

# Orchard Medical Centre

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

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

We carried out an announced comprehensive inspection at Orchard Medical Centre on 21 January 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- All risks to patients were consistently assessed and well managed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.

- The practice worked closely with other organisations and with the local community in planning how services were provided to help ensure that they met people's needs.
- Urgent appointments were available the same day and pre bookable appointments were available up to 12 weeks in advance.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.
- There was a business plan that was monitored, regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.
- There was a clear leadership structure and staff felt supported by management.

The areas where the provider should make improvements are:

# Summary of findings

- Review the infection control audit, to ensure that actions taken to address issues raised are formally recorded.
- Review processes for communicating with patients when appointment times are running behind schedule.
- Revise how staff meetings are held within the practice, in order to include whole staff teams meetings, as well as revise how minutes of meetings are recorded, to help ensure that actions from previous meetings are discussed and documented.

**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 an effective system for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. For example, multidisciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated.

### Are services caring?

The practice is rated good for providing caring services.

Good



- Data from the National GP Patient Survey showed 87% of respondents said that the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 88% and national average of 85%. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

# Summary of findings

- Data from the National GP Patient Survey July 2015 showed that patients rated the practice better than others for some aspects of care compared to local and national averages.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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 offered minor operations, as well as ultra sound clinics. Services were planned and delivered to take into account the needs of different patient groups.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated good for being well-led.

- It had a clear vision and strategy.
- Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management.
- Staff were aware of and understood the practices policies and procedures which governed activity.
- There were systems in place to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice did not have a patient participation group but had plans to develop one.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems for knowing about notifiable safety incidents.
- Staff had received induction, regular performance reviews and attended staff meetings and events.
- The practice was aware of future challenges.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- National GP Patient Survey results show performance for diabetes assessment and care was 77.5%, which was comparable to the local clinical commissioning group (CCG) average of 77.5% and the national average of 77.7%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their 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.

Good



### Families, children and young people

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

- 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 A&E attendances.
- Immunisation rates were high for all standard childhood immunisations, meaning that the majority of children registered at the practice received their immunisations.

Good



# Summary of findings

- National GP Patient Survey results show performance for reviews of patients diagnosed with asthma was 77%, which was better than the local clinical commissioning group (CCG) average of 73% and the national average of 75.7%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice's uptake for the cervical screening programme was 83.7%, which was slightly above CCG average of 83.5% and the national average of 82.5%.

## 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).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs of this age group.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- Longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Vulnerable patients were informed about how to access various support groups and voluntary organisations.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff 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.

Good



# 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 regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to 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 had a good understanding of how to support patients with mental health needs and dementia.

Good





# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in July 2015 (data collected during August 2014 - March 2015), showed the practice was performing above the local and national averages. 228 survey forms were distributed and 119 were returned (which is 2.7% of the practices patient list).

- 74% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 76% of respondents described the overall experience of their GP surgery as fairly good or very good, compared with a CCG average of 78% and the national average of 73%.

- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area with a CCG average of 81% 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 16 comment cards, 15 of which were positive about the standard of care received.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring. However, some patients told us that if appointment times were running late, the practice did not communicate this to them.

## Areas for improvement

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

- Review the infection control audit, to ensure that actions taken to address issues raised are formally recorded.
- Review processes for communicating with patients when appointment times are running behind schedule.

- Revise how staff meetings are held within the practice, in order to include whole staff teams meetings, as well as revise how minutes of meetings are recorded, to help ensure that actions from previous meetings are discussed and documented.

# Orchard Medical Centre

## 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 and a practice manager specialist adviser.

## Background to Orchard Medical Centre

Orchard Medical Centre is a GP practice based in Coxheath, Kent. There are 4,366 patients on the practice list.

There is a principal GP (female) and a salaried GP (male). The GPs are supported by a practice manager, two practice nurses, a healthcare assistant and an administrative team.

Orchard Medical Centre is open 8am to 6pm, Monday to Friday. Appointment times are: 8:30am to 12pm and 3pm to 5:30pm Monday to Friday. On Thursdays from 8.30am to 10.30am there is a walk in clinic and from 6.30pm to 8.15pm, there is a commuter clinic. There was an emergency number for patients to be able to contact the practice during the hours of 12.30pm and 2.30pm and after 6pm.

There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

The practice has a general medical service (GMS) contract and also offers enhanced services for example; minor operations and joint injections.

Services are delivered from; Orchard Medical Centre, 146 Heath Road, Coxheath, Maidstone, Kent, ME17 4PL.

### Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### 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 21 January 2016. During our visit we:

- Spoke with a range of staff including two GPs, a practice nurse, two administration staff, the practice manager and a healthcare assistant.
- Spoke with five patients who used Orchard Medical Centre.
- Reviewed 16 comment cards, where patients had shared their views and experiences of using the practice.

# Detailed findings

- Observed how telephone calls from patients were dealt with and how patients were supported by the reception staff in the waiting area before they were seen by the GPs.
- Toured the premises.
- Looked at policy and procedural documentation.

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

### Safe track record and learning

There was an effective system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. For example, a patient had been given the wrong referral form for further treatment. This incident was reported, investigated and discussed at a clinical meeting. As a result processes were reviewed and changes made to improve patient safety. Records showed that learning from this event was shared with relevant staff.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices to help keep patients safe and safeguarded from abuse, which included:

- Arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation as well as local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding children level three.
- 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 check (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).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The senior practice nurse was the infection control clinical lead, who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken. However, records were not maintained of how and when action had been taken to address any improvements identified as a result. The practice was able to demonstrate they had a system for the routine management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings).
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems to monitor their use. We spoke with GPs, dispensing staff and members of the non-clinical team, who told us there was a system for checking that repeat prescriptions were issued according to medicine review dates and to ensure, that patients on long-term medicines were reviewed on a regular basis. Patients told us that they had not experienced any difficulty in getting their repeat prescriptions. Nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw evidence that the nurse had received appropriate training and been assessed as competent to administer the medicines referred to under a PGD.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Are services safe?

- There were failsafe systems to help 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.

### Monitoring risks to patients

All risks to patients were consistently assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety.
- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly. There was a record which identified risks and action plans to manage or reduce risk. For example, a control of substances hazardous to health (COSHH) risk assessment. A fire risk assessment had been undertaken that included actions required in order to maintain fire safety. Records showed that the practice carried out regular fire drills. The practice had a variety of other risk assessments to monitor safety of the premises such as infection control.
- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to help ensure that enough staff were on

duty. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to help keep patients safe.

### 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have a defibrillator available on the premises. However, a risk assessment recording why a defibrillator was not deemed necessary had been completed and oxygen with adult and children's masks was available. 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 fit for use.

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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### 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.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The most recent published results were 98.2% of the total number of points available, with 9.4% exception reporting. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes assessment and care was 77.5%, which was comparable to the local clinical commissioning group (CCG) average of 77.5% and the national average of 77.7%.
- The percentage of patients with hypertension having regular blood pressure tests was 90.3%, which was better than the CCG average of 83.8% and the national average of 83.7%.
- Performance for mental health assessment and care was 100%, which was better than the CCG average of 90.7% and the national average of 90.1%.
- 77.7% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is lower than the CCG average of 85.5% and the national average of 83.9%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of a review of patients with atrial fibrillation (an abnormal heart rhythm) included changing their medicines where appropriate. Further audit cycles had been conducted to ensure the improvements had been sustained, the results of which showed that they had.

Information about patients' outcomes was used to make improvements such as; routinely reviewing patients on a certain medication which had adverse cardiac side effects.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff told us that they had received a good induction.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff reviewing patients with long-term conditions. 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. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals,

# Are services effective?

## (for example, treatment is effective)

mentoring, clinical supervision as well as facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months, records viewed confirmed this.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness.
- Staff had access to and made use of e-learning training modules and in-house training.

### 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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.
- 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 or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from the practice and a local support group.

The practice's uptake for the cervical screening programme was 83.7%, which was slightly above CCG average of 83.5% and the national average of 82.5%. There was a policy to offer telephone and/or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were in line with the CCG average for under one year olds, two year olds and five year olds. For example, childhood immunisation rates for the vaccinations given to two year olds was 94.2%. Compared to the CCG average of 90.8%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. 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

### Kindness, dignity, respect and compassion

We observed 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Staff told us that a private room was available near the reception desk should a patient require a more private area in which to discuss any issues.
- Patients' records were in electronic and paper form. Records that contained confidential information were held in a secure way so that only authorised staff could access them.

All of the patients we spoke with and all 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. Patients told us they were treated compassionately when they needed help and were provided with support when required.

Data from the National GP Patient Survey July 2015 showed from 119 responses that performance in some areas was better than local and national averages and in some cases below average. For example,

- 66% of respondents with a preferred GP usually get to see or speak with that GP compared with a clinical commissioning group (CCG) average of 73% and national average of 59%.
- 87% of respondents said the last GP they saw or spoke with was good at treating them with care and concern compared with a CCG average of 89% and national average of 87%.
- 84% of respondents said they found reception staff helpful compared with the CCG average of 89% and national average of 87%.

- 89% of respondents described the overall experience of their GP surgery as fairly good or very good, compared with the CCG average of 87% and the national average of 85%.

The practice also scored higher than or in line with the average in terms of patients seeing or speaking to nurses. For example:

- 94% of respondents said the nurses were good at listening to them compared to the CCG average of 93% and national average of 91%.
- 94% of respondents said the nurses gave them enough time compared to the CCG average of 94% and national average of 92%.
- 98% of respondents said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

### 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 on the comment card we received was also positive and aligned with these views.

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 better than local and national averages. For example:

- 92% of respondents said the last GP they saw or spoke with was good at listening to them compared with a CCG average of 88% and national average of 85%.
- 96% of respondents said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 87% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.



## Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified a list of patients who were carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local patient population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

Orchard Medical Centre is open 8am to 6pm, Monday to Friday. Appointment times are: 8:30am to 12pm and 3pm to 5:30pm Monday to Friday. On Thursdays from 8.30am to 10.30am there is a walk in clinic and from 6.30pm to 8.15pm, there is a commuter clinic. There was an emergency number for patients to be able to contact the practice during the hours of 12pm to 3pm and after 6pm.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to or better than local and national averages.

- 87% of respondents said they could get through easily to the practice by telephone compared to the CCG average of 76% and national average of 73%.
- 80% of respondents described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.

- 81% of respondents said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and national average of 65%.
- 87% of respondents were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. However, some patients told us that if appointment times were running late, the practice did not communicate this to them they only find out if they ask. We observed a patient waiting in the reception area, who asked staff why they had not been seen on time and staff handled the matter sensitively.

### Listening and learning from concerns and complaints

The practice had an effective 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, posters displayed in the waiting area and in the practice information leaflet.

We looked at four complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, when referring patients to other providers of care and treatment, the practice's policy on referrals had been amended to help ensure the correct referral form was used.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### 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 helped ensure that:

- There was a clear staffing structure.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained by the principal GP and the practice manager.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. The GPs were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems that identified notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. Minutes of meetings confirmed that clinical and individual staff team meetings were held. However, we found that meetings which were attended by the whole staff were not being held at the practice. Improvements should be made as to how minutes of such meetings were recorded, in order to include how actions from meetings have been addressed.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice did not have a patient participation group but we were told they have plans to start a patient participation group and work with them towards undertaking patient surveys. The practice had a list of patients who were willing to be PPG members and a date for their first meeting was being scheduled. There were Friends and Family comment cards in the waiting room, which were routinely analysed by the practice manager. Records confirmed that consistent positive responses had been received by the practice.
- The practice had gathered feedback from 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 said they felt involved and engaged

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to improve how the practice was run. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. For example, the practice learned from incidents, accidents and significant events as well as from complaints received.