

# Orchard House Surgery

## Quality Report

Bleak Road

Lydd

Kent

TN29 9AE

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Website: [www.orchardhousesurgery.nhs.uk](http://www.orchardhousesurgery.nhs.uk)

Date of inspection visit: 29 March 2018

Date of publication: 11/05/2018

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 effective?

Good



# Key findings

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## Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Orchard House Surgery on 14 March 2017. We found the practice was good in safe, caring, responsive and well-led and requires improvement in effective. The overall rating for the practice was Good. The full comprehensive report on the March 2017 inspection can be found by selecting the 'all reports' link for Orchard House Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

After the inspection in March 2017 the practice wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

This inspection was an announced focussed inspection carried out on 29 March 2018 to confirm that the practice had carried out their plan to meet the improvements we recommended after our inspection on 14 March 2017. This report covers findings in relation to those recommendations. At the March 2017 inspection, we told the practice they should:

- Continue to embed systems to recall and review patients as required.
- Continue to embed the process for on-going updates to staff training.
- Continue to develop the process for identifying and supporting those patients who wish to identify themselves as carers.

The inspection carried out on 28 March 2018 found that the practice had responded to the concerns raised at the March 2017 inspection and were in the process of embedding the changes made. The practice is now rated good for effective with an overall rating of good.

The key question inspected is rated as:

Are services effective? – Good

As part of our inspection process we also look at the quality of care for specific patient population groups. The patient population group inspected is rated as:

People whose circumstances may make them vulnerable – Good

Our key findings were as follows:

- The practice had improved its system to identify and support patients who are also carers.
- The practice was continuing to embed systems to recall and review patients. They had implemented new systems and processes which had resulted in improved Quality Outcome Framework (QOF) results.
- The practice had continued to develop and monitor the process for managing on-going updates for staff training.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

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

**People whose circumstances may make them vulnerable**

**Good**



# Orchard House Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Inspector.

## Background to Orchard House Surgery

Orchard House Surgery serves a rural population in and around the village of Lydd in Kent. Services are delivered from purpose built premises. All patient areas are on the ground floor and are accessible to patients with reduced mobility, as well as parents with children and babies. There is parking available for patients attending the practice. There are approximately 4200 patients on the practice list. The practice age range population profile is close to national averages. However, the practice has more patients registered aged over 64 years and the surrounding area has a slightly higher prevalence of people living in deprived circumstances than national averages.

The practice holds a General Medical Service contract and consists of one principal GP (female). There is one nurse practitioner (female), two practice nurses (female) and three healthcare assistants (female). The GP and nurses are supported by a practice manager and reception and administration staff.

There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. Patients have access to a counselling service every Friday. The practice is open from 8am to 6pm Monday to Friday, with appointments offered from 9am. There is an extended hour's clinic on Wednesday evenings from 6.30pm to

7.15pm. Appointments for this service are bookable. The practice offers book on the day and some pre-bookable appointments and patients can be seen by the GP for all concerns or nurse practitioner for minor illness and injury.

The practice collaborated with other practices in the area to help develop new services and share resources. For example, a paramedic practitioner to help undertake home visits. The group had formed a company called the Channel Health Alliance.

An out of hour's service is provided by Integrated Care 24 (IC24), outside of the practices normal opening hours and there is information available to patients on how to access this in the practice information leaflet and on the website.

Services are delivered from: Bleak Road, Lydd, Kent, TN29 9AE.

## Why we carried out this inspection

We undertook a comprehensive inspection of Orchard House Surgery on 14 March 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the practice was good in safe, caring, responsive and well-led and requires improvement in effective. The overall rating for the practice was Good. The full comprehensive report following the inspection on 2017 can be found by selecting the 'all reports' link for 14 March 2017 on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection on 29 March 2018. 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

**At our previous inspection on 14 March 2017, we rated the practice as requires improvement for providing effective services;**

- The practice had identified 15 patients as carers (0.4% of the practice list).
- With regards to performance for diabetes related indicators the practice had achieved 69 of the 86 points available which was 80% compared to 90% at the national average.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance, and the process for updating this was embedding and on-going.

**The practice is now rated Good for effective services and for people whose circumstances may make them vulnerable.**

### Effective needs assessment

The practice had improved its system to identify and support patients who are also carers.

- The practice had identified 25 patients as carers (1% of the practice list). They told us and were continuing to look at ways of identifying and supporting carers.
- The practice had made identifying carers for newly registered patients a priority and had improved the new patient registration form to highlight the role of carers.
- The practice coded carers on the computer system to help ensure they received the support they needed in a timely manner and were offered services such as flu vaccines and health checks.
- The practice had added a carer's page to their website which provided advice and signposting to local and national support groups.
- The practice had searched patients with dementia to ascertain if they had a carer and contacted them to see if they or their carer required any extra support.
- The patient participation group (PPG) had a desk at the practice three times a week to support patients and gather feedback including patients that were also carers. The practice told us they were working with the PPG to host a carer's event later in the year.

### Management, monitoring and improving outcomes for people

The practice continued to embed systems to recall and review patients. They had implemented new systems and processes which had resulted in improved Quality Outcome Framework (QOF) results.

The most recent QOF results were 87% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate was 5% which was lower than the CCG average of 11% national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate). The practice provided us with their latest data which showed a 6% increase on the 2016/ 17 QOF data. We viewed these results on the practices clinical system but the data had not yet been verified.

- 81% with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less compared to a clinical commissioning group (CCG) average of 93% and 92%. The practice provided us with their latest data which showed a 5% increase on the 2016/ 17 QOF data.
- 52% patients with diabetes, on the register, for whom the last IFCC-HbA1c is 59mmol/mol or less in the preceding 12 months. The practice provided us with their latest data which showed a 6% increase on the 2016/ 17 QOF data.
- 70% of patients with diabetes, on the register, had a record of a foot examination and risk classification compared with the CCG and national average of 90%. The practice provided us with their latest data which showed a 6% increase on the 2016/ 17 QOF data.
- 61% patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less compared with the CCG average of 81% and a national average of 80%. The practice provided us with their latest data which showed a 13% increase on the 2016/ 17 QOF data.
- 60% of patients with asthma, on the register had an asthma review in the preceding 12 months that includes

# Are services effective?

(for example, treatment is effective)

an assessment of asthma control which was below the CCG average of 72% and the national average of 76%. The practice provided us with their latest data which showed a 4% increase on the 2016/ 17 QOF data..

- Practice records showed an improvement of 9% for patients with physical and/ or mental health condition whose notes contained a record of their smoking status.

The practice had introduced a range of measures since our last inspection to help improve their systems for recalling and reviewing patients.

- The practice was undertaking regular data cleansing checks across their systems to help ensure that all patients with long-term conditions had been identified and coded and were being recalled.
- The GP had completed training to initiate insulin for patients with diabetes.
- The practice held designated GP led clinics for long-term conditions where the nursing team had identified that patients may need extra support to help them manage their condition.

- The practice told us they were in the process of introducing a recall system linked to patients' birthday to help improve attendance for routine reviews.

## Effective staffing

The practice had continued to evolve and embed the process for managing on-going updates for staff training since our April 2017.

- The practice had introduced an effective system for managing staff training. This gave the practice manager and GP oversight on training including highlighting when staff were overdue training, in the process of completing training and when staff had completed training. Email reminders were sent to staff that needed to complete essential training. Training was discussed individually with staff and with all team members at staff meetings.