Surgery	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	8

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Orchard Surgery on 26 May 2016. During this inspection we found breaches of legal requirement and the provider was rated as requires improvement under the safe and well led domains. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for The Orchard Surgery on our website at www.cqc.org.uk. The practice sent to us an action plan detailing what they would do to meet the legal requirements in relation to the following:-

- Developing their governance systems in relation to holding regular meetings regarding practice performance and ensuring these are documented and communicated to all relevant staff.
- Ensuring that all recruitment checks are completed in line with their practice policy in relation to obtaining written references prior to employment.
- Ensuring that risk assessments were regularly reviewed and embedded within their practice system.

Additionally we found that:

- The practice needed to continue to monitor their performance in diabetes management to ensure patient outcomes are managed effectively.

This inspection was an announced focused inspection carried out on 2 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 26 May 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection..

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice were now holding regular partner, practice and reception meetings and ensuring that these were properly recorded and disseminated to all relevant parties.
- The practice were now complying with their practice recruitment policy and ensuring all relevant employment checks were undertaken before employment started.

Summary of findings

- The practice had undertaken the required risk assessment for not having a defibrillator and ensured that all staff had understood its contents.
- The practice had monitored their performance in diabetes management and the latest data showed that improvements had been made.

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?

At our previous inspection on 26 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of risk management required some improvements.

At this inspection in February 2017 we found that the practice had carried out the required risk assessment and documentation was seen that showed that all staff had seen and understood the contents of this.

Evidence was seen at this inspection that all recruitment checks on a newly employed member of staff had been undertaken prior to employment. Previously a staff member had been employed before written references had been obtained though evidence was seen that these were also retrospectively obtained following our inspection.

Good



Are services well-led?

At our previous inspection on 26 May 2016, we rated the practice as requires improvement for providing well led services as the arrangements in respect of their governance systems required some improvements.

During this inspection evidence was seen of regular partner, practice and reception meetings. These were documented appropriately and disseminated to all relevant staff.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for safety and well-led identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 26 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



The Orchard Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The team consisted of a CQC inspector.

Background to The Orchard Surgery

The Orchard Surgery is based in a converted house in a residential area of Ashford. The premises have been adapted to provide primary care services and include a consulting room and treatment room on the ground floor and a consulting room on the first floor. There are stairs with a stair rail and patients who can't manage the stairs are seen downstairs. The premises have been modernised and provide good facilities. There are good transport links and parking in the road outside.

The practice operates from:

107 Feltham Hill Road

Ashford

Surrey

TW15 1HH

There are approximately 2,415 patients registered at the practice. Statistics show little income deprivation among the registered population. The registered population is lower than average for under 44 year olds and higher than average for those aged over 45, in particular it is much higher than average for males aged 45- 54. Public health data shows an estimate of ethnic groups including 7.3 % Asian, 2.4% mixed and 1.9% black.

There are two partners who both work part time. In addition there are two regular locum GPs who each work one session a week. There are three female GPs and one male GP. There is one practice nurse (working every morning), a practice manager (working two days a week), an office manager (working every morning) and a team of four receptionists (working part time).

Orchard surgery is open from 8am to 6.30pm Monday to Friday except on Wednesday afternoons when the surgery is shut. Appointments are from 8.30am to 11am and 3pm to 5.10pm (except on Wednesday afternoons). In addition the practice offers extended hours opening with appointments from 7.15am on Thursdays. Patients can book appointments in person, by phone or on line.

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has a General Medical Services (GMS) contract.

Why we carried out this inspection

We undertook a comprehensive inspection The Orchard Surgery on 26 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in May 2016 can be found by selecting the 'all reports' link for The Orchard Surgery on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of The Orchard Surgery on 2 February 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.

Detailed findings

How we carried out this inspection

During our visit we:

- Reviewed their governance system.
- Inspected their recruitment files to ensure all relevant recruitment checks had been undertaken.

- Reviewed their risk assessments.
- Reviewed and discussed their data in relation to diabetes management.

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 26 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of risk management were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 2 February 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

At the comprehensive inspection in May 2016 we had found that the practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, with the exception of:-

- There was no risk assessment undertaken for the practice not having a defibrillator.
- All recruitment checks prior to employment, and in line with the practice's policy, had not been undertaken.

At this focused inspection in February 2017 we found the provider had addressed our concerns. Evidence was seen that there was now a comprehensive risk assessment in place for not having a defibrillator and that all staff had signed to confirm that they understood the contents and knew how to obtain access to a defibrillator from a neighbouring dental practice.

We also saw evidence that all appropriate recruitment checks had been undertaken on a new member of staff prior to employment. The practice had also retrospectively obtained written references for a staff member who did not have these during the inspection in May 2016.

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 26 May 2016, we rated the practice as requires improvement for providing well-led services as there was no overarching governance structure.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 2 February 2017. The practice is now rated as good for being well-led.

Governance arrangements

At the comprehensive inspection in May 2016 we had found that the practice did not have an overarching governance framework in relation to ensuring that meetings were held regularly, recorded appropriately and disseminated to all relevant parties.

At this inspection we saw evidence that there were regular partner, practice and reception meetings. These meetings were recorded and all relevant staff members received copies of these minutes. The reception meetings were held weekly whilst the partner and practice meetings were held fortnightly and quarterly respectively.