

Orchard House Surgery

Quality Report

Bleak Road

Lydd

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Date of inspection visit: 14 March 2017

Date of publication: 27/06/2017

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?

Requires improvement



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

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Orchard House Surgery on 5 July 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 July 2016 inspection can be found by selecting the 'all reports' link for Orchard House Surgery 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 14 March 2017. Overall the practice is now rated as Good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.

- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey published in July 2016 showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- 95% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- A patient participation group had been established.

Summary of findings

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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

The provider 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.

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

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



- There was a system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written or verbal apology. They were told about any actions to improve processes to prevent the same thing happening again. Records of significant events contained dates and timelines for actions taken.
- The practice had implemented and embedded clearly defined systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and there was a process to help ensure they received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement



- Staff were aware of current evidence based guidance and used this information to deliver care and treatment that met patients' needs.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- Systems were developing to recall patients with long term conditions for appropriate reviews, and to complete annual reviews and care plans for patients who required this.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.
- The practice was able to demonstrate that there was a policy to govern the process of patient consent.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice had collaborated with the CCG to reduce the number of appointments lost due to patients failing to attend, by introducing a text message scheme to remind patients about their appointment.
- 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.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from a number of examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In documents we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the newly established patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and there was a monthly afternoon of protected learning time.
- The GP and clinical team who were skilled in specialist areas used their expertise to offer additional services to patients.

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

Good



The practice is rated as good for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- 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 at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care and held monthly gold standard framework meetings with a palliative care nurse.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, the practice had engaged with Personal Independence Coordinators to signpost patients to support services.

People with long term conditions

Good



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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The GP at the practice was in the process of completing diabetes training where the accreditation would enable insulin initiation.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Summary of findings

health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

- Patients from the population group had access to a stop smoking and counselling service at the practice.

Families, children and young people

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

- From the sample of documented examples we reviewed 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.
- 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.
- The practice provided support for premature babies and their families following discharge from hospital.
- 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.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice held regular multidisciplinary staff meetings that included other professionals who specialised in the care of families, children and young people.
- The practice was able to demonstrate that staff had access to up to date safeguarding policies for children and vulnerable adults and safeguarding training had been carried out at the appropriate level.

Good



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 needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours each week on a Wednesday evening.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Appointments and repeat prescriptions could be accessed on-line and the patient participation group was working with the practice to promote these services.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- 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 offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had begun to hold regular learning disability health checks and had an action plan to provide this service by visiting learning disability homes where required.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had identified 15 patients as carers (0.4% of the practice list).
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was able to demonstrate they held regular multidisciplinary staff meetings that included other professionals who specialised in the care of people whose circumstances may make them vulnerable.

Requires improvement



Summary of findings

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).

- The practice carried out advance care planning for patients living with dementia.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- Longer appointments and home visits were available when needed.
- The practice was able to demonstrate they held regular multidisciplinary staff meetings that included other professionals who specialised in the care of people experiencing poor mental health (including patients with dementia).

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with or above local and national averages. 229 survey forms were distributed and 111 were returned. This represented 2% of the practice's patient list.

- 95% of patients described the overall experience of this GP practice as good. This was above the CCG average of 84% and the national average of 85%.
- 80% of patients described their experience of making an appointment as good. This was above the CCG average of 75% and the national average of 73%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area. This was above the CCG average of 76% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards. Three of these were positive about the standard of care received and one contained negative comments. Patients commented positively about the clinical expertise of the GPs and nurses, and appreciated the polite, friendly and helpful care given by all members of staff. The negative comment was about the untimely cancellation of a routine appointment. Patients commented positively on approachable and supportive clinical team and on the continuity of care they received.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and said that the clinical and non-clinical staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- 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.

Orchard House Surgery

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, a practice manager specialist adviser and a second CQC Inspector.

Background to Orchard House Surgery

The Orchard House Surgery serves a rural population in and around the village of Lydd in Kent. The principal GP told us, as a newly registered provider in April 2015, the practice had faced significant challenges including planning extensive building renovation and recruitment across clinical and non-clinical teams. 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), one long term locum GP (male) and a newly recruited paramedic practitioner (male). There is one nurse practitioner (female), two practice nurses (female) and three healthcare assistants (female).

The practice has a permanent practice manager who has been in post for approximately six months.

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 by the paramedic practitioner or nurse practitioner for minor illness and injury.

An out of hour's service is provided by Primecare, outside of the practice's 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 5 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

We also issued a number of requirement notices to the provider in respect of breaches to Regulation 11, 12, 17, 18 and 19 of the Health and Social Care Act 2008 and informed

Detailed findings

them that they must become compliant with the law. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Orchard House Surgery on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Orchard House Surgery on 14 March 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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 March 2017. During our visit we:

- Spoke with a range of staff including the GP, the paramedic practitioner, the nurse practitioner, healthcare assistants, the practice manager, receptionists, administrators and patients who used the service.
- Observed how reception staff talked with patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Looked at information the practice used to deliver care and treatment plans.

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 5 July 2016, we rated the practice as inadequate for providing safe services. We found;

- The practice was unable to demonstrate they had safeguarding policies for children or vulnerable adults.
- Significant event records did not contain timescales for action to be completed.
- The practice did not have any risk assessments to explain why DBS checks were not deemed necessary for some members of staff.
- The practice did not maintain any domestic cleaning schedules and when we checked the cleaning cupboard cleaning equipment had not been well maintained.
- The practice had not completed an infection prevention control audit since 2013, which had been undertaken by the previous provider.
- A number of non-clinical staff had not received any infection control training and others had not had their training updated since 2013.
- The clinical wash-hand basins at the practice did not comply with guidance. For example, wash-hand basins contained overflows and plugholes.
- The practice was unable to demonstrate they had a system for the routine management, testing and investigation of legionella
- The practice did not have an up to date fire risk assessments and had not been undertaking regular fire alarm test or fire evacuation drills.
- Records showed that some staff, including one clinical member of staff, were not up to date on annual basic life support training in line with the Resuscitation Council (UK) Guidelines.
- The arrangements for managing medicines, including emergency medicines and vaccines, were not always robust as there was no process for checking, rotating and auditing refrigerated medicines and we found twelve out of date vaccines stored in the refrigerator.
- All the medicines we checked were in date and stored securely. However, there were no records to confirm this as the practice did not maintain an inventory or audit the checking of these medicines.

- The practice did have a business continuity plan for major incidents such as power failure or building damage. However, this required a review as it this was dated September 2014 and related to the previous registered provider.
- Patient information was not always kept securely. For example, the inspection team noted on several occasions during the inspection that staff left smart cards in computers unattended in clinical rooms. The doors to these rooms were left open and as such were accessible to patients (Smart Cards are used to allow staff to access confidential patient information).

We issued requirement notices in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 14 March 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and then record them in the incident book or complete the practice's incident recording form. 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).
- From the selection of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, where a piece of medical equipment had been faulty, the company were informed and all items of stock were disposed of. The patient concerned received a verbal apology.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events and there was a system for sharing safety alerts. These were

Are services safe?

shared with relevant staff and signed as read, a hard copy file was kept, patient searches were carried out and information was shared with identified patients and they were discussed with staff at practice meetings.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, where a required action was missed on a patients' Accident and Emergency discharge letter as this was not passed to the GP, the practice amended their correspondence system to ensure that all letters were triaged by a practice nurse and directed to the appropriate person for action.
- The practice also monitored trends in significant events and evaluated any action taken. There had been 12 events recorded in the last 12 months. These were recorded as a summary which included details of the event, the date reported and action taken as a result. A selection of documents seen demonstrated that these were discussed at practice meetings.

Overview of safety systems and process

The practice had defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. The local authority policy was accessible to all staff. This clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. This was stored on the computer system desktop. There were also practice specific protocols. There was a lead member of staff for safeguarding. From a selection of documented examples we reviewed we found that the GP frequently attended safeguarding meetings and provided reports where necessary for other agencies. There was clear awareness of safeguarding within the practice and potential issues had been raised and referred.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. For example, one member of staff spoken with had made the practice manager aware when a baby on the risk register had not attended the practice for vaccine appointments. The GP and para-medical practitioner were trained to child

protection or child safeguarding level three. There was an on-going system to ensure that all members of staff undertook updates to their safeguarding training at the appropriate level.

- A notice in the waiting room 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). Practice nurses and health care assistants acted as chaperones and notices were also displayed in consulting and treatment rooms.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. For example, daily and weekly cleaning rotas were signed as completed and equipment was cleaned between patients and this was logged. The cleaning cupboard was checked daily and signed as checked. A control of substances hazard to health (COSHH) risk assessment including product information was kept in the infection control folder and in the cleaning folder to help ensure it was accessible to all staff.
- The nurse practitioner was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, daily, weekly and monthly cleaning schedules had been implemented for each consulting and treatment room; equipment cleaning schedules were completed and the cleaning cupboard was well maintained. Clinical staff had completed infection control training.
- Extensive refurbishment had been carried out in two clinical rooms to help ensure they complied with guidance regarding infection prevention. Wipe clean surfaces had been installed along with hand wash basins with elbow taps. Carpeted floor had been replaced with hard easy to clean flooring. The refurbishment of the building was on-going.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems to monitor their use. For example, printer paper was used rather than prescription pads and the printer drawers were taken out of each clinical room at night and locked in a secure cupboard. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber and these were scanned onto the patients' care and treatment record.
- Medicines which required refrigeration were kept between 2oC and 8oC and records were available to demonstrate this. There was a clear process for checking stock control. This was carried out biweekly by the practice nurse. All of the vaccines in the fridge were in date.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. DBS checks were carried out on staff prior to them commencing employment.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and the GP had undertaken health and safety training.

- The practice had an up to date fire risk assessment and carried out regular fire drills. Staff spoken with told us that fire drills were held weekly and recorded. There was a designated fire warden within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A legionella assessment had been carried out at the practice by an external specialist. The practice had scheduled regular assessments and consulted external experts in the development of their risk management plan.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Staff spoken with said that they supported and covered for one another when required and this was demonstrated during the inspection. The practice had recruited a para-medical practitioner and there was a nurse practitioner in post to help address and improve the doctor to patient ratio and provide more appointments.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There was a panic button on reception.
- There was a process to ensure that staff received annual basic life support training and this was on-going. There were emergency medicines available in the treatment room. These were checked weekly and there was a log in place

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Signage was placed on the door of the room where the oxygen was stored. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and had been updated to reflect new provider in December 2016. The practice also had a buddy practice to work with in the event of a major incident.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 5 July 2016, we rated the practice as requires improvement for providing effective services. We found that:

- The practice did not have a systematic approach for the induction of newly appointed staff to help ensure areas such as safeguarding, infection prevention control, fire safety, health and safety and confidentiality were covered.
- The practice did not have a consistent approach to identify the learning needs of staff. For example, the practice was unable to demonstrate that staff received annual appraisals or regular one to one meetings.
- We reviewed training records and saw that not all staff were up to date with attending mandatory courses such as annual basic life support, infection control and information governance.
- The practice was unable to provide us with minutes or records of multi-disciplinary meetings.
- The practice did not have a consent policy to govern the process of patient consent and guide staff or a consistent approach to staff training for taking patient consent. ,
- The practice was unable to demonstrate that all staff had received Mental Capacity Act training.
- The practice was unable to demonstrate that there was a policy available for staff to refer to when obtaining patient consent and some clinical members of staff were not clear about consent for children who were not accompanied by their parents.

These arrangements had improved when we undertook a follow up inspection on 14 March 2017. However, the provider is still rated as requires improvement for providing effective services.

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met

patients' needs. For example, NICE guidelines regarding Sepsis had been placed on the wall in consulting and treatment rooms to help clinicians to recognise the signs and symptoms of this infection.

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 were 92% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. The exception reporting rate at the practice was 4% overall which was lower than the CCG average of 7% and the national average of 6%. (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).

It was not possible to determine whether this practice was an outlier for any QOF (or other national) clinical targets as CQC verified data was not fully available. Data from the NHS Digital QOF search for Orchard House Surgery from 2015/2016 showed that:

- 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.
- With regards to performance for mental health related indicators the practice had achieved 23 of the 26 points available which was 87% compared to 93% at the national average.
- For dementia indicators and depression indicators the practice had achieved all of the points available. The exception rate for depression at the practice was 0% which was lower than the CCG average of 19% and the national average of 22%.

The practice has been in a period of upheaval with the lead GP taking over the practice as an individual GP in 2015. Initially the lead GP was supported by a temporary practice manager arranged by the CCG. However, a permanent practice manager has been in post for approximately six

Are services effective?

(for example, treatment is effective)

months and processes such as a recall system for patients with long term conditions were continuing to develop and embed. Documents seen demonstrated that QOF was discussed at practice meetings.

There was evidence of quality improvement including clinical audit.

- There had been five audits commenced in the last year, and these were single audits which were due to be repeated to help ensure a cycle of completed audits where the improvements made would be implemented and monitored. For example, there was an audit of the quality of recording on patient records looking at the presenting complaint, the action taken and the prescribing.
- Findings were used by the practice to improve services. For example, an audit of patients taking statins was undertaken where a search was carried out of patients who had contra-indicatory medicines. Eight patients were identified and all of their medicines were changed.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- 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. Induction packs were available for locum GPs and newly appointed staff had appropriate periods to shadow longer term members of the team.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had received training in areas such as diabetes, asthma and wound care. The GP was undertaking training in diabetes to initiate insulin; the nurse practitioner and the paramedic practitioner were undertaking a course in independent prescribing. Other members of staff were encouraged to train in their specific areas, including reception staff studying for the diploma in health administration.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. There was a process in place to help ensure that staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. A process to ensure that the staff team received an appraisal within the last 12 months was embedded at the practice and all but two members of staff, who had completed the initial paperwork, had completed these. The GP carried out the appraisal of all clinical staff.
- 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. Staff had access to and made use of e-learning training modules, external trainers and in-house training. The practice had monthly protected learning time.
- Staff we spoke with told us that the GP and practice manager had an open door policy and that they felt supported.

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.
- Care records examined were personalised and fully detailed.
- From a selection of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. For example, the two week urgent referral was made via an electronic system and sent the same day.

Staff 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

Are services effective?

(for example, treatment is effective)

ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. These meetings were well attended by health visitors, social services, the palliative care nurse and community nurses and were recorded.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances and held monthly gold standard framework meetings with a palliative care nurse.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff had received training in 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 assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits to ensure compliance.
- The practice had a policy regarding consent and had developed a clear protocol for patient consent where children were not accompanied by their parents.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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.

- Patients had access to a counselling service every Friday at the practice.

The practice's uptake for the cervical screening programme was not available as the CQC verified information was not provided and the practice did not have the information. Data from the NHS Digital QOF search for Orchard House Surgery from 2015/2016 showed that the practice had achieved 16 of the 20 points available which was 81% compared to 97% as a CCG and national average. (This is not CQC verified data).

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example, the number of females aged between 50-70 who were screened for breast cancer in the last 36 months, was 71% compared to the CCG average of 77% and the national average of 73%. The number of persons aged between 60-69 who were screened for bowel cancer in last 30 months, was 55% compared to the CCG average of 60% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Comparison of immunisation and national screening rates for Orchard House Surgery with local and national averages was not possible as verified data was not available.

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 which were carried out by the health care assistants. 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 5 July 2016, we rated the practice as good for providing caring services.

When we undertook a follow up inspection on 14 March 2017 the practice was 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 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 a clinician of the same sex.
- The staff team were observed removing smart cards from computers to help ensure patient confidentiality. (Smart Cards are used to allow staff to access confidential patient information).

Three of the four patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients and they told us they were 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 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.

- 92% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 96% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 98% of patients said the nurse gave them enough time compared with the CCG average of 94% 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 average of 98% and the national average of 97%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% 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 also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals. For example, clinical staff were aware of the appropriate competencies and guidelines when gaining consent, and the practice held a monthly meeting with the health visitor in relation to children in need.

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

Are services caring?

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 82%.
- 96% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.

93% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language and there was a translation facility on the practice's web site.
- Information leaflets were available in easy read format.

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. 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 15 patients as carers (0.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them for example, the practice sent information leaflets on how to apply for carer's allowances and support services through Kent Social Services. Older carers were offered timely and appropriate support by being identified during monthly MDT meetings and referral to the practice Personal Independence Co-ordinator where appropriate. The practice had identified carer support as an area for improvement.

Staff told us that if families had experienced bereavement, a condolence card was sent offering support and their GP contacted them to offer the provision of bereavement counselling. Further support was offered with an external bereavement counselling service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 5 July 2016, we rated the practice as good for providing responsive services when we undertook a follow up inspection on 14 March 2017 the practice was still rated as good for providing responsive services.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had collaborated with the CCG to reduce the number of appointments lost due to patients failing to attend, by introducing a text message scheme to remind patients about their appointment.

- The practice offered extended hours on Wednesday evening until 7.15pm for working patients who could not attend during normal opening hours.
- There were longer appointments available and annual health checks offered for patients with a learning disability.
- 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.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- The practice sent text message reminders of appointments.
- 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.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The practice was open from 8am to 6pm Monday to Friday, with appointments offered from 9am to 11.30am and from 4pm to 5.30pm. There was an extended hour's clinic on Wednesday evenings from 6.30pm to 7.45pm. Appointments for this service were bookable. The practice offered book on the day and some pre-bookable appointments as well as telephone consultations and urgent appointments. Patients could be seen by a GP for all concerns or by the paramedic practitioner or nurse practitioner for minor illness and injury. Opening times were displayed in the practice leaflet and website, and were visible outside the premises.

An out of hour's service was provided by Primecare for patients requiring care and treatment outside of the practice's normal opening hours, and there was information available to patients on how to access this in the practice information leaflet and on the website.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was comparable or above local and national averages.

- 76% of patients were satisfied with the practice's opening hours, which was the same as the clinical commissioning group (CCG) and the national average.
- 98% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 73%.
- 84% 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 85%.
- 88% of patients said their last appointment was convenient compared with the CCG average of 94% and the national average of 92%.
- 80% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 80% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 65% 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.

The practice had a system to assess:

Are services responsive to people's needs?

(for example, to feedback?)

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The GP triaged requests for home visits and these were shared with the paramedic practitioner dependent on patient information and clinical competency.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its 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. For example, there was a complaints leaflet and the information was available on the practice website.

We looked at 10 complaints received in the last 12 months and found these were dealt with in a timely way with openness and transparency. 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 review of the complaint records showed patients had been provided with an apology, staff received further training where appropriate and protocols were amended.

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 5 July 2016, we rated the practice as inadequate for providing well-led services as there was no clear strategy for the practice, no overarching governance structure and no clear leadership arrangements.

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 14 March 2017. The practice is now rated as good for being well-led.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients and had made significant improvement in the eight month period since their previous inspection.

- The practice had a clear vision to place patients at the centre of the service and to promote good health and well-being. Staff spoken with knew and understood these values and the drive to improve the quality of care and treatment was apparent throughout the practice. The CQC report ratings were displayed in each treatment and consulting room and the report was displayed in the waiting room with improvements made to the practice since the inspection in July 2016.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. These included joining with the local federation of GPs, meeting regularly with other local GP practices and refurbishment to the practice. The GP and management team were also aware of risks, such as the difficulty in recruiting GPs in the locality and the need for a sustainable workforce. They had addressed this by employing other clinical expertise.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as adult and child safeguarding, diabetes and vaccine management.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. QOF was discussed at the practice meeting.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had engaged a specialist to carry out a second legionella assessment and although deemed to have no legionella detected had arranged for the specialist to carry out a further assessment and provide input into a management plan.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection GP and management team in the practice demonstrated that 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. Staff told us that the GP and management team was approachable and always took the time to listen to members of staff.

The provider 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). The GP and practice management encouraged a culture of openness and honesty. From a selection of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and/or written apology.

Are services well-led?

Good 

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

- At the time of the inspection, the practice kept written records of written correspondence.

There was a clear leadership structure and staff felt supported by management.

- The practice held and recorded a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. The GP met with health visitors monthly, to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- 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 comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported by the management team in the practice. All staff were involved in discussions about how to run and develop the practice, and 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 patient participation group (PPG) and through surveys and complaints received. The

newly established PPG had 15 attendees at the first meeting. Meetings were scheduled quarterly. A PPG notice board had been set up in the patient waiting area to advertise activities, surveys and support groups.

- The NHS Friends and Family test, complaints and compliments received
- Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and worked to improve outcomes for patients in the area. For example, the GP was undertaking a course in diabetes and the accreditation would allow the initiation of insulin at the practice. The paramedic practitioner and nurse practitioner were both undertaking a course in independent prescribing and all staff were supported to learn and develop. The practice closed for half a day once each month and the out of hour's service took over the phone lines, to enable the staff to take part in protected learning time.

The GP had collaborated with other local practices from Hythe, Lyding and New Romney to share resources, learning and obtain support. Monthly meetings were held with these practices.