

# Orford Lodge 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



# Summary of findings

## Contents

### Summary of this inspection

Overall summary	Page 2
The five questions we ask and what we found	3

### Detailed findings from this inspection

Our inspection team	4
Background to Orford Lodge Surgery	4
Why we carried out this inspection	4
How we carried out this inspection	4
Detailed findings	6

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Orford Lodge Surgery on 13 December 2016. The overall rating for the practice was good. However, we identified a breach of legal requirements. Improvements were needed to systems, processes and procedures to ensure the practice provided safe services. Consequently the practice was rated as requires improvement for providing safe services.

The full comprehensive report from the 13 December 2016 inspection can be found by selecting the 'all reports' link for Orford Lodge Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

After the comprehensive inspection, the practice wrote to us and submitted an action plan outlining the actions they would take to meet legal requirements in relation to;

- Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014
- Safe care and treatment.

The area identified as requiring improvement during our inspection in December 2016 was as follows:

- Formalise the system for checking the monitoring of high risk medicines ensuring all patients receiving high risk medicines are monitored appropriately and within recommended timescales.

This inspection was an announced focused inspection carried out on 24 July 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 on our previous inspection on 13 December 2016. This report covers our findings in relation to those requirements.

Overall the practice is now rated as good.

Our focused inspection on 24 July 2017 showed that improvements had been made and our key findings across the areas we inspected were as follows:

- The provider had a cohesive procedure in place to ensure that effective monitoring of high risk medicine was carried out.

### 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.

- The practice had implemented a system to ensure that all patients who had been prescribed high risk medicines were reviewed and monitored appropriately.

**Good**



# Orford Lodge Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This inspection was completed by a CQC lead inspector and GP specialist advisor.

## Background to Orford Lodge Surgery

Orford Lodge Surgery provides primary medical services to approximately 10,250 patients in Hitchin town and the surrounding villages. Services are provided on a General Medical Services (GMS) contract (a GMS contract is a nationally agreed contract with NHS England). The practice is part of the East and North Herts Clinical Commissioning Group (CCG).

Services are delivered to patients from one registered location, 100 Bancroft, Hitchin, SG5 1ND.

The practice occupies the site of a Georgian town house, which has served as a doctor's practice for over 150 years.

The practice at Orford Lodge Surgery serves a population group with a broadly similar profile to the England average, although there were a slightly higher number of the very young and elderly patients than average. For example, the practice had 7.2% of children aged 0 - 4 years, compared to the CCG average 6.1% and the England average of 5.9%. For patients aged 75 years and over, the practice had 9.4%, compared to CCG average of 7.9% and the England average of 7.8%.

The area is recorded as being in the 'second least deprived decile' and therefore falls in an area of the lower than average deprivation. According to national data, life expectancy for male patients at the practice is 80 years,

compared to the CCG average of 80 years and the national England average of 79 years. For female patients life expectancy is 84 years, compared to the local CCG and the England average of 83 years.

The clinical practice team consists of five GP partners (three male GPs and two female GPs), a female salaried GP, four practice nurses and two health care assistants (all female). The practice manager is supported by a deputy practice manager and a team of staff who provide reception and administrative functions.

The practice is open between 8am and 6.30pm Mondays, Tuesdays and Thursdays. On Wednesdays the practice is open from 8am until 7.30pm and on Fridays it is open from 7am until 6.30pm. Extended hours are also available one Saturday each month from 8.30am until 11.30am.

Appointments with a GP, nurse or health care assistant are available during those times. Appointments are bookable up to eight weeks in advance. Emergency appointments are available daily.

When the practice is closed, 'out-of-hours' services are provided by Herts Urgent Care service. Information about the out-of-hours services is available in the practice waiting area, on the practice website and on the practice telephone answering service.

## Why we carried out this inspection

We undertook a comprehensive inspection of Orford Lodge Surgery on 24 July 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good with requires improvement for

# Detailed findings

safe. The full comprehensive report following the inspection on 13 December 2016 can be found by selecting the 'all reports' link for Orford lodge Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a focused follow up inspection of Orford Lodge Surgery on 24 July 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.

## How we carried out this inspection

Before our inspection, we reviewed information sent to us by the provider. This information told us how the provider had addressed the breaches of legal requirements we identified during our comprehensive inspection on 13 December 2016.

We carried out a focused inspection of Orford Lodge Surgery on 24 July 2017. During our inspection we

- Spoke with the principal GP and the practice manager.
- 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

At our comprehensive inspection on 13 December 2016, we identified breaches of legal requirements. Improvements were needed to processes and procedures to ensure the practice provided safe services.

Risks to patients were generally assessed and well managed. However, systems in place to manage the monitoring of medication reviews were not sufficient to ensure all patients were assessed in order to ensure safe prescribing.

During our focused inspection on 24 July 2017, we found the practice had taken action to ensure improvement in this area and the practice is now rated as good for providing safe services.

### Overview of safety systems and process

The practice had implemented a system to ensure that all patients who had been prescribed high risk medicines were reviewed and monitored appropriately. The practice were now using an addition to the clinical system which contained a number of searches to facilitate compliance.

- During the inspection on 24 July 2017 we reviewed the patient record system and protocols in place and found

evidence that processes had been implemented to ensure that patients received appropriate and timely blood tests and monitoring when prescribed high risk medicines.

- Regular searches of the patient computer record system were completed by the practice to ensure that blood tests and monitoring had been carried out prior to repeat prescriptions being issued. Where patients were monitored in secondary care, results were checked by the GPs and copies of test results were scanned into the patient record.
- We saw evidence that if a patient was not compliant in having blood tests the GP contacted the patient to advise them of the importance of these tests and where patients still did not comply, the GP undertook a risk assessment of each individual case to assess if prescribing should continue and this was documented in the patient notes.
- We checked a sample of patient records and found, for example,
- of the 173 patients prescribed ACE inhibitions, 169 had received regular blood monitoring by the practice. We noted that there were risk assessments and explanations documented in the patient record for those who had not received blood monitoring by the practice.